Populated Printable COP

Excluding To Be Determined Partners

2007

Cote d'Ivoire

Country Contacts

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Table 1: Country Program Strategic Overview

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

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 265,655			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		6,800	0	6,800
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		95,000	0	95,000
Care				
	End of Plan Goal: 385,000	131,000	0	131,000
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		87,000	0	87,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		5,000	0	5,000
Number of OVC served by OVC programs		44,000	0	44,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		189,000	0	189,000
Treatment				
	End of Plan Goal: 77,000	47,500	0	47,500
Number of individuals receiving antiretroviral therapy at the end of the reporting period		47,500	0	47,500

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 265,655			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		12,000	0	12,000
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		167,000	0	167,000
Care				
	End of Plan Goal: 385,000	205,000	0	205,000
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		142,000	0	142,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		12,000	0	12,000
Number of OVC served by OVC programs		63,000	0	63,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		300,000	0	300,000
Treatment				
	End of Plan Goal: 77,000	60,000	0	60,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		60,000	0	60,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ABT Associates 20: 20 GHS-A-00-06-00010-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5321
Planned Funding($): $ 1,750,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: ABT Associates
New Partner: No

Sub-Partner: Aga Khan Development Network
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Private Sector Partnership One (PSP One)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5320
Planned Funding($): $ 250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: ABT Associates
New Partner: No

Sub-Partner: Family Health International
Planned Funding: $ 250,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7312
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: Yes

Mechanism Name: ACONDA CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5309
Planned Funding($): $ 3,600,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: ACONDA
New Partner: Yes

Sub-Partner: Chigata
Planned Funding: $ 1,800.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Femmes Egale Vie
Planned Funding: $ 2,400.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Bayewa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Ruban Rouge
Planned Funding: $ 1,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Manne du Jour
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Femmes Actives

Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Solidarite Plus Abidjan
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: SELETCHI
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Afrique Espoir
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Notre Grenier
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Femme Face au SIDA
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Union Cooperative des Femmes de Sassandra
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Soeurs de la Providence
Planned Funding: $ 2,304.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hopital Protestant de Dabou
Planned Funding: $ 2,588.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Centre Nazareen
Planned Funding: $ 1,800.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ko'Khoua
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Mechanism Name: CoAg PS000633-01 Alliance National CI Expansion of Community-Led

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5343
Planned Funding($): $ 4,611,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Alliance Nationale Contre le SIDA
New Partner: Yes

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

Associated Program Areas: HKID - OVC

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

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

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Espoir Forces Armees Nationales de Cote d'Ivoire
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Centre d'Ecoute et Depistage Volontaire Port Bouet
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

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

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: International HIV/AIDS Alliance
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVSI - Strategic Information
OHPS - Other/Policy Analysis and Sys Strengthening
HVMS - Management and Staffing

Sub-Partner: Espace Confiance
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Forum des ONG d'Aide a l'Enfance
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Tous pour le Taukpe
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Mouvement Estudiant pour la Sensibilisation
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: ARC EN CIEL
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Club UNESCO Universitaire pour Contre le SIDA

Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Conseil d'Action Humanitaire Musulmane de Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Association Ivorienne pour le Bien-Etre Familial
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Association Chretienne des Eleves et Etudiants Protestants de Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Manasse
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: AMEPOUH
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Club des Amis
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Renaissance Sante Bouake
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Nandjemin
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Notre Grenier
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Association Feminine pour le Bien-Etre de l'Enfant a Cote D'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Association de Defense et de Promotion pour le Developpement
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Association pour la Sante Communitaire en Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: M'PETE
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Action Evangelique de la Lutte Contre le SIDA
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Bayewa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Femmes Egale Vie
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Femmes Actives
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Groupe d'Auto Assistance de PVVIH et de Promotion Sociale
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Fraternite
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Manne du Jour
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Solidarite Plus Abidjan
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Service d'Assistance Pharmaceutique et Medicale
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Association pour le Bien Etre Communautaire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Sidalert, Côte d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVTB - Palliative Care: TB/HIV

Sub-Partner: Service d'Eradication de la Mobilisation et d'Hygiene en Cote D'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Association de Cooperation Internationale pour le Developpement
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ideal Korhogo
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Wawadou
Planned Funding: $ 0.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Rose Blanche
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Elan d'Amour
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Cercle d'Amitie et Progres
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Ruban Rouge
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Conseil General Gagnoa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Conseil General Agboville
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mairie Mafere
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Conseil General Bondoukou
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mairie d'Anyama
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Pierre Angulaire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mairie de Marcory
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mairie de Grand-Lahou
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mairie d'Agnibilekro
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mouvement pour l'Education , la Sante et le Developpement
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Mairie de Sinfra
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mairie de Dabou
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Croix Bleue Lumiere Action
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Conseils des ONG engagees dans la lutte contre le SIDA
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Network of media professionals and artists against AIDS in Côte d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: IHA Twinning Center TWINNING Project Liverpool

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5334
Planned Funding($): $ 170,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance
New Partner: Yes

Mechanism Name: Twinning Center-American Health Alliance APCA TWINNING Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5312
Planned Funding($): $ 250,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance Twinning Center
New Partner: Yes

Mechanism Name: APHL Lab Systems

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5322
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Public Health Laboratories
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5316
Planned Funding($): $ 2,475,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: $ 149,979.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Renaissance Sante Bouake
Planned Funding: $ 77,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support

Sub-Partner: Centre Solidarite Action Sociale
Planned Funding: $ 102,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC
HVCT - Counseling and Testing

Sub-Partner: Reseau des Ecoles Madrassas en Cote d'Ivoire
Planned Funding: $ 48,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Coordination de la Vallee du Bandama de Lutte Contre le SIDA
Planned Funding: $ 6,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: SALEM
Planned Funding: $ 24,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: IDE Afrique
Planned Funding: $ 115,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Parole des Femmes Actives
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Collectif des Organisations de Lutte contre le SIDA de Man
Planned Funding: $ 6,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Objectif Sante et Developpment
Planned Funding: $ 24,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Initiative Developpement Afrique Libre
Planned Funding: $ 53,333.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Nandjemin
Planned Funding: $ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: $ 46,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Reseau des Associations de Lutte Cotre le SIDA Korhogo
Planned Funding: $ 6,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Network of media professionals and artists against AIDS in Côte d'Ivoire
Planned Funding: $ 38,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Population Council
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: JHPIEGO
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: CDC/Lab Coalition

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7323
Planned Funding($): $ 1,315,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: CDC International Lab Coalition
New Partner: No

Mechanism Name: Contraceptive Commodities Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5305
Planned Funding($): $ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Central Contraceptive Procurement
New Partner: Yes

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7319
Planned Funding($): $ 3,100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University
New Partner: No

Mechanism Name: EGPAF Track 1 ARV (Level funds)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4937
Planned Funding($): $ 6,722,257.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: EGPAF Rapid Expansion (country supp)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5306
Planned Funding($): $ 8,270,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: Association Centre Integre de Recherche Bioclinique d'Abidjan
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Association Centre Integre de Recherche Bioclinique d'Abidjan
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine

Planned Funding: $ 106,543.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Centre de Sante El RAPHA
Planned Funding: $ 67,629.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Centre de Sante Sainte Therese de l'Enfant Jesus
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HTXS - ARV Services

Sub-Partner: Espace Confiance
Planned Funding: $ 51,765.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Hope Worldwide
Planned Funding: $ 485,242.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Hopital Baptiste de Ferkessedougou
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HTXS - ARV Services

Sub-Partner: Centre Solidarite Action Sociale
Planned Funding: $ 74,658.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Renaissance Sante Bouake
Planned Funding: $ 99,330.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Centre Saint Camille de Bouake
Planned Funding: $ 54,730.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Centre de Sante PIM
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HTXS - ARV Services

Sub-Partner: Centre de Sante Communautaire de Ouangolodougou
Planned Funding: $ 71,813.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Centre de Sante Wale
Planned Funding: $ 131,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HTXS - ARV Services

Sub-Partner: Societe des Caoutchoucs de Grand Bereby
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Societe Africaine de Plantation d'Heveas
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HTXS - ARV Services

Sub-Partner: Syndicat des Enterprises de Manutention de Port Autonome San Pedro
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Hopital General d'Ayame
Planned Funding: $ 85,889.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Centre de Sante Urbain Notre Dame des Apotres de Dimbokro
Planned Funding: $ 47,540.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Isped Bordeaux
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: PATH
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of California at San Francisco
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: ACONDA VS PTME Soubre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: ACONDA VS TRANSITION
Planned Funding: $ 669,244.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Association Initiative Plus
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Helen Keller International
Planned Funding: $ 125,607.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ko'Khoua
Planned Funding: $ 92,383.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Unite de Formation et de Recherche des SCiences Medicales d'Abidjan Cocody
Planned Funding: $ 139,739.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Association Ivoirienne pour le Bien-Etre Familial
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: CIRBA
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: ODAFEM
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: InSTITUT National de Formation de Sciences Sociales
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Centre PIM Abengourou
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Sub-Partner: GBH-Bethesda Yopougon
Planned Funding: $ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Professional Association of Gynecologists and Obstetricians in Cote d'Ivoire
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Centre de Sante Banacomoe
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: ACQUIRE Project-EngenderHealth

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5310
Planned Funding($): $ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: Yes

Mechanism Name: CoAg FHI/ITM (HVP) #U62/CCU324473

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5314
Planned Funding($): $ 2,840,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: $ 48,472.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Espace Confiance
Planned Funding: $ 210,629.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: $ 97,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Cote d'Ivoire Prosperite
Planned Funding: $ 144,672.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Renaissance Sante Bouake
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Institut de Medecine Tropicale
Planned Funding: $ 176,193.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Mechanism Name: GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4935
Planned Funding($): $ 206,533.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4936
Planned Funding($): $ 311,228.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5319
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5318
Planned Funding($): $ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Hope Worldwide
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5323
Planned Funding($): $ 2,255,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: Johns Hopkins University Center for Communication Programs
Planned Funding: $ 1,450,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention
HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Johns Hopkins University Insititue for International Programs
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: JSI Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4932
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: JSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7334
Planned Funding($): $ 1,050,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: MSH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7324
Planned Funding($): $ 50,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No
Program Area:OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: $50,000.00
Activity Narrative: Though the EP program and the Global Fund have worked to establish a complementary and coordinated n

Mechanism Name: CoAg Ministry of AIDS #U62/CCU024313

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5303
Planned Funding($): $ 700,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of AIDS, Côte d'Ivoire
New Partner: No

Mechanism Name: MOH- CoAg #U2G PS000632-01

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5301
Planned Funding($): $ 1,600,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health and Population, Cote d'Ivoire
New Partner: No

Mechanism Name: Track 1 MOH-CNTS (Blood Safety) #U62/CCU023649

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4933
Planned Funding($): $ 2,813,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Ministry of Health, Côte d'Ivoire
New Partner: No

Mechanism Name: CoAg Ministry of Education #U62/CCU24223

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5304
Planned Funding($): $ 2,025,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of National Education, Côte d'Ivoire
New Partner: No

Mechanism Name: CoAg Ministry of Solidarity #U62/CCU024314

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5302
Planned Funding($): $ 950,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire
New Partner: No

Mechanism Name: U62/CCU025120-01 ANADER

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5315
Planned Funding($): $ 2,270,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Agency of Rural Development
New Partner: No

Sub-Partner: Network of media professionals and artists against AIDS in Côte d'Ivoire
Planned Funding: $ 76,992.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Population Services International
Planned Funding: $ 146,090.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: ACONDA
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5414
Planned Funding($): $ 19,685,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 6,200,000.00
Early Funding Request Narrative: The national HIV program seeks to rapidly scale up quality comprehensive services and has embraced the EP five-year target of 77,000 persons under ARV by end 2008. As of end June 2006, 23,698 persons had initiated ART with direct support from an EP partner, and 18,234 were in active ART follow–up. As of end December 2005, 1,633 patients were under ART at sites where GF was the only major source of support. After delays in approval of the second phase of the GF HIV project, an active data-collection process is underway at all sites to verify or (at GF-only sites) collect data. In the first nine months of 2006, the EP was the only major funding source for the national program's HIV treatment services and commodities. By end March 2007, it is projected that the EP will support 75 sites and 34,200 patients on ART, with client accrual of more than 1,500 per month.

With FY07 funds SCMS will ensure that all new scale-up sites are fully functional and technically supported in using the SIMPLE I tracking software, and that all sites are able to produce accurate monthly commodity reports. To improve available data, SCMS will provide additional management tools that have been tailored for forecasting, procurement and management at the facility, district and national level. This forecasting and tracking will be closely tied to the electronic patient record to monitor use of drugs compared to actual prescriptive practices, as well as enabling more practical tracking of drug expiration and specific costs. SCMS will continue to provide TA to the GF and sub-recipients as key partners in the national program and seek continual improvements in data and decision quality and coordination. SCMS will maintain up to date information on USG-approved drugs, commodities and manufacturers, including generic products, and advise the EP country team and MOH on evolving purchase options and cost analysis of key program components.

Early Funding Associated Activities:

Program Area:HTXD - ARV Drugs
Planned Funds: $17,475,000.00
Activity Narrative: Despite its complex political crisis, CI continues to make rapid progress in scaling up comprehensiv

Mechanism Name: PATH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7320
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: PATH
New Partner: No

Mechanism Name: Horizon

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7321
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Council
New Partner: No

Mechanism Name: PSI CI Uniformed services VCT Promotion

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5313
Planned Funding($): $ 1,625,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Agence Ivoirienne de Marketing Social
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Espoir Forces Armees Nationales de Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: Save the Children UK

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6123
Planned Funding($): $ 600,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Save the Children UK
New Partner: Yes

Mechanism Name: MOH-Blood Safety TA

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4934
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Social and Scientific Systems
New Partner: No

Mechanism Name: Measure Evaluation: UNC/JSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5324
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Mechanism Name: URC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7322
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University Research Company
New Partner: No

Mechanism Name: USAID (TA+staff+ICASS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5387
Planned Funding($): $ 1,079,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC & RETRO-CI (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5383
Planned Funding($): $ 5,253,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC-RETRO-CI GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5554
Planned Funding($): $ 3,358,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5386
Planned Funding($): $ 30,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: Yes

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area: $ 4,341,097.00

Program Area Context:

Background

Côte d'Ivoire is the country most severely affected by HIV/AIDS in West Africa. National HIV prevalence is estimated at 6.4% for women ages 15-49 (peaking at 14.9% among ages 30-34) by the 2005 AIDS Indicator Survey (AIS), compared to 8.3% in antenatal surveillance data from urban areas (MOH/RETRO-CI, 2004). With 661,000 births per year, Cote d'Ivoire has 45,000-55,000 HIV-infected women delivering per year in need of PMTCT services and follow-up. In 2005, 4.3% of HIV-infected pregnant women received complete ARV prophylaxis (UNAIDS, 2005). Among the 47% of deliveries occurring in health facilities (DHS, 1999), the national program continues to advance by integrating PMTCT into ANC services.

The national response to HIV/AIDS has been hampered by a politico-military crisis that has divided the nation and resulted in limited access to health care and medications, particularly in the North. The HIV/AIDS National Strategic Plan (2006-2010) emphasizes expanded geographic coverage of PMTCT services, with access in all health regions and districts projected by 2008. As of June 2006, 95 functional sites were providing PMTCT services, representing 13% coverage for the country.

EGPAF, supported by EP funds, provides technical assistance to the Ministry of Health (MOH) to expand PMTCT services while supporting service delivery at public and CBO/FBO facilities. The National HIV Care Program and key stakeholders have defined implementation standards, including training approaches, as well as infrastructure, logistics, and commodities needs. Other key partners in implementing PMTCT programs are the Global Fund, WHO, and UNICEF.

FY06 Response
Despite its complex crisis, CI continues to scale up comprehensive PMTCT services. In FY06, the EP and implementing partners provided TA in the national review and dissemination of PMTCT policies and guidelines, enhanced health-district ownership of PMTCT programs, and supported services at 56 sites. To promote cost-effective quality services, a competitive process was used in the expansion of PMTCT services to 39 new sites operated by public, private, and FBO partners.

PMTCT sites promote a comprehensive package of interventions, including HIV counseling and testing; ART; infant-feeding support; ANC; low-risk obstetrical practices during delivery; postnatal services; cotrimoxazole prophylaxis; linkages to care, treatment, and support; infant follow-up and basic pediatric care; infant HIV diagnosis; community-based services in support of PMTCT; PMTCT program monitoring; and quality assurance. With a view to documenting and sharing experiences for rapid scale-up, innovative approaches offer provider-initiated routine ("opt-out") CT, family planning integrated into PMTCT packages, HIV rapid testing in labor and delivery, longitudinal follow-up of mother-infant pairs with links to care and treatment, PCR using dry blood spot for early infant diagnosis), and a simplified HIV testing algorithm.

With EP support, the MOH revised the PMTCT policy and guidelines, adopted routine early infant diagnosis in PMTCT programs, and revised protocols from single-dose nevirapine (SD-NVP) to more effective combination ARV regimens. Linkages are being established between PMTCT and ART services and interventions for effective CD4 cell counts, clinical staging, and referrals where needed. Simplification of HIV testing algorithms, improved PMTCT job aids, and better definition of the role of peer counselors are under development with FY06 funds.

As of March 2006, with EP/EGPAF support, there were 422 providers trained in direct PMTCT service delivery; 37,207 pregnant women had been provided with CT; and 2,336 HIV-infected pregnant women had received ARV prophylaxis at PMTCT sites.

FY07 Priorities

Increase Service Uptake Through Opt-Out CT and Linkages. In FY07, EP funds will support expansion to 168 PMTCT sites, provide CT for 139,700 pregnant women, and provide ARV prophylaxis and (if eligible) HAART to 9,857 HIV-infected pregnant women. Implementing partners are expected to extend their services in the North and West. The EP will continue to contract with health professional associations to integrate opt-out HIV testing in all supported districts. Besides integrating PMTCT services at ANC centers, partners will work to develop the family-based approach linking PMTCT services with comprehensive care, support, and treatment. Funds will be used to promote linkages with psychosocial support through community workers, PLWHA peer support, and community mobilization. Community-level sub-grants will fund campaigns to decrease stigma and encourage women to seek ANC and PMTCT services. Collaboration, particularly with WFP, will generate nutritional support for HIV-infected pregnant women/mothers and their families, and linkages with the National Reproductive Health Program and UNFPA will increase uptake of reproductive health services and integration of CT in family-planning services.

Emphasize Pediatric Care Through a Family-Centered Approach. The EP recognizes PMTCT as an entry point for pediatric AIDS care. FY07 programming will make effective pediatric diagnosis, care, and treatment a high priority. Funds will support HIV testing of HIV-exposed children using PCR DBS. HIV-infected children will be linked with infant follow-up, including immunization. Funds will support the development of a training curriculum and the promotion of tools and materials for pediatric care. This approach will dramatically increase the number of children who receive care and treatment as part of a family-centered approach.

A targeted evaluation will assess the reliability of HIV rapid tests (sensitivity, specificity, and predictive value) as a screening tool in infants starting at 9 months to minimize more expensive PCR testing in this age group and inform recommendations on appropriate testing algorithms for screening and diagnosis of HIV infection in young children.

System Strengthening and Quality Assurance (QA). EP funds will support scale-up in accordance with the national expansion plan. Implementing partners will provide TA to the MOH to strengthen policies and guidelines for scaling up PMTCT, promoting collaboration and influencing national standards beyond EP sites. Partnerships with health districts and local public and private partners will be reinforced or created to enhance decentralized, sustainable services. Significant efforts will be made to carry out monthly supervision site visits and periodic quality assessments of program performance and service delivery. FY07 funds will support a review of training curricula. RETRO-CI and APHL will support QA for HIV testing, lab supervision, and training. Commodities will be managed via the SCMS and the PSP. Implementing partners will coordinate or leverage support for basic MCH supplies as part of a basic care package.

Coordination. The EP will work with the national PMTCT program to establish pools of trainers and supervisors to ensure that the expansion process is district-focused. EGPAF will collaborate with PSP and SCMS to guarantee that effective forecasting and commodities-management systems are available at all district pharmacies. RETRO-CI lab experts will help establish a functional QA system. EGPAF will work with key stakeholders (Global Fund/UNDP, UNICEF, RETRO-CI SI team, JSI/Measure/DIPE) to strengthen M&E software and other tools.

Sustainability. The USG continues to promote sustainability by building the capacity of indigenous organizations (e.g. ACONDA) to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international to local organizations and ministries. This should assist local partners to be competitive for NPI and other funding opportunities.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	168
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	12,320
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	175,000
Number of health workers trained in the provision of PMTCT services according to national and international standards	778

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner: Alliance Nationale Contre le SIDA
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9928
Planned Funds: $ 391,000.00
Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), OVC (#9939), CT (#9940), Basic Health Care and Support (#9935), TB/HIV (#9936), ARV Services (#10071), and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs, will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, in coordination with the national care and support programs of the Ministry of Health (PENPEC) and EGPAF, the ANS-CI placed a special emphasis on community mobilization for PMTCT services reinforcement by increasing numbers of beneficiaries. Technical assistance was provided to social and community workers and six sub grants provided to the following local NGOs; Femme ACTIVE, Femme =VIE, Solidarité +, CERAB, BAYEWA, SELECHI, and AMEPOU to improve social mobilization in Abidjan, Anyama, Dabou, Sassandra, San Pedro, Abengourou and Tiassale.

With FY07 funds, ANS-CI will reinforce and expand CBO/FBO capacity to manage sub-grants dedicated to improving community mobilization for PMTCT. Depending on performance evaluation, the ANS-CI will continue to support the FY 06 sub grantees and fund four additional NGOs/CBOs. The emphasis of the sub grants will be placed on decreasing stigma surrounding community PMTCT services and increase demand for the uptake of PMTCT and other HIV and reproductive health services at ANC sites.

This strategy will be implemented synergistically with other prevention, care, and treatment efforts in order to provide a continuum of care services. A comprehensive range of prevention services will be provided, including individually focused health education and support, VCT, referrals, community awareness, and advocacy. For example, by March 2008, 10 sub grants will be provided to support community mobilisation activities linked to 60 EP supported PMTCT sites in coordination with the National program (PNPEC) and the EP supported treatment and PMTCT service providers; EGPAF and ACONDA. These activities will reach at least 120,000 individuals.

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

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

Targets

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

Indirect Targets

Number of PMTCT sites with associated community mobilisation activities to address stigma and promote PMTCT = 60
No of individuals reached through community outreach that promotes PMTCT (service uptake and support to women) = 120,000

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Family planning clients
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	EGPAF Rapid Expansion (country supp)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10039
Planned Funds:	$ 2,000,000.00

Activity Narrative: This activity complements EGPAF's activities in ARV Services (#9721, #10068), Basic Health Care (#10336), HIV/TB (#10057), Counseling and Testing (#10062), Strategic Information (#10074) and Policy (#10337).

Since 2005, the EP has funded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist the Ministry of Health in supporting and expanding quality PMTCT in Cote d'Ivoire while building on and complementing other programs supported by the EP, Global Fund, UNICEF, and others. EGPAF is the EP's primary partner for PMTCT services in Cote d'Ivoire. The EP has supported EGPAF in developing a holistic, family-centered approach to HIV prevention, care, and treatment within the health sector.

EGPAF provides direct support to PMTCT sites to ensure that national standards are met. This support covers needs of commodities, equipment, trained staff, laboratory services, and mother-infant follow-up. Implementation requires close coordination with the national HIV care program (PNPEC) and will be done in public sites or through performance-based sub-contracts. EGPAF also seeks partnerships to provide continuum-of-care services at the community and home levels through organizations such as Alliance National CI, CARE International, and ANADER.

EGPAF is committed to building national capacity within public and NGO/CBO/FBO organizations to support quality sustainable PMTCT services. The graduation of a major EGPAF sub-partner, the Ivorian health-professional NGO ACONDA, to direct EP partner status with a new award in 2006 represents a concrete example of EGPAF's effectiveness. EGPAF seeks to provide technical assistance to upcoming EP PMTCT partners, including those that may join through the New Partners Initiative. EGPAF will help decentralize HIV services while building the capacity of other partners to carry the effort further.

With FY05 funds, EGPAF supported the MOH to strengthen national PMTCT policies and systems and to provide PMTCT services at 56 sites. EGPAF's work in FY05 laid the groundwork for a rapid acceleration of service delivery in FY06, and EGPAF is on target to fulfill its COP06 commitments. With FY06 funds, EGPAF:
1. Supported PMTCT activities at 56 sites with ACONDA. ACONDA gradually increased ownership of 21 sites and will run them as a prime partner in FY07.
2. Provided technical and financial assistance to update and disseminate the national PMTCT policy and guidelines, including combination ARV prophylaxis and routine HIV counseling and testing (CT).
3. Expanded PMTCT services to 39 sites, most through performance-based, competitive sub-contracts.
4. Improved the quality of PMTCT services at all 95 sites receiving direct site-level support from EGPAF, achieving better uptake at every level of the PMTCT-plus cascade (CT, results, prophylaxis, and follow-up). By the end of the period, at least 95% of women tested received their test results, and at least 90% of HIV-positive women received ARV prophylaxis. EGPAF and its partners also improved follow-up and strengthened referrals for HIV-positive mothers and infants.
5. Promoted innovative approaches to support: provider-initiated routine CT, HIV rapid testing in labor and delivery, longitudinal postnatal follow-up of mother-infant pairs, promotion of a family-centered approach emphasizing links to CT and care and treatment for infected mothers, infants, and family members, early infant diagnosis (PCR using dry blood spot), use of a simplified HIV testing algorithm, and ongoing documentation and sharing of experiences to inform rapid national scale-up.
6. Strengthened PMTCT monitoring and evaluation systems at national, district, and site levels in collaboration with key partners.
7. Strengthened nutritional counselling by health workers for antenatal and postpartum HIV-infected women, including counselling on early weaning and culturally appropriate replacement foods, with support from EGPAF sub-partner PATH and the national HIV-nutrition technical working group.
8. Strengthened the capacity of local partners to improve organizational management, M&E, and quality of services with continued performance-based contracting.
9. Strengthened partnerships with national health-professional associations (paediatrics, obstetrics/gynecology, and midwifery), the MOH HIV care and reproductive-health programs, and district health teams to improve ownership, training, and supervision of integrated PMTCT services by key stakeholders.
10. Integrated routine testing at all PMTCT sites in Abidjan, complementing expanded CT

in family-planning, TB, and HIV care and treatment sites (described in the CT and HIV/TB sections.)

With fY07 and plus up funds, EGPAF will expand the number of PMTCT sites receiving direct support from 95 to 145, specially in the underserved North, which will provide services to 200,000 additional patients, and will continue to improve the quality of services provided at the sites. An estimated 1,500 women will be referred to treatment sites as continuum-of-care activities in these hard-to-reach settings are strengthened. The plus up funds will include $200,000 B31 for nutrition support by Helen Keller International. PMTCT activities will be expanded within districts currently implementing PMTCT activities and extended to underserved regions according to the directives of the MOH national HIV care program. EGPAF will provide CT with tests results to 125,000 pregnant women; provide at least 8,750 HIV-infected pregnant women with TB screening and ARV prophylaxis or, if indicated, HAART (anticipating at least 500 immuno-compromised women in need of HIV treatment); and diagnose and follow 500 HIV-infected children.

EGPAF and its partners will also work to further develop the family-based approach that links PMTCT services with comprehensive CT, care, and ART for all family members. A high priority will be identification of HIV-exposed children and their siblings for pediatric care, treatment, and linkages to OVC programs. HIV testing of HIV-exposed children using PCR DBS will increase the detection rate of HIV-infected children in need of care through PMTCT-plus programs.

EGPAF will continue to work with the MOH, UNICEF, ACONDA, and other partners to refine overall national policies, guidelines, and plans for scaling-up PMTCT and associated services. EGPAF and ACONDA will coordinate as the ACONDA program splits off to become an independent prime partner under the EP, and they will coordinate the scale-up of their programs with the MOH in strategic geographic areas. EGPAF will also continue to coordinate with SCMS, which is fully responsible for procurement of EP commodities for the central warehouse. Laboratory services in support of PMTCT services will be coordinated with APHL, CDC/Project RETRO-CI, and the national network of laboratories as part of the national HIV program.

EGPAF will also work with the RETRO-CI lab and APHL (infant diagnosis, QA for HIV testing and laboratory supervision); HIV/AIDS Alliance CI, ANADER, and CARE International (linkages with community mobilization and psychosocial support through community workers and PLWHA); FHI (linkages with social education and OVC); Measure/JSI (M&E); and PATH, Helen Keller International Foundation, and WFP (nutritional support). EGPAF will collaborate with the National Reproductive Health Program and UNFPA programs to link reproductive-health services and HIV CT. Technical support from JHU/CCP will continue for the development or adaptation of job aids, client information, and other materials.

EGPAF will continue to build on innovative approaches to training in infant feeding, nutritional support, early infant diagnosis, linkages to postpartum services, and couples testing in PMTCT settings. A proposed targeted evaluation will assess the reliability of HIV rapid tests as a screening tool for infants starting at 9 months.

Continued Associated Activity Information

Activity ID:	4591
USG Agency:	U.S. Agency for International Development
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	EGPAF- Call to Action Project (PMTCT)
Funding Source:	GHAI
Planned Funds:	$ 1,815,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	132	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	135,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	9,500	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	335	☐

Indirect Targets

National annual achievements with major contribution of EP were 77 PMTCT sites (EP = 49%), 38 567 pregnant women provided with HIV counselling and testing and receiving results (EP = 50%), and 2 543 HIV infected pregnant women provided with ARV prophylaxis (EP = 58%).

EGPAF will continue to provide indirect support to the MOH for PMTCT services, as refining national PMTCT policies, development and implementation of national PMTCT standards and guidelines, as well as associated training protocols and programs, national laboratory support (technical and logistical assistance), technical assistance for strategic information activities such as implementation of facility-based and district-based health management information systems.

Target Populations:

Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Traditional birth attendants
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Traditional birth attendants
HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	ACONDA CoAg
Prime Partner:	ACONDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10040
Planned Funds:	$ 1,100,000.00

Activity Narrative: Other ACONDA activities on which this PMTCT component builds are described in Counseling and Testing (#10063), Basic Health Care and Support (#10053), HIV-TB (#10338), ARV Services (#10070), and Strategic Information (#10075).

Since its creation in 2002, the Ivorian NGO of health professionals called ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA's personnel has more than a decade of experience in HIV clinical and applied research, with a sustained focus on PMTCT and mother-child care and treatment. ACONDA defines a holistic approach to care and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (with provision of ART, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with local PLWHA and community organizations. ACONDA is also committed to improving the management of information to improve service delivery and promote sustainable quality services to reduce HIV-related morbidity and mortality in Cote d'Ivoire.

ACONDA has been successful in mobilizing resources and developing its own organization to support expanded service delivery and research activities. ACONDA has created numerous technical and financial partnerships (with the MOH, ISPED/University of Bordeaux, GIP-ESTHER, Columbia University, GlaxoSmithKline Foundation, NGO Sidaction, and the Clinton Foundation). Since 2004, ACONDA has been a sub-partner under the five-year EP cooperative agreement called Project HEART, led by the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF) and the University of Bordeaux/ISPED.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 12,500 patients, including 1,375 children (11%), by March 2007. With ACONDA's contributions, Project HEART exceeded its five-year service-delivery goals in the first 18 months. This substantial growth not only led to rapid growth in ACONDA's organizational capacity for service delivery but was also accompanied by reinforced capacity in management and financial systems, with substantial assistance from U Bordeaux/ISPED. In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services. ACONDA will use FY06 funds to further strengthen its financial and management systems to ensure that it has the capacity to manage EP funds directly while maintaining strong partnerships with technical partner ISPED, EGPAF, and other collaborating partners.

In addition to Project HEART funding, ACONDA has also successfully competed to become a sub-partner to EGPAF under the EP-funded Call to Action project to provide PMTCT services. At present (September 2006), ACONDA provides direct support to 17 PMTCT sites and 20 comprehensive HIV care and treatment sites. ACONDA receives EP funding through EGPAF for 12 PMTCT sites, and non-EP funding (Columbia University, Global Fund) for five PMTCT sites. To date, with EP funds, ACONDA has assisted the national Ministry of Health program to train 71 health providers to provide PMTCT services and has provided 5,981 pregnant women with HIV counseling and testing with receipt of test results. Of these, 653 were HIV-infected, and 498 (76%) were provided with ARV prophylaxis. In addition, 65 women identified through PMTCT services were initiated on ART (with 55 of them identified as eligible during pregnancy). By the end of March 2007, ACONDA projects that it will support 38 EP-funded PMTCT sites (41 sites total) and 38 comprehensive HIV care and treatment sites (including 35 under EGPAF/Project HEART and three under this new EP award as a prime partner).

In FY07, ACONDA will continue its PMTCT activities while contributing to the scale-up and decentralization of PMTCT and linked HIV care and treatment services. ACONDA aims to improve access to underserved and rural populations, enhance uptake of services, improve population coverage, promote quality and evidence-based practices, and integrate PMTCT and HIV care into routine health services with district health team involvement. ACONDA will adhere to national standards, will remain an active member of the PMTCT and other technical consultative forums, and will provide input to improve national policies according to evidence-based practices. ACONDA will also remain an active member of the national commodities coordination committee for HIV-related commodities. EGPAF and ACONDA will coordinate as the ACONDA program splits off to become an independent prime partner under the EP, and they will coordinate the scale-up of their programs with the MOH in

strategic geographic areas.

With FY07 funds, ACONDA will support the 38 PMTCT sites under its new award and expand PMTCT activities to 10 new sites. At its 48 sites, ACONDA will reach at least 50,000 pregnant women with HIV counseling and testing results and will provide ARV prophylaxis to at least 2,857 HIV-infected pregnant women. To support its sites, ACONDA will train 328 health providers involved in preventing mother-to-child transmission of HIV, using previously developed national PMTCT training materials. To meet human resource needs in areas that lack laboratory technicians, ACONDA will also train 40 nurses and midwives from rural areas to perform HIV testing using approved methods and will monitor their performance. To ensure that all sites adhere to national standards, ACONDA will conduct site assessments, onsite training, supportive supervision, and laboratory QA, and it will provide other ongoing technical support. It will improve the quality of data gathered at sites through supervision and ongoing participatory training for data managers. ACONDA will help each site develop and implement a comprehensive M&E plan that will also identify collaborations with key partners. PMTCT commodities will be monitored but will be procured through the Partnership for Supply Chain Management Systems (SCMS)

ACONDA and its partners will link HIV care and treatment services with systematic referrals to enable all identified HIV-infected pregnant women to access clinical and home-based services. Women eligible for ART will start treatment according to national guidelines and receive ongoing care through HIV treatment clinics or community-based sites. ACONDA will provide joint care for HIV-infected women and their babies during postnatal care, as well as infant follow-up with early infant diagnosis and clinical monitoring. It will subsequently link mothers and children to community-based care services. The program will also encourage HIV-positive women to bring their family members in for CT. Finally, ACONDA will support MOH staff in each district to integrate PMTCT with other services, such as family planning and nutritional support. This MOH staff member will also provide supervision, training, supportive supervision, and M&E assistance to aid the progressive transfer of capacity to the district health team. ACONDA will work to strengthen its monitoring and evaluation system and to support an integrated national M&E system.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	48	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	50,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,570	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	368	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women

HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10081
Planned Funds:	$ 150,000.00

Activity Narrative: With EP support since 2004, JHPIEGO continues to provide technical and logistic assistance to build human capacity in support of quality HIV service delivery in Côte d'Ivoire. Major achievements have included development and validation of PMTCT, VCT and HIV treatment comprehensive training materials drawing on national and international materials and adapted to the Côte d'Ivoire context.

With FY06 funds, and in close collaboration with the MOH, WHO and EP implementing partners, JHPIEGO is in the process of: (1) introducing HIV content into preservice education at 5 national training institutions requiring an institution specific integration plan; (2) building local capacity in competency-based training by conducting an advanced training skills (ATS) course for 20 advanced trainers; (3) implementing a MOH based Training Information Monitoring System; (4) improving quality of PMTCT/CT services at 20 sites through a standards-based participatory management and recognition (SBM-R) approach; and (5) providing a senior-level consultant in HIV related planning and coordination to the Ministry of Health.

Under the first of these objectives (introducing HIV content into preservice curricula), JHPIEGO has implemented or is implementing in FY06 the following activities, consistent with its approach to preservice strengthening:
- Development and validation of PMTCT, CT and Care and Treatment curricula which can be applied in inservice and preservice settings (completed)
- Workshops with the schools to determine in which part of the student curriculum the PMTCT, CT and Care and Treatment content will be inserted (completed)
- Training of faculty in PMTCT, CT and care and treatment content and in teaching skills (ongoing)
- Follow-up visits of the trained faculty and the schools to determine if the content is indeed being taught and if appropriate teaching methods are being used, and also to trouble-shoot any issues with the schools as they integrate the learning packages into the student curricula (scheduled for FY06)
- Strengthening sites where students received their clinical training. Please note that in FY06 the SBM-R sites to be selected will to the extent possible be preservice clinical training sites. (scheduled for FY06)

In the last year of the current CDC University Technical Assistance Projects award, JHPIEGO plans to focus on the completion of the integration of the HIV curricula at key preservice institutions, including institutional capacity building, with development of advanced and master trainer skills to promote ongoing curricula revisions and improved use of adult learning techniques. These efforts are expected to have a substantial downstream benefit, with all medical, nursing and paramedical students graduating with the skills to immediately support HIV service delivery. Substantial other benefits due to the importance of academic leaders as opinion and policy leaders in their fields are also anticipated. A particular focus will include the decentralized institutions such as INFAS Korhogo and Bouake.

While this section focuses on PMTCT, there are complementary activities in treatment services as well as other prevention. Cross-cutting activities of effective teaching skills training, site strengthening and followup supervision, are split between PMTCT and Treatment but contribute to both components.

Other activities have been successfully integrated or will be expanded with support from other EP partners, demonstrating JHPIEGO's commitment to sustainability and transfer of competence. For example, the Training Information Monitoring System will continue to be reinforced through its use by key EP public and NGO partners and its inclusion in the new MOH award focusing on decentralized HIV services. Utilizing supervision based upon performance standards and participatory methods, promotion of service quality will be transitioned and expanded through the MOH project, coupled with their TA partner (Abt Associates), and EP implementing partners EGPAF and ACONDA. Abt Associates will also engage a senior consultant to the MOH to support expanded planning and coordination.

With FY07 funds, JHPIEGO will continue the process of integrating the PMTCT training modules into preservice education at three national training institutions (Faculty of Medicine, Institut National de Formation des Agents de Santé or INFAS, and Institut National de Formation Social or INFS), to ensure full integration of the PMTCT curricula for

the 2007 academic year, beginning in July 2007, through the following activities:

1. Train a critical mass of staff to integrate PMTCT (and other CT and treatment) modules into overall curricula (60 to add to the 40 already trained for a total of 100) in accordance with the integration plan for each of the three (Faculty of Medicine, INFAS, INFS) institutions through Effective Teaching Skills training, to expand the pool of senior PMTCT trainers (from 20 trained in FY06 to 40 total). Recently translated and implemented in francophone Africa, the Effective Teaching Skills course emphasizes the transfer of key teaching skills including training needs assessment, design and update of curricula and courses, skills and competency development, clinical practice management, and skills assessment and monitoring. Designed especially for preservice faculty and clinical preceptors, this course combines the critical skills from the Clinical Training Skills, Advanced Training Skills, and Instructional Design courses, providing a cost-effective intervention for strengthening preservice institutions. Staff from the institutions outside Abidjan (e.g. INFAS Korhogo and Bouake will be specifically targeted to build decentralized capacity).
2. As noted earlier, clinical training sites will be selected based upon their use by identified preservice institutions. In 07, JHPIEGO will advocate with the EP partners who take over SBM-R to ensure that the preservice clinical training sites continue to be improved.
3. JHPIEGO will follow up on the faculty as they teach PMTCT content in the schools' curricula. Based on findings, JHPIEGO will trouble-shoot issues with the schools as they integrate the learning packages into the student curricula.
4. JHPIEGO will seek to capitalize upon existing meetings held by the schools to advocate that they carry out regular curricula review and updates.
5. To address any gaps in faculty and preceptor knowledge, PMTCT Technical Updates will be conducted for appropriate institution teaching staff.
6. To promote sharing of experiences between institutions and the MOH, the inter-institution coordination committee will continue to be supported throughout the preservice strengthening efforts.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	100	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
National Health program and staff
Collaborators
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CDC-RETRO-CI GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10133
Planned Funds: $ 100,097.00
Activity Narrative: With FY07 funds, USG technical staff will continue to work closely with program management staff and HQ technical staff to provide technical assistance for the design, implementation, and evaluation of PEPFAR-funded interventions aimed at preventing mother-to-child HIV transmission. These activities are conducted in consultation with relevant ministries (Family and Social Affairs, Health, Fight Against AIDS), non-governmental organizations, multinationals, and bilateral organizations.

Ongoing specific activities will include:
1. Supporting the implementation and coordination of PMTCT activities among donors and partners (e.g. UNICEF, UNAIDS, UNDP, and PEPFAR-funded partners including EGPAF, ACONDA-VS, and technical ministries)
2. Providing laboratory support at Projet RETRO-CI for quality point-of-service HIV testing with quality assurance at PMTCT sites, purchasing of laboratory commodities and supplies, training of peripheral-site staff, supervision, quality-assurance services, and targeted evaluations to assess simplified methods for infant HIV diagnosis
3. Participating in the PMTCT working group and assisting the MOH to develop innovative approaches for rapid scale-up, including:
• A district approach with strengthening of PMTCT monitoring and evaluation at the district and site levels, in collaboration with RETRO-CI/SI, Measure, DIPE, and other key partners
• Early infant HIV diagnosis by PCR, in collaboration with RETRO-CI/Lab and CDC HQ
• Routine HIV counseling and testing in ANC services
• Rapid testing in labor-and-delivery services
• Linkages with care and treatment
4. Providing technical assistance to the MOH and national experts to complete the validation, dissemination, and regular updating of PMTCT policies and guidelines, with anticipated revisions related to couples counseling, HIV testing algorithms, infant feeding, and reaching women during and after labor
5. Establishing a formal monthly discussion involving EGPAF, the CDC/USAID country team , JHPIEGO, and other key partners to follow PMTCT activities, focusing on major points such as commodities management at the central and the district levels, longitudinal postnatal follow-up of mother/infant and linkages with pediatric care, and coordination with other partners (UNICEF, PATH, HIV/AIDS Alliance, UNFPA, WFP, ANADER, Care International, and PLWHA)
6. Assisting EGPAF to develop new partnerships with the public and private sectors, FBOs, and CBOs to expand PMTCT activities nationwide
7. Finalizing CDC's outsourcing of PMTCT technical assistance activities, in accordance with recommendations from CDC headquarters staff and core and country teams

Continued Associated Activity Information

Activity ID: 5161
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC & RETRO-CI (Base)
Funding Source: GAP
Planned Funds: $ 353,563.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

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

Target Populations:

Doctors
Nurses
National AIDS control program staff
USG in-country staff
National Health program and staff
Local government bodies
Ministry of AIDS
Project staff
Collaborators
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 11155
Planned Funds: $ 200,000.00
Activity Narrative: In FY06, the Partnership for Supply Chain Management Systems (SCMS) was assigned as the primary procuring agent for PEPFAR-funded commodities and was also funded as the principal TA provider for commodities forecasting and management under the EP.

SCMS technical assistance helped ensure adequate management of HIV/AIDS products and other health commodities and strengthened the National Public Health Pharmacy (PSP) commodities management unit. In collaboration with the Ministry of Health and other partners, SCMS also reviewed and disseminated key commodities-management tools (computerized and paper-based) and standard operating procedures (SOPs) for district and facility levels.

With FY07 funds, SCMS will work to ensure that all PMTCT sites primarily supported by the EP through implementing partners EGPAF and ACONDA are able to generate regular, accurate commodities reports using improved management tools. SCMS will also ensure that all new sites are rapidly equipped, trained, and supported to use these commodities-management tools and produce regular reports.

SCMS will also procure PMTCT-related commodities in coordination with EP implementing partners and the Ministry of Health.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 16036
Planned Funds: $ 400,000.00
Activity Narrative: "The International Center for AIDS Care and Treatment Programs at Columbia University Mailman School of Public Health (ICAP-CU) proposes to support the Ivorian Ministry of Health (MOH) to expand HIV/AIDS prevention, care, and treatment to 10 facilities in underserved regions of the country. Sites will be supported to provide an integrated package of prevention, care, and treatment services, including provider-initiated counseling and testing (CT), PMTCT, HIV care, antiretroviral therapy (ART), and TB/HIV integration. As this is a new program, the first five months will focus on critical start-up activities, such as hiring staff, establishing an office, developing agreements with the Government of Côte d'Ivoire, and identifying and preparing sites. Nonetheless, ICAP-CU anticipates promptly initiating services and enrolling patients at five of the 10 target facilities before the end of the fiscal year, with the remaining five sites to be launched in the first quarter of FY08. As ICAP-CU has yet to engage in detailed discussions in Côte d'Ivoire, this proposal reflects preliminary plans that we anticipate will be further developed and enriched over time in collaboration with CDC-CI and the Ivorian MOH."

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	5	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,250	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	94	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	30	☐

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area: $ 5,341,411.00

Program Area Context:

Background

The 2005 AIDS Indicator Survey (AIS) has provided critical information about the HIV/AIDS epidemic in Cote d'Ivoire, permitting better targeting of prevention and care efforts. Within an adult HIV prevalence of 4.7%, females in all age groups were far more likely than males to have HIV (6.4% vs. 2.9%). Male prevalence may be mitigated by near-universal (96%) circumcision. Geographic differences included marginally higher HIV prevalence in urban settings and marked regional differences, from 1.7% in the Northwest to 5.5% or more in the South and East and 6.1% in Abidjan.

Sexual debut was reported by age 15 for 23% of females and 10% of males, by age 18 for 71% of females and 48% of males. The population aged 15-49 reported that 5% of females and 31% of males had two or more sexual partners in the previous year; 33% of females and 58% of males reported a risky sex partner; and 66% of females and 48% of males did not use condoms with risky sex partners. While only 2% of men reported paying for sex, 31% of unmarried women aged 15-19 reported having a sex partner who was at least 10 years older. One-third of married women were in polygamous marriages.

HIV knowledge was low, especially among women who had no education, lived in rural areas, or lived in the North/West. Conversely, both high-risk behavior and condom use were more likely among better-educated, urban people who lived outside the North/West. Attitudes reflecting intolerance conducive to HIV stigma and discrimination were widespread, particularly among women. More than one-third (34%) of women reported having no access to any mass media.

FY06 Response

At national and local levels, Ivorian government response is marked by strong commitment and limited resources. The Ministry of the Fight Against AIDS (MLS), charged with coordinating all HIV/AIDS activities, in 2006 drafted a new HIV/AIDS National Strategic Plan for 2006-2010 that emphasizes behavior change communication (BCC) aimed at promoting abstinence, fidelity, partner reduction, and delay of sexual debut and at reducing HIV-conducive cultural practices and stigma and discrimination.

The USG-CI pursues a comprehensive ABC prevention approach emphasizing delay of sexual debut, partner reduction, stigma reduction, and gender equity. In 2006, the USG expanded public- and private-sector BCC interventions at the community level and in targeted high-risk populations. Projects also focused on reinforcing the roles of parents in influencing social norms that promote fidelity, encourage partner reduction, and address risk factors such as alcohol and drug use. The MLS established a BCC committee to improve quality, coverage, and coordination of BCC activities. A significant focus was to develop youth- and gender-specific prevention programs emphasizing life skills, gender equity, and prevention of gender-based violence. Emphasis was also placed on BCC capacity-building at central and decentralized levels.

FY07 Priorities

In 2007, the USG will reinforce and expand effective programs and introduce new interventions to reach both pervasive behaviors in the general population and specific subpopulations at greatest risk. Targeting of interventions will respond to available data, with continued concentrations in the urban South (Abidjan, San Pedro) and prioritizing of other high-prevalence areas through local sub-grants, selection of sites for life-skills and sports programs. AB components will target women and girls, emphasizing links to PMTCT and CT, and reach males with messages about gender equity and violence. Based on lessons learned, available data, and the national strategic plan, the USG will focus on the following AB priorities:

1. A locally appropriate response to address major sources of new infections. With BCC committee

attention to matching interventions and documented need, BCC campaigns will work to increase knowledge and safer sexual behavior in underserved communities (e.g. in the North and in rural areas) as well as in targeted subpopulations (e.g. sex workers, uniformed services, life skills for in- and out-of-school youth, stigma reduction and positive gender norms among religious leaders).
2. Expanded reach of BCC messages through mass-media and IEC campaigns. Mass media is both underused for HIV prevention and inadequately accessed, especially by women and in rural areas (AIS, 2005). The USG will place an increased emphasis on targeted mass-media campaigns linked to interpersonal outreach. Campaigns will be designed both to model positive behaviors (e.g. Miss Cote d'Ivoire promoting AB messages) and to create stigma around dangerous behaviors (e.g. cross-generational sex and gender-based violence in a TV/radio soap opera). Within a push for decentralization, programming will seek to reach subgroups lacking mass-media access through effective IEC dissemination such as at transit centers for IDPs, film projection and local-language radio in rural areas.
3. Strategies for delay of sexual debut and partner reduction. USG funding will reinforce and expand programs using church networks, schools, and sports programs to reach youth with abstinence and fidelity messages and life skills to improve risk perception and make safe sexual choices. The USG will also increase activities targeting adults in high-risk and general populations to enable better sexual choices and better communication with their children on subjects ranging from HIV transmission to male social norms.
4. Operations, qualitative, and quantitative research. To design more effective programming aimed at delay of sexual debut and partner reduction, more formative research is needed to understand how Cote d'Ivoire's crisis has shaped or reinforced risk behaviors. The addition of a behavioral scientist and the AIS data will allow field research to refine high-risk subgroup profiles and address questions such as why girls have sexual debut early, with older men and multiple partners, etc., and whether structural interventions can reduce vulnerability to cross-generational sex.
5. Support of local networks that influence community values. Networks of religious leaders, artists, NGOs, and PLWHA can play an important role in influencing behavior and sustaining effective interventions. USG funding will help build the capacity of leaders and members of these networks to promote AB and gender-equity messages and encourage safer sexual choices in their communities.

Coordination
The USG is the major donor supporting AB activities in the country. Other partners focusing on child protection, gender violence, reproductive health, and gender issues include UNICEF and UNFPA. Key institutional partners include the ministries of AIDS, Education, Social Affairs, Health, and Youth, as well as PLWHA networks. Coordination with partners on the BCC committee and other sectoral and decentralized forums is improving.

Sustainability
The USG continues to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries to manage and be accountable for implementing activities and achieving results. This transfer is reinforced by USG emphasis on a district model of service delivery, on linking services (e.g. sexual prevention, PMTCT, ARV, and care), on public-private partnerships, on a new Ivorian umbrella organizations building capacity among indigenous new partners, and on support for religious and PLWHA networks.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	174,544
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	647,286
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	6,737

Table 3.3.02: Activities by Funding Mechanism

Mechanism: GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9705
Planned Funds: $ 206,533.00
Activity Narrative: HWW began its EP-funded HIV prevention activities in Côte d'Ivoire through Track 1 support. This program is now going to scale and will continue to receive additional country support. The HWW prevention program is aimed at promoting abstinence, faithfulness and reducing risky behaviours among youth. The program operates in the south, central, and the western-central regions of the country. The primary targets of this programme are youth aged 10-14, parents, monogamous couples and men. In 2006, HWW implemented its program in 12 sites which included: Abidjan (9 sites), Bassam, Daloa and Yamoussoukro. In cooperation with the Ministry of Education through the DMOSS, 40 academic organizations and 37 religious organizations were reached with the promotion of primary and secondary abstinence, fidelity in marriage, and reduction of sexual coercion and violence against women interventions. With FY06 funds, the project aimed to reach youth and parents with A and/or B interventions as the program expanded geographically and added new CBO/FBOs as service-delivery partners. Furthermore, in FY06, HWW trained 1,508 youth who in turn reached 46,182 individuals with HIV prevention messages, including an estimated 27,285 with stand alone AB messages. In addition, 5,512 individuals were encouraged to access voluntary counselling and testing services.

In FY07, with central funds and the significant addition of complementary central funds, HWW will continue FY06 activities while expanding to reach an additional 10,000 youth and parents for a total reach of 30,000 (central and country). HWW will expand activities to the regions of Savannah (Bouaké) and Zanzan (Bondoukou) to implement the following activities:

1. Reinforcing the capacity of parents involved with the selected organizations through exchange workshops on parent to child communication.
2. Reinforcing the capacities of monogamous couples in each community through couples counselling and providing additional training for youth in VCT.
3. Developing eight action teams for youth and two action teams for parents to facilitate youth/adult community activities. HWW will also establish a network for the action teams to promote information share.
4. Developing media campaigns for two different communes in collaboration with the national BCC working group.
5. Strengthening the organizational capacity of selected organizations to expand their reach to additional youth in the community.

Hope WW will continue to monitor and evaluate their programs based on EP, project, and national indicators and will continue to asses their progress against the sustainability plan developed during the project's first year.

Continued Associated Activity Information

Activity ID: 5156
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide
Mechanism: ABY CoAg: Hope Worldwide No GPO-A-00-05-00007-00
Funding Source: N/A
Planned Funds: $ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,400	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	☐

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Savanes

Sud-Comoé

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner:	Alliance Nationale Contre le SIDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9929
Planned Funds:	$ 700,000.00

Activity Narrative: This activity complements Alliance activities in Condoms and Other Prevention (#9931), OVC (#9939), CT (#9940), Basic Health Care and Support (#9935), TB/HIV (#9936), PMTCT (#9928), ARV Services (#10071), and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

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

With FY07 funding, the ANS-CI will continue to provide technical assistance to support national authorities and key stakeholders, including representatives of PLWH/A, CBO and FBO networks, to implement a comprehensive monitoring and evaluation plan for community-based activities. The CBO/FBO small-grants program, which includes technical and management assistance, will ensure that local stakeholders receive adequate information and assistance to access funding opportunities supported by the EP and/or other donors.

Depending on performance evaluations of FY06 activities, ANS-CI will continue to provide grants to promote evidence-based prevention messages that focus on abstinence and fidelity at the community level in general and within religious communities in particular; FBOs such as CARITAS and Islam Solidarite and the Protestant church CMA will use their extensive faith-based networks to disseminate prevention messages.

These messages will include addressing alcohol use as a risk factor at the community level. The youth parliament, local theater groups, and other community forums (sports, music, etc) will be used to reach youth and adolescents with age- and gender-appropriate messages, including messages focusing on cross-generational sex and gender norms that place girls at risk.

Approximately 22 grants will be awarded to the School Health Club Associations in coordination with the MEN EP funded project to continue to deliver interventions focused on delay of sexual debut and promotion of gender equity and self-esteem. These will complement the "life skills" curriculum and the youth friendly community VCT centers established on the successful model of Port Bouet in collaboration with Alliance des Maires and the MOH.

Five additional sub-grants will be awarded in FY07 to continue to promote evidence-based abstinence, partner reduction, fidelity with mutual sharing of sero-status and addressing of HIV-related stigma and discrimination messages at university campuses targeting young adults aged 18-24.

Activities will reach 40,000 people with AB prevention messages and 15,000 people with A-only messages.

In collaboration with the MEN EP project and JHU-CCP, ANS-CI will support training or refresher courses of at least 258 peer educators in AB service provision. These peer educators will act as youth leaders to provide education, information, and referral services to members of the "Clubs de Sante" and other identified youth groups.

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

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

By March 2008, at least 27 CBO/FBOs will receive sub-grants specifically to support "A" and/or "B" activities. To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level complementing the data management team working with the district HIV/AIDS committees.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	258	☐

Target Populations:

Community-based organizations
Faith-based organizations
Discordant couples
Street youth
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Out-of-school youth

Key Legislative Issues

Stigma and discrimination

Democracy & Government

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9932
Planned Funds:	$ 485,000.00

Activity Narrative: This activity forms a continuum with activities in Condoms and Other Prevention (#9944), Basic Health Care and Support (#9930), CT (#9933), OVC (# 9934), and ARV Services (#9927).

This activity is part of a broad four–year project launched in FY05 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, much of it functionally illiterate. The project is expanding access to HIV/AIDS prevention, care, and treatment and improving links to health, social, and education services, accompanying expansion of these services as national programs scale up. The implementing consortium brings together and applies the expertise of:
? The National Agency for Support to Rural Development (ANADER) for rural community mobilization and HIV prevention based on participatory risk-mapping and village HIV/AIDS action committees
? The Network of Media Professionals and Artists Fighting Against HIV/AIDS (REPMASCI) for BCC, including local outreach and radio, training, and use of its lexicon to communicate about HIV/AIDS in 16 local languages
? PSI-CI for HIV counseling and testing activities, including training and CT promotion, and procurement for palliative care
? ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment

MSD Interpharma and the HIV/AIDS Alliance are providing technical assistance.

In the program area of AB, FY07 funds will be used to continue and strengthen FY06 activities in four regions (Lagunes, Bas-Sassandra, Moyen Comoé, and Zanzan) and to extend these activities into two new regions (Fromager and Haut-Sassandra). These activities, implemented through village HIV/AIDS action committees in 24 village sites per region, draw on ANADER's risk-mapping approach. Local HIV/AIDS action committees and community counselors will be supported, with the help of JHU/CCP, in applying culturally appropriate BCC strategies, curricula, and educational materials with abstinence, faithfulness, partner-reduction, stigma-reduction, positive-prevention, and gender-based violence-prevention messages targeting youth, women, girls, illiterate populations, discordant couples, and other particularly vulnerable groups.

Activities will include coordinated BCC campaigns mediated by influential figures and peers and designed to decrease sexual risk by a) delaying sexual debut among youth, b) decreasing the number of sexual partners, and c) promoting mutual fidelity with knowledge of one's own and one's partners' serostatus. Use of methods of proximity (debates, sketches, videos, peer education, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches will be reinforced by radio in local languages. Traditional and religious leaders will be empowered through tools such as the HIV/AIDS lexicon, targeted BCC materials, and use of participatory approaches to lead communities to address HIV/AIDS in their socio-cultural context, including addressing the key legislative issues of negative gender attitudes and HIV-related stigma and discrimination. ANADER will work with teachers to reach youth in primary and secondary schools, drawing on Ministry of Education (MEN) life-skills materials and approaches.

Project activities complement and build on other initiatives, including EP-funded efforts, such as Ministry of AIDS and JHU-CCP activities to develop effective BCC approaches and mobilize faith-based communities and opinion leaders; MEN and Ministry of Family and Social Affairs activities in support of youth and OVC; Care International and HIV/AIDS Alliance support for CBO/FBOs and PLWHA; and MOH and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment. Activities are coordinated through relevant village, district, regional, and national forums.

In 2006, activities conducted with FY05 and FY06 funds include:
-- Identification of 96 village sites (each with multiple surrounding villages) for intervention
-- Baseline needs assessments in the four regions
-- Training of 130 ANADER staff in AB-targeted prevention
-- Training of 20 ANADER workers/facilitators (five per region) in use of the local-language HIV/AIDS lexicon and AB-targeted prevention
-- Training of 96 community counselors (one per site) in AB prevention
-- Broadcasting of spots on local radio (240 spots on abstinence, 240 on fidelity)

-- Broadcasting of 24 AB-oriented educational programs on local radio (six per region)
-- Video/film projection with AB prevention messages in 96 sites

In FY07, AB activities will be informed by quantitative and qualitative assessments in FY06 and the 2005 national AIDS Indicator Survey. To increase collaboration with MEN, ANADER will add training for schoolteachers in all six regions. With the technical assistance of CCP, ANADER will also develop the Sports for Life approach with youth organizations in rural areas in all six regions. Involvement of schoolteachers and of youth associations will contribute to sustaining the AB approach. The project will work to build REPMASCI's sustainable organizational capacity and ability to identify and creatively meet the needs of rural families, particularly women and youth without access to mass media, for HIV and other health-related information.

Working mainly in the emphasis areas of IEC, community mobilization/participation, and training, and on the key legislative issues of gender, stigma/discrimination, and wraparounds, specific activities supported by FY 2007 funding will reach 158,000 (including 90,000 youth (60%) with A-only messages) through community outreach that promotes AB-oriented prevention and will train 176 people to promote AB-oriented prevention.

Specific activities with FY07 funds will include:
1. Identify at least 48 central village sites (each with multiple surrounding villages) in the two new regions and activate or reinforce village HIV/AIDS action committees in each
2. Conduct needs assessments in the two new regions
3. Train 10 ANADER facilitators (five per new region) and 144 community counselors (three per village site in the two new regions) in use of the local-language HIV/AIDS lexicon and in AB-targeted prevention
4. Train 144 schoolteachers (one per village site in all six regions) in AB-oriented prevention
5. Train four local radio announcers (two per new region) in AB prevention. REPMASCI will provide the training, drawing on IRIN/JHU-CCP materials.
6. With CCP support and in coordination with Care International and Alliance CI, develop and implement plans for distribution, use, and evaluation of new and appropriate BCC materials for particularly vulnerable groups.
7. Deliver at least 48 video campaigns (one per new village) and at least 96 prevention campaigns (two per new village) on local radio
8. Create linkages among village action committees and cooperatives (agricultural, fresh-food traders) by involving one or two members of cooperatives in committee activities
9. Broadcast AB prevention spots on local radio (a total of 1,920 emissions in the six regions)
10. Broadcast radio programs with AB prevention messages (a total of 156 emissions in the six regions)
11. Conduct one video campaign in each village per year (a total of 144 video film projections in the six regions)

ANADER will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

Activities will strive to build capacity among CBOs and village and district action committees to achieve local ownership and sustainability. Training of community counselors and schoolteachers, initiation of income-generating activities, and involvement of agricultural cooperatives are designed to enable communities to carry on HIV prevention activities after EP financing has ceased.

Continued Associated Activity Information

Activity ID:	5475
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Agency of Rural Development
Mechanism:	U62/CCU025120-01 ANADER

Funding Source: GHAI
Planned Funds: $ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	90,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	158,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	176	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Rapid Expansion North West: RFA #AAA070 North &West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9941
Planned Funds:	$ 450,000.00

Activity Narrative: This activity relates to activities in Condoms and Other Prevention (#9944), Basic Health Care and Support (#9945), CT (#9943), OVC (#9938), and Other Policy (#9946).

This activity contributes to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health-care services have been severely disrupted since civil conflict split the country in 2002.

CARE used FY04 EP funds to develop HIV prevention activities in those regions in partnership with five NGO/CBO/FBOs and won funding for the current project in September 2005. As lead implementer of Global Fund- and EP-supported prevention and care activities in northern and western CI, CARE works to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo, and Man. From each of these central sites, CARE is gradually scaling up activities to three satellite sites. The project complements and builds on other EP-funded efforts, including Ministry of the Fight Against AIDS (MLS), JHU-CCP, and ARSIP (network of religious leaders) activities to develop effective BCC materials and mobilize faith communities and Ministry of Education (MEN) and Ministry of Family and Social Affairs activities to support youth and OVC, including out-of-school youth.

With FY07 funds, CARE will continue to provide sub-grants to organizations that conduct prevention activities focusing on abstinence and fidelity, including CARITAS, REMSCI (network of Islamic leaders), and ARSIP, as well as a minimum of three other local NGOs (one per zone). CARE will work through regional HIV/AIDS coordination networks, whose responsibilities for the last two project years will include action plan and budget development and accounting for funds and achievements. CARE will hire a grants manager based in the North who can provide TA and training to both the networks and grant recipients.

CARE will support selected local CBO/FBO partners in the use of socio-cultural analysis results from FY06 to identify and respond to local gender and cultural factors that perpetuate the spread of HIV, including stigma and gender-based violence. Local partners will be supported, with the help of JHU/CCP, in applying existing and newly developed culturally appropriate BCC curricula, materials, and strategies, including the Sports for Life approach, that deliver abstinence, faithfulness, partner-reduction, stigma-reduction, positive-prevention, and gender-based violence-prevention messages targeting youth (including out-of-school youth), women and girls, illiterate populations, discordant couples, and other particularly vulnerable groups.

Working mainly in the emphasis areas of IEC and local organizational capacity development, and on the key legislative issues of gender, stigma/discrimination, and wraparounds, prevention activities are expected to reach at least 400,000 people during the 4.5-year project and 124,000 (total prevention, AB plus Condoms and Other Prevention) during FY 07. Activities for AB prevention in FY 06 targeted 40,000 people and in FY07 will aim to reach 60,000 people (20,000 per region), including 35,000 in schools (5,000 ages 10-14) and 25,000 in community settings.

AB prevention interventions envisioned with FY 07 funds include implementing targeted and coordinated BCC campaigns mediated by influential figures, religious and traditional leaders, teachers, and peers designed to a) delay sexual debut among youth, b) decrease inter-generational sex, sexual coercion, and gender-based violence, c) decrease multiple sexual partnerships, and d) promote mutual fidelity with knowledge of one's own and one's partner's serostatus. Small-group communication methods (theater, participatory peer education, videos, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches will be reinforced by radio messages in local languages.

CARE will also continue to work on putting into place pilot savings and loan activities. These will be complemented by pilot income-generating activities for targeted sub-populations, including young out-of-school girls, to address a root cause of HIV vulnerability and reduce early sexual debut resulting from the need for income through transactional sex. Given the "feminization" of HIV in Cote d'Ivoire (AIDS Indicator Survey, 2005) and increasing poverty in the North as a result of the politico-military crisis, this is a

crucial element of CARE's prevention strategy.

Using FY07 funds and beginning the scale-up of activities to satellite sites around Bouake, Korhogo , and Man, the project will:

1. Work with the MEN to implement the use of national BCC education curriculum and supporting materials in schools, including MEN life-skills materials that deliver age-appropriate abstinence messages to younger children, abstinence-and-fidelity messages to older children, and educational messages to all children about gender inequity, prevention of gender-based violence, and the role of alcohol and other drugs in HIV transmission.
2. Provide training to 60 school health providers on delivering age-appropriate "AB" information to young people age 10-14 and "ABC" information to young people above age 14 and on identifying, counseling, and referring young victims of gender-based violence to health-care providers.
3. Provide refresher training to an existing pool of 60 peer educators to promote HIV/AIDS prevention through abstinence and faithfulness messages and add a module on identifying, counseling, and referring young victims of gender-based violence to health-care providers.
4. Work with UNFPA and UNICEF to train 10 health-care providers in each zone on the correct treatment and care of young victims of rape, incest, and other forms of gender-based violence.
5. Help ARSIP extend its network to the North and provide training to 30 religious leaders per zone, representing Catholic, Islamic, Protestant, and Buddhist faiths, in promoting HIV/AIDS prevention to their congregations.
6. Implement BCC community-based campaigns to promote AB messages, with an emphasis on HIV counseling and testing for couples who do not know their HIV status. Special emphasis will be placed on identifying, disallowing, and strengthening community response against stigmatization, discrimination, and gender-based violence, including female genital mutilation, child sexual abuse and other practices that place young girls at particular risk for HIV/AIDS. CARE will work with JHU/CCP, UNFPA, ANADER, and Alliance CI to develop, disseminate, use, and evaluate appropriate messages and materials to support community sensitization efforts aimed at out-of-school youth, women, and other particularly vulnerable groups.
7. Develop prevention messages in local languages for local radio with AB messages and education messages about sexual violence against youth (especially girls). CARE will work with JHU/CCP and UNFPA to develop appropriate materials and messages and collaborate with REPMASCI (network of journalists and artists), ANADER, and Alliance CI to ensure dissemination of these messages.
8. Support at least 200 young girls and women with pilot income-generating and savings-and-loan activities.
CARE will continue to adapt and follow the project M&E plan developed in FY06 based on national and EP targets. Population Council will begin the progressive transfer of M&E skills and responsibilities to local partners in 2007.

To support sustainability, CARE incorporates flexibility into its partnerships with local NGOs so as to avoid dependency and encourage autonomy. An accent is placed on training and supportive supervision so that necessary technical and management skills are imparted to partner staff.

Continued Associated Activity Information

Activity ID:	4995
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	☐

Indirect Targets

Number of individus trained in skill that can provide a source of income generation, and on saving and loan mechanisms to increase sustainability

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Program managers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of AIDS #U62/CCU024313
Prime Partner:	Ministry of AIDS, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10044
Planned Funds:	$ 100,000.00

Activity Narrative: This activity also relates to activities in Strategic Information (#10425).

The Ministry for the Fight Against AIDS (MLS) in Cote d'Ivoire is charged with coordinating a multisectoral comprehensive and effective national response to HIV/AIDS, including all aspects of prevention, care, and treatment. The MLS plays a key role in bringing together stakeholders to define national policy and strategies to prevent HIV transmission and to coordinate and monitor the national response (through its departments of Social Mobilization, Technical Assistance and Planning, and Monitoring and Evaluation). With FY07 funds, the MLS, in conjunction with technical assistance partner JHU/CCP, collaborating ministries, NGO/FBO/CBO representatives, and other stakeholders, will build on FY04-06 achievements to improve access, quality, and coverage of evidence-based behavioral change communication (BCC) interventions, including targeted and age-appropriate messages to delay sexual debut, promote fidelity within marriage, promote partner reduction, and address negative gender and discriminatory attitudes undermining healthy sexuality.

In the program area of AB prevention, the MLS during the 2004-2006 period:
- Established a national technical committee for BCC (GT/CCC) in conjunction with JHU/CCP.
- Completed a baseline evaluation of BCC interventions between 1984 and 2004.
- Developed and validated a national BCC strategy for fighting HIV/AIDS using a participatory methodology involving key stakeholders from civil society, various faith-based communities, networks of PLWHA, NGO/CBO/FBOs, AIDS service organizations, youth associations, agricultural collectives, technical ministries (Education (MEN), Health (MOH), Family and Social Affairs (MFAS)), and UN partners (UNAIDS, WHO, etc.).
- Produced information/education/communication (IEC) and BCC materials for use by implementing partners.
- Trained 25 national BCC trainers, drawing from the membership of the GT/CCC.
- Mobilized a multisectoral response to implement the national BCC strategy in collaboration with the GT/CCC and representatives of the public and private sectors, technical ministries, CBO/NGO/FBO networks, and community leadership.
- Organized training to build capacity to plan, implement, and monitor BCC interventions for HIV/AIDS prevention at the central and decentralized levels through technical leadership from the various HIV/AIDS committees, in collaboration with Emergency Plan-funded partners (MEN, MFAS, ANADER, HIV/AIDS Alliance, CARE International) and other partners (UNAIDS, World Bank Corridor Project, Global Fund, etc). This training was based on curricula developed by JHU/CCP in collaboration with Hope Worldwide, MEN, and UNESCO/UNICEF projects.
- Reinforced the capacity of organizations involved in coordination, implementation, and monitoring and evaluation of A and/or B interventions targeting youth, including:

• Decentralized committees at regional, district, community, and village levels (in collaboration with EP-funded partners ANADER, CARE International, and HIV/AIDS Alliance), with the training of at least 26 trainers/facilitators.
• 25 sectoral committees, with the training of 50 trainers of trainers/facilitators.
• Networks of NGO/FBO/CBOs and professional associations, with the training of at least 34 trainers/facilitators in collaboration with HIV/AIDS Alliance, CARE, and ANADER.

FY07 activities will work mainly in the emphasis areas of IEC and training and on the key legislative issues of gender and stigma/discrimination. They were developed in accordance with the National Strategic HIV/AIDS Plan 2006-2010 and are focused on three fronts: prevention, capacity building, and supervision.

Prevention activities will include television and radio spots on the subjects of A/B prevention, stigma, and discrimination to reinforce community-level outreach efforts. A film on abstinence will be produced in collaboration with JHU/CCP, REPMASCI (network of journalists, artists, and athletes), MEN, PSI, UFRICA, and CARE International. The MLS is also organizing a nationwide response to World AIDS Day by developing a weeklong campaign that will reach 2,500,000 people with BCC messages.

To reinforce institutional capacity for the fight against HIV/AIDS, the MLS will continue its efforts to decentralize the decision-making process and empower those responsible for interventions by providing training in BCC and HIV/AIDS information for:

• 32 members of 16 sectoral HIV/AIDS committees (including from the ministries of Agriculture, Education, Public Affairs, Health and Public Hygiene, Defense, Interior, Tourism and Craft Industry, Scientific Research, Technical Teaching and Vocational Training, Mines and Energy, Environment, Urban Affairs, Justice and Human Rights, Solidarity and Victims of War, Family and Social Affairs, and MLS)
• 12 members of six decentralized regional HIV/AIDS committees in central, northern, and western Cote d'Ivoire.
• 26 members of 13 business councils representing, among others, CIGE, FIPME, Coalition of Companies, Filtisac, Unilever, Palmafrique, Cemoi, Palmci, CNRA, Poste-CI, Nestle, SOTRA, and PAA.
• 68 members of 28 NGOs (including 15 NGOs in regions under the control of the Forces Nouvelles), who will be trained as community-based trainers.

In addition, 24 MLS staff members will receive refresher training on HIV/AIDS themes. These capacity-building activities will be done with the support of JHU/CCP and the GT/CCC.

IEC messages for youth promoting abstinence, fidelity, and reduction of stigma and discrimination will be produced or reproduced and disseminated to sectoral HIV/AIDS committees in 16 regions, including regions under Forces Nouvelles control. These activities will be supported through the purchase of multimedia training kits containing a portable computer, a television set, a video projector, and a projection screen. To better coordinate the national strategy for HIV/AIDS prevention, the MLS will buy a 4x4 vehicle.

Continued Associated Activity Information

Activity ID:	4556
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of AIDS, Côte d'Ivoire
Mechanism:	Cooperative Agreement with Minisrty of AIDS #U62/CCU024313
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	162	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Ministry of AIDS
Primary school students
Secondary school students
University students
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Coverage Areas

Agnebi

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Sud-Bandama

Sud-Comoé

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of Education #U62/CCU24223
Prime Partner:	Ministry of National Education, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10045
Planned Funds:	$ 1,350,000.00

Activity Narrative: This activity complements other Ministry of Education (MEN) activities in Basic Health Care and Support (#10052), OVC (#10059), with M&E integrated across all program areas.

With Emergency Plan (EP) support, the MEN initiated a 4.5-year project (2005-2009) designed to improve HIV prevention and care for students, teachers, and other personnel of the MEN throughout Cote d'Ivoire. As part of a comprehensive multi-sectoral response consistent with the new HIV/AIDS National Strategic Plan for 2006-2010 and in collaboration with relevant ministries and NGO/CBO/FBO networks, the MEN is building on FY04-06 achievements to improve the quality and coverage of HIV prevention through life-skills training for students; to promote HIV prevention among students and teachers through age-appropriate A and AB behavior change communications (BCC) to delay sexual debut, promote fidelity, partner reduction, and uptake of counseling and testing; and to address negative gender and discriminatory attitudes. Links to health and social services will be strengthened to improve access to HIV care and treatment as part of a continuum of services.

In the program area of AB prevention, education based on the life-skills approach is being integrated in national primary and secondary curricula and extended through extracurricular health clubs (Clubs de Sante), with activities such as conferences, group debates, games, theater, and sports. Adapted A and B messages also target teachers, other personnel, and parents through the life-skills program, school committees, and other activities as part of a comprehensive HIV-in-the-workplace program (further described under Other/Policy Analysis and Systems Strengthening).

With FY05 and FY06 funds, the MEN developed, validated, and began piloting and evaluating the life-skills curriculum with accompanying IEC/BCC materials for primary, junior and senior secondary schools and school health clubs in seven pilot sous-prefectures. Each sous-prefecture pilot includes 10 secondary schools with an average of 600 students per school and four primary schools with an average of 150 students per school. With FY05 funds, the curriculum targeting junior secondary school students was piloted as planned, but strikes in the schools disrupted the students' courses. In FY06, the curricula are being piloted in primary, junior secondary, and senior secondary schools. The pilots include both in-class activities and school health club peer activities. An evaluation of the life-skills curriculum materials and process is being conducted with the assistance and oversight of an independent consultant.

Despite late release of FY05 and FY06 funds and perturbations in the school system due to political instability and teacher strikes, the MEN is on track to train more than 310 teachers and 210 student leaders on the life-skills curriculum approach by March 2007. Moreover, 160 students and teachers have also been trained to become trainers as part of a new Sports for Life campaign, and 25 teachers and health-club supervisors have been trained in development and use of BCC materials. JHU/CCP will continue to provide technical assistance for all IEC/BCC and Sports for Life activities. More than 30,000 children, adolescents, youth, and teachers will be exposed to targeted A and B messages and interventions by March 2007, including 25,000 students through peer-to-peer activities as part of school health clubs and 3,840 students through life skills in the classroom. A total of 2,078 teachers are being trained through life-skills and workplace interventions.

Through all these activities, the MEN has actively developed partnerships and linkages with other ministries (responsible for health, social affairs and OVC, and HIV/AIDS coordination) as well as EP-funded NGO/CBOs such as HIV/AIDS Alliance (sub-grants to school clubs), ANADER (complementary activities in rural areas), FHI (HIV in the workplace), and JHU-CCP (IEC/BCC activities and data interpretation).

The MEN proposes to use FY07 funds for AB to build on its current activities and expand a comprehensive and sustainable education-sector program with a coherent continuum of prevention, care, and treatment services for youth in school and teachers. The MEN has prioritized expansion to national coverage, including sites in the rebel-controlled zones.

Working mainly in the emphasis areas of IEC/BCC and training, and on the key legislative issues of gender and stigma/discrimination, MEN activities in FY07 will include:

1. Develop, validate, and disseminate an Education Sector HIV/AIDS Plan (2007-2010)

that is consistent with the 2006-2010 national AIDS strategy.
2. Complete evaluations of the seven pilot sous-prefectures during the first six months of 2007.
3. At the secondary-school level, 8,400 students at 14 schools will receive classroom life-skills classroom education in AB. These pilot schools are in seven southern regions.
4. At the primary-school level, three school subjects cover the life-skills classroom program matter, and 8,400 students at 28 pilot schools will receive life-skills education in A only. These pilot schools are in seven southern regions.
5. CAFOP (Center of Training for Primary School Teachers) will train primary-school teachers in the life-skills classroom curriculum approach. This training, a new activity that is essential for long-term sustainability, will start in FY07 at four CAFOPs. Sixty training specialists will be trained, and they will provide supervised training to 600 primary-school teachers in prevention through abstinence. The teachers will finish their teaching degree from CAFOP in FY07 and begin teaching abstinence-based prevention in FY08.
6. Health clubs in the southern regions will reinforce life-skills learning and emphasize HIV/AIDS prevention activities; some of these youth will participate in palliative care programs. A total of 8,400 youth will participate in AB activities through the health clubs.
7. In addition, health clubs will reinforce life-skills learning and emphasize activities. Pilot projects will occur in three regions in the North and West, which are under the control of the Forces Nouvelles. A total of 3,600 youth will participate in AB activities through the health clubs. The activities around the cities of Bouake, Korhogo, and Man will increase national coverage from seven regions to 10.
8. To support the health clubs, the first step will be to train 100 trainers of peer educators, who will train 30 youth in each school health club. Thus nationwide 3,100 peer educators will be trained for health-club activities.
9. Modify and finalize the age-adapted curricula and IEC/BCC tools after pilot implementation and evaluation are completed.
10. Develop a national roll-out plan for integration of the life-skills curriculum in the national school curricula for primary, junior secondary, and senior secondary levels in the 2008 school year.
11. Include the Sports for Life component as part of the extracurricular life-skills activities, with technical assistance from JHU/CCP.
12. Develop materials for use nationwide in the MEN workplace. Technical assistance will be provided by JHU/CCP.
13. Produce and broadcast five radio and TV spots and 10 TV shows related to the life-skills AB approach, with the participation of students and assistance from JHU/CCP and REPMASCI (network of journalists and artists).
14. Provide financial support to 100 health clubs (10 per pilot).
15. Add an assistant project director and a chauffeur to reinforce the MEN-EP coordination team.

The MEN will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders

Continued Associated Activity Information

Activity ID:	4557
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of National Education, Côte d'Ivoire
Mechanism:	Cooperative Agreement with Ministry of National Education, # U62/CCU24223
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	8,400	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	28,800	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,760	☐

Target Populations:

Adults
Disabled populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Public health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Twinning

Stigma and discrimination

Education

Coverage Areas

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00
Prime Partner:	Hope Worldwide
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10047
Planned Funds:	$ 500,000.00

Activity Narrative: This activity relates to activities (#9706), (#10161), (#10059), and (#10295).

Hope Worldwide (HWW) began its EP-funded HIV prevention activities in Côte d'Ivoire in FY06 with Track 1 support. This program is now going to scale and will continue to receive additional country support. The HWW AB prevention program is aimed at promoting abstinence and faithfulness and reducing risky behaviors among youth (10-14 years), parents, and monogamous couples, and addressing social norms with men through behavior change communication (BCC) activities carried out in partnership with academic and religious organizations.

The program operates in the southern, central, and western-central regions of the country. FY06 funds continued and improved the quality of activities at 10 sites (nine in Abidjan and one in Bassam) and financed activities at two new sites (Daloa and Yamoussoukro). Activities were implemented in cooperation with the Ministry of Education (MEN) and in partnership with 40 schools and other academic programs and 37 religious organizations.

Project activities complement and are coordinated with other initiatives, including EP-funded efforts such as Ministry of the Fight Against AIDS and JHU-CCP activities to develop effective BCC approaches and mobilize faith-based communities and opinion leaders; MEN and Ministry of Family and Social Affairs activities in support of youth and OVC; CARE International and HIV/AIDS Alliance support for CBO/FBOs and PLWHA; and MOH and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment.

FY06 funds supported the following activities:
• A situational analysis
• Policy and community advocacy
• Administrative office set-up and launching of the program
• Identification and selection of academic and religious organizations as partners
• Training of peer educators for youth and the establishment of 77 community action teams for youth to implement a wide range of community-based activities

HWW also trained 1,508 youth as peer educators, who in turn reached 46,182 people with HIV-prevention messages, including an estimated 27,285 with stand-alone AB messages. In addition, 5,512 people were prompted to go for HIV counseling and testing services. The program also revived several health clubs and facilitated the opening of new clubs.

With complementary central funding, HWW in FY06 supported building youth solidarity for abstinence and established community action teams in accordance with the Ministry of the Fight Against AIDS' new National Strategic HIV/AIDS Plan (2006-2010).

The program benefited from financial and in-kind contributions by the partner academic and religious organizations and technical assistance from PEPFAR partner REPMASCI (network of journalists and artists fighting HIV/AIDS).

In FY07, HWW will expand activities to the regions of Savannah (Bouaké) and Zanzan (Bondoukou). Working mainly in the emphasis areas of IEC, local organizational capacity development, and community mobilization/participation, and on the key legislative issues of gender and stigma/discrimination, FY07 activities will reach 20,000 people with AB messages and 6,700 people with "A"-only messages and will train 1,500 youth to provide AB-oriented HIV prevention.

Specific FY07 activities will include:
1. Conduct a situational analysis of new sites to identify opportunities for collaboration with nongovernmental, academic, and religious organizations.
2. Conduct a KAPB study within eight academic and religious organizations, to be selected based on predefined criteria. The study will help HWW better orient its interventions.
3. Train youth peer educators from selected organizations in HIV-prevention education focusing on abstinence.
4. Reinforce the capacity of parents involved with the selected organizations through exchange workshops on parent-to-child communication.
5. Reinforce the capacities of monogamous couples in each community through couples counseling and provide additional training in CT for youth.

6. Develop eight action teams for youth and two action teams for parents to facilitate youth/adult community activities. HWW will also establish a network for the action teams to promote information sharing.
7. Develop media campaigns for two districts.
8. Strengthen the organizational capacity of selected organizations to expand their reach to additional youth in the community.
9. Expand to reach 4,000 more youth and parents in Bouaké and Bondoukou with abstinence and/or faithfulness interventions and activities aimed at reducing risky behaviors.

In FY07, HWW will also reinforce ongoing activities at existing sites by:
1. Providing refresher training for partner organizations based on their needs.
2. Organizing training for community action teams in monitoring/evaluation, project evaluation, and resource mobilization.
3. Providing materials and IEC support to community action teams.
HWW will continue to monitor and evaluate its programs based on EP, project, and national indicators and will continue to assess its progress against the sustainability plan developed during the project's first year. The project will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

Continued Associated Activity Information

Activity ID:	4594
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide
Mechanism:	ABY CoAg: Hope Worldwide No GPO-A-11-05-00007-00
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	6,700	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,500	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Savanes

Sud-Comoé

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10132
Planned Funds: $ 349,878.00
Activity Narrative: With FY 07 funds, USG technical staff will be supported and will continue to work closely with the interagency management country team and HQ technical staff to provide technical assistance for the design, implementation, and evaluation of PEPFAR-funded behavioral interventions designed to influence HIV prevention behaviors, with primary emphasis on efforts to promote abstinence, fidelity, delay of sexual debut, partner reduction, and related social norms. These are conducted in consultation with the Ministry for the Fight Against AIDS, other technical ministries (Education, Health, Social Affairs, Human Rights, Youth and Sport, etc.), non-governmental organizations (NGOs), multinationals, and bilateral organizations.

Ongoing specific activities will include:
-Participation in the behavior change communication (BCC) technical group and assistance, in collaboration with JHU/CCP and the IEC/CCC unit of the DMS, in the mapping of AB activities implemented by PEPFAR partners and the harmonization and standardization of BCC tools.
-Support for implementation of the life-skills curricula and coordination of the national BCC working group
-Identification of opportunities for targeted BCC.
-Supervision of official needs assessments.
-Coordination of activities among donors and partners, including UNICEF, UNAIDS, UNDP and PEPFAR-funded partners Care International, FHI, PSI, JHPIEGO, ANADER, International HIV/AIDS Alliance, JHU-CCP, and the ministries responsible for Education, Social Affairs, Health, and AIDS coordination).
-Develop a communications strategy, in coordination with JHU/CCP and REPMASCI (network of media professionals and artists against AIDS in Cote d'Ivoire), to promote all PEPFAR activities.

PEPFAR CI will continue to support RIP+ (network of CBOs of people living with HIV/AIDS), REPMASCI, and COS-CI (NGO collective against HIV, representing more than 400 organizations). PEPFAR CI will also continue to support faith-based organizations (ARSIP, a recently created interfaith alliance of religious leaders), youth organizations, and other community activists and leaders in mobilizing their communities for the promotion of abstinence, fidelity, delay of sexual debut, and partner reduction in their communities.

Continued Associated Activity Information

Activity ID: 5162
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC & RETRO-CI (Base)
Funding Source: GAP
Planned Funds: $ 302,461.00

Targets

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

Target Populations:

Community leaders
National AIDS control program staff
USG in-country staff
Ministry of AIDS
Ministry of National Education
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10295
Planned Funds:	$ 850,000.00

Activity Narrative: This activity complements CCP activities in Other Prevention (#10299), Other Policy (#10080), and ARV Services (#10072).

CCP will improve the quality, targeting, and reach of BCC interventions promoting delay of sexual debut, fidelity, partner reduction, and sexual-risk reduction while addressing cross-cutting issues of gender and stigma and promoting HIV testing uptake. Given the dramatic feminization of the HIV epidemic, its continued spread into rural areas, and the ongoing military-political crisis, girls and women, HIV+ persons, discordant couples, out-of-school youth, rural populations, and other high-risk and vulnerable populations are included as specific target groups.

Building on previous research and BCC campaigns, CCP will continue to transfer capacity and provide technical support and tools to EP implementing partners by developing, disseminating, and evaluating use of BCC tools that enable diverse communities to engage in dialogue about HIV risk, behavior, and social norms to achieve behavior change. In the area of "A" and "B" prevention, FY07 programming focuses on HIV prevention among the target groups and includes an expanded response through faith-based communities, the "Sports for Life" initiative targeting schoolchildren and youth, and multipronged complementary BCC activities, with a TV/radio soap opera and materials for peer-to-peer education and other methods of proximity.

Adapting elements of effective programs in Africa, Asia, and Latin America, CCP's programming aims at changing sociocultural norms, especially gender norms, to reduce vulnerability to HIV.

1. HIV Prevention Targeting Women and Youth

Community-outreach activities in collaboration with EP implementing partners will reach at least 60,000 people with AB prevention messages, including at least 20,000 people with A-only messages, and train 150 trainers/facilitators to promote AB prevention.

a. Youth: CCP has conducted quantitative and qualitative research exploring the motivations underlying youth high-risk sexual behaviors. Results informed the design of a multimedia youth campaign targeting gender and social norms. Campaign materials include new print and audiovisual materials promoting safer sexual behavior. Implementing partners include PLWH/A CBOs, FBOs, village HIV/AIDS committees, and school-based health clubs.

In FY07, CCP will assess the first phase of the BCC youth prevention campaign through the development and use of a scale measuring youth perceptions of gender and social norms related to risk behaviors favoring HIV infection. CCP will also roll out the second phase targeting the most vulnerable (including ex-combatants and rural youth) with new materials: a radio serial drama, four profile videos (see "Other Prevention"), two TV spots, leaflets, and posters. The campaign will be conducted in collaboration with the Ministry of the Fight Against AIDS (MLS), MEN, REPMASCI (a network of journalists and artists), ANADER, CARE, Alliance, and other EP partners. The campaign will be monitored by two youth associations supervised by CCP. CCP will supply materials to key EP partners, will approve and oversee partner-specific dissemination plans, and will monitor use and results.

b. Prevention within faith-based and traditional communities: CCP will expand its work to help faith communities to address issues related to gender norms, stigma, HIV risk, and false cures for people living with HIV/AIDS, with women and rural populations as target populations. Building on FY06 efforts promoting face-to-face encounters between young people and religious leaders, activities (home visits, counseling, and conferences for youth associations) will be designed to help religious and traditional leaders provide messages that correct erroneous information, motivate behavior change, and encourage uptake of HIV testing and other services. The BCC prevention campaign will also address stigma and promote social inclusion of PLWHA, including discordant couples. This campaign will reach 50,000 people with AB messages. Partners will include an interfaith network of religious leaders (ARSIP), REPMASCI, RIP+ (network of PLWHA), ANADER, and Hope Worldwide. Training costs for participants will be supported by EP implementing partners.

2. Sports for Life
In FY06, CCP launched a Sports for Life (SFL) intervention to capitalize on soccer's enormous popularity and potential to bridge differences within a conflict setting. Building on similar work in other African settings, soccer has been shown to be an effective BCC entry point to disseminate HIV-prevention and life-skills-building messages to youth.

After laying the groundwork in FY06 (training of trainers, materials development), CCP in FY07 will:
- Equip, train and deploy 48 more SFL peer-educators and community-outreach teams.
- Produce promotional items and leaflets to reach 30,000 youth.
- Design and implement a competition, including a tournament and health-festival calendar, to connect SFL teams with common goals and build local interest.
- Leverage private-sector funding to support program scale-up (see Other Policy).
- Scale up work with the MEN to integrate SFL modules in the life-skills school curriculum.
- Collaborate with other EP partners such as CARE, ANADER, and Hope WW, to integrate SPL into their prevention activities.

3. BCC Educational Entertainment: TV/Radio Soap Opera
Complementing SFL, CCP will provide a sub-grant to Common Ground Productions to contribute to the production of a 26-part TV and radio soap opera about a fictionalized CI national soccer team. Drawing on the expertise of REPMASCI and RIP+, the dramatic series will address issues such as high-risk sexual behaviors, personal responsibility, gender norms, CT, and positive living to deliver effective BCC messages, including AB prevention, along with peace-promoting messages of tolerance and respect. Common Ground has produced similar programs in Nigeria and South Africa and has leveraged resources from private and other donors. It will draw on Ivorian writing, acting, and producing talent. The audience is estimated at 1 million people.

4. BCC Capacity Building
CCP works to build the capacity of local public and NGO partners to develop, implement, and evaluate strategic health-communication interventions that mitigate HIV incidence. In FY06, CCP established links with various partners (REPMASCI, GT/CCC, Alliance, CARE, ANADER, and ARSIP) to help them conduct prevention and care activities with high-quality BCC programming. In FY07, CCP will expand its technical support to EP partners, including development and dissemination of BCC tools relevant to the sociocultural context and review, adaptation, and improvement of messages and interventions most appropriate to the setting.

Many EP partners are in need of high-quality BCC messages, printed materials, and audiovisual supports aimed at youth. In FY07, CCP will serve this need by conducting a participatory quarterly review of the content and quality of BCC interventions (BCC materials, curriculum and manuals, messages).

To promote sustainability of BCC activities, CCP will maintain a repertory of national BCC experts to provide technical assistance to key EP partners. In FY07, CCP plans to provide two training-of-trainers sessions for 53 people based on the new HIV/AIDS BCC curriculum for community workers, targeting partners such as MEN, ANADER, and CARE. The BCC skills monitoring tool developed in 2006 will be administered to training recipients to assess and fine-tune their acquired skills. CCP's Strategic Leadership and Management training course will also be provided to 30 qualified BCC practitioners from partner organizations (GT/CCC, ANADER, REPMASCI, NGOs, religious leaders, teachers, and other stakeholders).

Continued Associated Activity Information

Activity ID:	5012
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Funding Source:	GHAI
Planned Funds:	$ 620,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	251	☐

Target Populations:

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

Key Legislative Issues

Stigma and discrimination

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PSI CI Uniformed services VCT Promotion
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10307
Planned Funds:	$ 350,000.00

Activity Narrative: This activity (#10307) complements those described in Condoms and Other Prevention (#10049), Basic Health Care and Support (#10055), and CT (#10064).

The EP continues to targeted populations most at risk or vulnerable to HIV acquisition and transmission in order to effect HIV transmission dynamics and provide care to those most in need. In Cote d'Ivoire, with the prolonged political and military crisis, the EP team targeted uniformed services and their sexual partners for special attention. Since Sep 2002, there has been active mobilization and deployment of various uniformed services (national army, gendarmes and police) as well as rebel forces and the potential emergence of militia forces. Increased mobility with separation from spouse(s), economic disparities with the surrounding population, and crisis-related shifts in perceptions (e.g. gender and violence norms, less concern about the long term etc) are likely to contribute to heightened sexual risk behaviors among these populations. Access to information, counseling and HIV testing, and health care is limited overall but particularly so for uniformed services on active deployment. In addition, children have been victims of the conflict. A national disarmament, demobilization and reinsertion program has been planned for both child and adult soldiers and rebel forces.

As such, in Sep 2005, PSI and its partners (AIMAS, CARITAS, ESPOIR FANCI and JHPIEGO) applied successfully to implement the EP project to expand HIV prevention, counseling and HIV testing and care interventions targeting the uniformed services, ex-combatants and their partners in Cote d'Ivoire .

As part of an adapted sexual prevention strategy for these populations the project seeks to address negative gender and sexual violence norms, promote sexual risk reduction especially emphasizing partner reduction, condom use and promoting uptake of HIV testing and STI and HIV care and treatment services including secondary prevention for HIV positive persons and within HIV discordant couples. Prevention interventions targeting child soldiers will be adapted to their age, sexual experience and context working in collaboration with UNICEF.

In Côte d'Ivoire, young girls often begin their sexual life precociously and engage in sexual relationships with men much older than themselves. In the armed forces, knowledge of sexual risk reduction and prevention measures and how they are implemented is not marked. A PSI-conducted survey in 2004, showed that only 2.9% of respondent members of the National Armed Forces of Côte d'Ivoire, referred to faithfulness as an AIDS-prevention measure and only 26.9% mentioned abstinence. The same survey showed that 80.6% of respondents reported having had had more than one sexual partner during the 12 preceding months.

With EP funds to date, PSI and its' partners have coordinated with the Ministry of Defence, rebel forces and other partners (UNFPA and UNICEF) and the national disarmament, demobilization and reinsertion program (NCDDR) to conduct a national needs assessment. With these data they have identified 40 intervention sites (20 in the Northern zone controlled by the Force Nouvelle, and 20 others in the Southern Government controlled zone) as well as 15 "Centers for Transit and Orientation" (CTO) for child soldiers (as part of the larger national programs).

PSI sub-partner CARITAS has been given the lead in "AB" interventions as part of the project and works closely with the Ministry Fighting AIDS (MLS) as well as national and international technical partners (JHU/CCP, UNICEF, UNFPA, ONUCI and (NCDDR). With EP funds to date, they have developed curricula and behavioral communication change (BCC) tools for the child soldiers and children otherwise associated with the military, completed CTO site selection and trained 920 peer educators. The environment in which the child lives will be considered and targeted as well as children themselves.

With FY06 funds, by end March 2007, the training program for adults and child peer educators and supervisors will have been completed. A sustained BCC communication program will be initiated which is designed to reach 140,171 individuals among uniformed services, ex combatants and sexual partners and reduce sexual risk behaviors including abstinence and promotion of sexual health (for children) and partner reduction (for adults) with gender and stigma and CT promotion also integrated as major themes. Interpersonal communication based on participatory approaches will occur through peer

education and reinforced by mass communication at military sites from the mobile video unit. The focal point of each army (both Northern and Southern) will also visit targeted PSI-military projects to exchange evolving best practices with colleagues in other countries.

With FY07 funds, the project will build on foundational work and rapidly expand service delivery and prevention interventions. Following further needs assessments, 10 new additional military camps will be selected in collaboration with the military authorities. The BCC campaign initiated in 2006 will be updated on the basis of ongoing evaluations to make sure that the major risk behavior determinants have been targeted successfully.

With FY 07 funds, key project activities include:
For child soldiers – aged 8-14:
-Behavior change communication via peers and influential elders will include promotion of abstinence and sexual risk reduction as well as the promotion of positive gender roles and reinsertion into regular society including schools and educational programs at the CTOs;
- Adapt the abstinence promotion campaign with results from the initial evaluation;
- Produce and disseminate a 5-minute film on abstinence promotion and integrate in site activities;

For older and sexually experienced child soldiers, adult military, ex-combatants and their partners:
- other sexual prevention measures will also be promoted, including the importance of partner reduction, mutual fidelity, knowledge of one's serostatus, and positive sexual health.
- Training will be conducted to deliver effective BCC messages in sexual prevention to the target population, including 20 adult military personnel trainers, 480 adult peer educators, 10 new adult supervisors, as well as refresher training for 40 adult supervisors;
- Trained peer educators will lead participatory educational programs for the armed forces, the ex-combatants and their partners at the 50 adult sites and 10 CTOs;
- Produce and disseminate a 5-minute film on sexual risk reduction and integrate in site activities;

In addition PSI will :
- Continue regular internal and quarterly external supervisions;
- Peform a TRaC survey to monitor prevention activities.

Peer educators trained with harmonized tools by national trainers will deliver interpersonal sessions to their peers in small-sized groups in a workplace. Female peer educators, as uniformed services partners, will also sensitize in military camps and families their peers on HIV prevention, including gender issues. Child soldiers are divided roughly into two groups : 8-14 years and 15-17 years. In each group, peer educators have been trained, under supervision of local NGOs working with UNICEF. They will continue sensitizing children of the same age group.

The project will promote sustainability through the creation of a pool of trainers, peer educators and military supervisors who will keep on carrying out their activities well after the completion of the project and helping the Ministry of Defense to involve, strengthen and reproduce local and regional focal points fighting HIV/AIDS. The project will ensure monitoring of the execution of the Ministry of Defense consolidated HIV plan as well as the sustainability plan worked out in 2006, specifically for all the aspects in relation with HIV prevention.

Continued Associated Activity Information

Activity ID:	4582
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Rapid expansion uniformed services
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	21,044	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	270,486	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	480	☐

Indirect Targets

Number of uniformed personnel reached : 184839
Number of partners reached : 50574
Number of child soldiers reached : 35073Number of child soldiers from 8 to 14 years old reached : 21044
Nmber of uniformed personnel trained : 380
Number of partners trained : 100

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Military personnel
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Rural
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Stigma and discrimination

Other

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.03: Program Planning Overview

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

Total Planned Funding for Program Area: $ 3,213,000.00

Program Area Context:

The National Blood Transfusion Service (NBTS) of the Côte d'Ivoire Ministry of Health is responsible for the safety of the national blood supply in Côte d'Ivoire. The NBTS assures an adequate supply of safe blood for transfusion by recruiting low-risk donors, performing comprehensive laboratory screening for transfusion-transmissible infections (TTI) on all donated units of blood, and maintaining an effective cold chain. These activities have contributed to a reduction in TTI since 2004. The NBTS ensures national distribution of blood products through a regional network and hospital blood banks.

It is projected that at least 170,000 units are required per year (estimate based on 1% of total population) for an adequate supply of blood. Prior to FY04, the NBTS met only 40% of that need, or approximately 76,000 blood units. This figure has steadily increased since the launch of the Emergency Plan-funded blood-safety initiative. By the end of FY05, approximately 95,000 blood units were available for distribution, covering 56% of the national need. The production target for FY06 is 120,000 units. All of the blood units distributed by the NBTS are screened for HIV, hepatitis B (HBV), hepatitis C (HCV), and syphilis. In FY04 and FY05, prevalence rates for HIV and syphilis declined among all donors from 1.2% to 1.1% (HIV) and from 1.1% to 1.0% (syphilis). Prevalence rates for HBV and HCV increased among all donors during this period, from 4.88% to 5.4% (HBV) and from 1.5% to 2.1% (HCV). These increases are attributable to the expanding pool of new donors who are recruited to meet blood-supply targets.

It should be noted that during this same time period, prevalence rates for HIV, HBV, HCV, and syphilis decreased among repeat donors (compared to new donors). In FY05, rates among repeat donors were 0.3% (HIV), 0.4% (syphilis), and 1.2% (HBV and HCV).
All blood collected in Côte d'Ivoire is from voluntary, non-remunerated blood donors.

The ongoing political crisis in Côte d'Ivoire forced the closure of regional blood centers in Korhogo and Bouaké, two cities in the northern part of the country, which is currently under rebel control. These closures during FY04 and FY05 have disrupted access to blood and blood products for people in the North and West of the country. The regional center in Daloa and the newly established center in Yamoussoukro were reinforced to help meet the blood-transfusion needs of the population displaced during the political crisis. Emergency Plan funds will support the gradual reopening of the centers in Bouaké and Korhogo during FY06 and FY07. The renovation and relaunch of the centers is included in the wider renovation plan for the NBTS's regional network of blood centers. Emergency Plan funds will also support the procurement and installation of new equipment in these centers.

Other activities conducted in FY06 and planned for FY07 include:

Infrastructure: In FY06, renovation plans for NBTS headquarters in Abidjan were finalized, and work on the laboratory and blood-collection area was completed. Plans are in place to reopen the regional centers in Bouaké and Korhogo. An evaluation mission was conducted to these cities in March 2006, with renovation work to begin in FY07. Renovation plans for the decentralized centers of Aboisso, San Pedro, Abengourou, and Daloa were also finalized in FY06, and work will be completed by the end of the calendar year. An assessment of national hospital blood banks was also performed in FY06. The results from this survey will inform infrastructure-development activities at these sites in FY07.

Equipment and supplies: Vehicles and equipment used at blood-collection centers and laboratories and in the production of blood products were procured in FY06, as was audiovisual gear to support donor-recruitment activities in Abidjan, Yamoussoukro, and Daloa. Cold-chain equipment for 30 blood banks has been identified and procured throughout FY06; this equipment will be installed in FY07. Supplies and consumables required for NBTS activities were purchased in FY06 for the mobile and fixed collection sites. This procurement included pediatric-size bags for use in pediatric anemia cases during the malaria season. Since FY04, there have been no test-kit stock-outs in Côte d'Ivoire.

Donor-recruitment activities: The NBTS encourages blood donations through national television and radio interviews and public service announcements. Other recruitment efforts include the opening of 42 donors clubs in schools, partnerships with private companies, and donor-mobilization activities on World Blood Donor Day (June 14). Mobilization efforts also seek to ensure that donors become repeat donors. These activities will be continued in FY07.

Blood collection, testing, distribution, and utilization: To increase the number of units collected, three forward collection sites were created in Abidjan. Five other collection sites have been identified to establish decentralized centers outside of the capital. The automation of blood screening was implemented, and new production equipment allowed the NBTS to reduce the proportion of blood distributed as whole blood in favor of distinct blood products (e.g. platelets). Progress in the diversification of blood products and rational use of blood – i.e. use of blood products instead of whole blood – will continue in FY07. To date, the NBTS has reduced its reliance on whole blood from 73% in FY04 to 54% in FY05. Regarding the utilization of blood, an international experts' conference on the use of red blood cells in anemia was organized in Côte d'Ivoire in FY06. A second experts' conference will be held in FY07 on the use of blood in surgeries and hemorrhagic emergencies. Two evaluations of the utilization and prescription of blood products were conducted to inform the recommendations formulated during the conference. A prescription and utilization guide of blood products was validated and will be printed and distributed in FY07. This guidance will be used to train physicians. The distribution of blood products was reinforced at the NBTS, and an NBTS-staffed blood bank was opened at the university hospital (CHU) of Yopougon. Planning is underway to open blood banks at the CHUs of Treichville and Cocody.

Capacity building/ training: A total of 139 people (NBTS staff, blood-donors association representatives, and peer educators) have been trained in topics including: good collection practices, the use of the Progesa medical/technical software, the use of automated laboratory and other collection and preparation equipment, inventory and stock management, and quality assurance. Training in Abidjan and at the Daloa and Yamoussoukro regional centers has been complemented with trainings in Belgium and France. Training in FY07 will build on the work achieved in FY04-06.

Information systems: Progesa, a software tracking system for blood services, has been implemented at the Abidjan center. Automated serology machines have been linked to Progesa, additional computer equipment was purchased, and the local network was expanded. Additional Progesa modules will be installed in FY07.

Quality assurance (QA) system: A QA policy, standard operating procedures, and general hygiene and safety procedures have been designed and are being implemented in most of the NBTS system. In FY07, this process will be completed, and a QA system will be launched. An internal audit program is also planned.

Sustainability: Discussions on strategies to sustain the project beyond PEPFAR were initiated in FY06. The NBTS is aware that additional governmental funding and external financial contributions will be required. A multidisciplinary working group is being established to review actual costs of blood products and to design strategies that will reinforce the NBTS's autonomy. Mechanisms ensuring the transfer of technical-assistance skills will also be defined in FY07.

Program Area Target:

Number of service outlets carrying out blood safety activities	46
Number of individuals trained in blood safety	650

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 MOH-CNTS (Blood Safety) #U62/CCU023649
Prime Partner: Ministry of Health, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 9707
Planned Funds: $ 2,813,000.00

Activity Narrative: Program activities are designed to increase the supply of safe blood to meet national demand, build local capacity for sustainability, and contribute to the prevention of 265,000 new HIV infections in Côte d'Ivoire. Outlined in the national policy, these objectives will be reached through the expansion of the National Blood Transfusion Service's (NBTS) regional network and hospital blood banks, the decentralization and devolution of activities (e.g., collection, storage, and distribution), and the strengthening of quality assurance. Key emphasis areas for safe blood interventions are training, infrastructure, quality assurance, community mobilization, policies and guidelines. Target populations are host country government workers and health care providers, low risk communities (for recruitment as blood donors), and the general population. Assessments and planning are underway to open new centers across the country and renovate those that were shut down (particularly in the North). The production target for FY07 is to have 133,000 units of blood available for distribution.

BACKGROUND:

The NBTS is responsible for donor recruitment, blood collection, testing, processing, storage, distribution, and liaising with clinical services. As detailed in the Program Context, the activities programmed in FY06, pertaining to the above mentioned programmatic areas including Information Systems, Quality Assurance and Sustainability, were successfully implemented. Most program activities planned for FY07 will be a continuation of those undertaken in FY06. Technical assistance is provided by Social & Scientific Systems, Inc. in all areas identified by the NBTS work plan.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Rehabilitation and renovation of the blood transfusion centers in Abidjan and Daloa, as well as those located in the northern (rebel-held) part of the country (Bouaké and Korhogo). These projects are needed to support the scale-up of programmatic activities during FY06. Additional blood transfusion centers will be opened in San Pedro and Aboisso. Following a needs assessment of each center, new equipment (including devices for the treatment of the fumes produced by the incinerator), blood collection and supervision vehicles, materials, consumables, and reagents will be procured. In addition to the regional centers, NBTS plans to establish and equip 3 new collection sites. It will also restore and equip 30 hospital blood banks to support quality control. An additional 30 hospital blood banks are planned for FY08. Key to this expansion is the procurement of cold chain equipment for the transfusion centers and the hospital blood banks (except Yamoussoukro) and the acquisition of computer equipment. Site visits and other work in the north will be conducted in conjunction with national and local authorities. Security will be provided by the parties on the ground, mainly by the Forces Nouvelles in those areas.

Activity 2: To ensure an adequate pool of safe blood donors, outreach activities including a national blood donor day will be organized to encourage repeat donations among low-risk communities. Counselling and education will also be provided on reducing the risk of HIV infection and stigma (stigma and discrimination). Other recruitment efforts include film, radio, and television messages about blood donation and transfusion; the opening of new blood donor groups in schools, colleges, universities, religious associations, and the private sector; the publication of a biannual newspaper on program activities; and the launch of the NBTS website. Other activities include:
1. Analysis of public sensitization and donor selection data and the development of program interventions.
2. Analysis of activity reports on collection and prevalence data.
3. Development and implementation of quality assurance procedures for the collection, preparation, and conservation of blood.

Activity 3: Testing and quality control, including:

1. The installation of the quality control laboratory.
2. Implementation of an inter-laboratory quality control system.
3. Installation of a serum bank at the Abidjan center
4. Implementation of in-house quality control for all biological activities
5. Development of an inventory control methodology for blood products
6. Diversification of blood products following the needs identified by the NBTS

7. Development of management procedures for hospital blood banks.
8. Implementation of a traceability system of transfused blood products (hemovigilance).
9. Development and implementation of hygiene and safety protocols.
10. The formalization of quality systems at the Daloa and Yamoussoukro centers.
11. Enforcement of confidentiality for test results (stigma and discrimination; increasing gender equity).

Activity 4: Policies and guidelines will be disseminated through the publication of the first experts' conference guide on the prescription and use of blood products for anemia. A second experts' conference is planned in FY07 to continue consensus-building on the use of blood in Côte d'Ivoire. NBTS will continue the blood banks audit initiated in FY06 and implement a blood products traceability system for its network. New legislation will be drafted to reinforce sustainable NBTS safe blood activities.

Activity 5: Training for FY07 includes instruction in the Progesa software; in stock management and logistics, and in monitoring and evaluation. Training on Progesa and other office automation tools will contribute to a successful devolution of activities and decision-making to the regional centers. It will also support an integrated quality assurance system. Additional training will be offered to collection and preparation technicians; blood collection doctors; prescribers and users of blood products, and laboratory technicians. Tailored training will also be provided to blood bank staff as new centers become operational. Specialized training will be organized in Belgium in serology and immunohematology. Overall, 150 NBTS staff will be trained in FY07 with an end-of-project target of training 500 prescribers and users of blood products in best practices and the rational use of blood. NBTS staff members will attend annual international conferences to keep current in best practices.

Activity 6: Monitoring and evaluation (M&E) activities will benefit from the strengthened informatics networks planned in FY07. The installation of internet connected IT equipment for the new transfusion centers and collection sites will facilitate a rapid launch and integration of the new centers. Progesa software will be connected to laboratory other equipment and in FY07 to meet NBTS M&E needs. Concurrent to the opening of hospital blood banks the NBTS M&E system will be consolidated with partners' IT systems to create a cold chain surveillance network. The organizational framework for the hemovigilance plan will be finalized. Progesa software will facilitate accurate periodic evaluations of NBTS activities and produce a range of reports to inform training as well as operational and quality assurance decisions. Use of ISBT codification and procedures will be continued in FY07. NBTS will continue programmatic reviews (e.g. catchment area mapping and evaluation of blood needs).

Activity 7: NBTS will implement recommendations from the sustainability working group, which is composed of governmental and private-sector stakeholders. Specific attention is made on the government of Cote d'Ivoire's contribution to the NBTS budget; the NBTS's revenue-generating potential (sales price of blood products and services); external financial support; and the transfer of skills provided by technical assistance activities.

Continued Associated Activity Information

Activity ID:	5496
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
Mechanism:	MOH-CNTS (Blood Safety) #U62/CCU023649
Funding Source:	GHAI
Planned Funds:	$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	46	☐
Number of individuals trained in blood safety	650	☐

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	MOH-Blood Safety TA
Prime Partner:	Social and Scientific Systems
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	9708
Planned Funds:	$ 400,000.00

Activity Narrative: Social & Scientific Systems, Inc. (SSS) provides technical assistance (TA) to the National Blood Transfusion Service of Côte d'Ivoire (NBTS) to support the rapid expansion of safe blood activities. These include training in and configuration of Progesa, a blood tracking software; inventory management and equipment procurement; quality assurance (QA); infrastructure; procedures for collecting, testing, and preparation of blood and blood products; monitoring and evaluation, and human resource development. SSS objectives for FY07 are to provide TA in the following areas:

1. The organization and general operation of the NBTS and its medico-technical units.
2. Support for the roll-out of a QA plan.
3. Support for the organization and operation of transfusion activities in health centers through the implementation of a hemovigilance plan and transfusion counseling.

Other core activities include the development of an automation strategy and computerization of activities. Emphasis areas include local organization capacity development and training, needs assessment and targeted evaluations, and QA. Target audiences are host country government workers and health care providers, located in Abidjan and the NBTS's regional centers.

Activities carried out by SSS complement those initiated by the NBTS. TA provided by SSS and its sub-partners (Belgian Red Cross-Francophone Blood Service and Paris-based Transfusion et Développement) will assist the NBTS to implement international safety standards and target collection and production activities that are adapted to the needs of donors and patients. TA is provided through a local SSS coordinator, regular expert missions, and frequent e-mail and phone communications with senior management and technical staff.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: SSS will review and assist NBTS with renovation plans in Abidjan and the regional centers of Daloa, Bouaké, Korhogo, San Pedro, Abengourou, and Aboisso. SSS will provide technical guidance for the identification of equipment for the NBTS in Abidjan, and the regional centers and Yamoussoukro, and assist NBTS draft specifications for tenders and support NBTS analyze tender responses for equipment and consumables selection. SSS will also support the selection of appropriate reagents and supplies. Assistance will be provided for the installation of cold chain equipment in the transfusion centers (except Yamoussoukro) and hospital blood banks; staff will be trained in its use. SSS will also advise NBTS on logistics and assessment issues, including:1.The configuration of appropriate vehicles and other equipment for mobile collection units. SSSI consultants will monitor the installation and assess the impact of the new equipment once it is installed.

2.Developing policies on transporting blood; supporting the NBTS to monitor and assess these new policies as they are put in place.

3. Supporting the NBTS as it implements an inter-center logistics plan. This will include monitoring the opening of forward collection sites and assessing their impact on the collection of blood. It will also include helping the NBTS to coordinate communication between the regional Centers and hospital-based blood banks (through a dedicated intranet network once the centers are opened).

Activity 2: SSS will continue supporting NBTS outreach activities for donor recruitment and public sensitization, particularly in low-risk communities; SSS will also help NBTS develop strategies to retain new donors. To this end, SSS will assist NBTS identify and avoid high risk donors and develop indicators and methodologies to monitor and analyze the effectiveness of donor selection efforts. SSS will provide TA for the development of standard procedures tailored to NBTS requirements and local context, and continue reviewing the implementation of QA procedures for collection, production, and the cold chain. This will include activities to reinforce safe blood messages with local civil society groups. Collection methods and population prevalence rates for HIV, HCB, HCV, and syphilis will be tracked to assist in the identification and recruitment of low-risk donors. Other donor screening indicators, e.g., medical contraindications, will be developed and analyzed to tailor recruitment and production targets. SSS will support the diversification of blood products based on the needs identified by the NBTS. 3: As the quality control laboratory becomes operational, SSS will support NBTS technical staff install new equipment and connect to Progesa. With the opening of 30 hospital blood banks in FY07, SSS will support the organization of an inter-laboratory quality control system and monitor the implementation of hospital blood bank agreements with NBTS. In early FY07 SSS will participate in site identification to test traceability protocols and develop a hemovigilance strategy. SSS will also assist NBTS collect blood samples from donated blood units and assist with phenotyping these samples. SSS will support the planned opening of a serum

bank at the NBTS center in Abidjan and with the selection of reagents. To reduce the risk of stigma and discrimination associated with HIV testing, SSS will continue its assistance in strengthening confidentiality procedures.
4: SSS will support the implementation of a blood product tracing system. Following the first experts' conference, SSS will assist with the preparation of a guide on the use of blood products and help plan a second experts' conference on the use of blood in surgeries and hemorrhagic emergencies. A key activity will be the development and implementation of a stock management methodology for blood products and consumables. SSS will advise on the drafting of new national legislation on blood transfusion activities in Côte d'Ivoire.
5: Training and capacity development is a core component of the support provided to the NBTS. This training is designed and conducted in a manner that will ensure that skills are transferred and learned in a sustainable way. SSS and NBTS will continue many of the trainings initiated in FY06, with an emphasis on: Progesa software, QA, and performance monitoring and evaluation. NBTS staff will be trained in best practices for blood collection, the production of blood products and cold chain distribution. Specific training will be tailored for hospital blood bank staff, blood collection doctors, and for prescribers and users of blood products. Specialized instruction will be organized in Belgium and includes training in immunohematology and serology and in screening for allo-antibodies and anti-erythrocyte antibodies.
6: Launch the Progesa software package in the laboratory. The networked approach to data collection will facilitate NBTS's monitoring and evaluation (M&E) activities. At NBTS's request, SSS will assist with the periodic evaluation of NBTS activities and assist with reporting requirements. SSS will review the effectiveness of ISBT codification and continue developing and monitoring the implementation of hygiene and safety procedures. Targeted evaluations on the population's need for blood will be designed and implemented in FY07. Data from these evaluations will guide NBTS interventions. QA activities for FY07 will focus on supporting the roll-out of the quality system at the Abidjan, Daloa, and Yamoussoukro centers and facilitating the implementation of internal quality control for all biological activities. SSS will monitor and review national blood banks audits and assist NBTS to develop management and QA strategies.
7: SSS will continue consultations with NBTS on the price of blood products to facilitate the Service's transition to financial autonomy. These consultations will review the need to increase the government's financial contribution through the ministries of health and finance.
8: SSS will collaborate with the NBTS to develop an integrated work plan.

Continued Associated Activity Information

Activity ID:	5496
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
Mechanism:	MOH-CNTS (Blood Safety) #U62/CCU023649
Funding Source:	GHAI
Planned Funds:	$ 0.00

Activity ID:	5497
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Social and Scientific Systems
Mechanism:	MOH-Blood Safety TA
Funding Source:	N/A
Planned Funds:	$ 0.00

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

Targets

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

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.04: Program Planning Overview

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

Total Planned Funding for Program Area: $ 0.00

Program Area Context:

In 2001, the Ministry of Health (MOH) in Côte d'Ivoire convened a national technical working group (GERES-CI) to provide expert guidance for controlling and reducing occupational exposures to blood borne pathogens such as HIV, HBV, and HCV. As a result of their efforts, standard policies were developed around safe injection practices, safe disposal of medical waste, and other practices to prevent nosocomial transmission of infection through occupational exposure to blood. Further, guidelines were developed for post-exposure prophylaxis for those rare situations where such exposure did occur. All of these policies have been integrated as part of official health care policy and practice in Côte d'Ivoire.

Since 2004, PEPFAR through JSI Making Medical Injections (MMIS) project is strengthening Ministry of Health (MOH) efforts and initiatives by promoting, implementing and monitoring injection safety and waste management. Jointly with a number of other partners (WHO, UNICEF, the World Bank, GAVI, health sector NGOs, CDC and other PEPFAR partners), MMIS is supporting national efforts (1) to effectively sensitize staff and promote safe practices with IEC materials and other behavior change interventions, (2) to provide adequate training on appropriate policies and practice; (3) to provide adequate supplies, including auto-disable and retractable syringes and safety boxes; (4) to properly manage health care waste and (5) to supervise, monitor and evaluate whether the correct practices are being implemented.

In 2004 and 2005 MMIS and partners injection safety key partners supported MOH in better documentation of IS&WM issues through 2 qualitative and quantitative assessments that showed high risk practices such as needle recapping (63% of health workers), lack of waste segregation in most of health facilities (81%), lack of training in ISWM (less than 10% of workers), use of auto-disable syringes and safety boxes only in immunization services. From 2004 to 2005, based upon assessment data, JSI/MMIS implemented injection safety activities in 10 health districts in the South of the country (governmental area), including support in drafting of IS&WM reference document (National ISWM Policy and Guidelines), support covered districts in developing districts level microplans to effectively guide local ISWM activities, capacity building through training and supervision for health providers in 551 facilities including both public and private sectors, equipment of health facilities with safety supplies (auto disable/retractable syringes and safety boxes). Globally 4 628 000 syringes were distributed in 18 covered districts, as well as development and distribution of communication materials in order to support behaviour change among health care providers.

In 2006 progress observed in implementation has been reinforced in the 10 former districts and extended to 14 additional districts representing 28% of the country total districts (24/85). From October 2004 to August 2006 in these districts, all 551 facilities (501 public and 50 private) are covered. FY06 interventions also involve 2 major injection safety components: (1) providing health facilities in 10 districts with waste management material and protective equipment for waste handlers, (2) sensitization and education of community to reduce the demand for injections through multimedia messages that are being developed as part of strategies to reduce unnecessary injections (overuse of injections is believed to be widespread in Cote d'Ivoire).

In 2007 ongoing progress in ISWM and infection prevention in Côte d'Ivoire will be strengthened with PEPFAR support in various areas and levels including 11 additional districts. MMIS will train at least 100 health care workers per district and private providers outside of the intervention districts, representing 75-100 percent of the target population. MMIS will continue to advocate with Medical Sciences Research Training Unit (UFR) for inclusion of safe injection content in basic training materials at several training institutions.

Reaching districts in "Forces Nouvelles" (non-governmental) controlled areas with injection safety represents an exciting challenge. Mechanisms for activities expansion to these areas will be undertaken through discussion and collaboration with other PEPFAR partners, local NGOs and international institutions working in these zones such as UNICEF and Médecins Sans Frontières.

In order to contribute to the sustainability of safe injection commodity procurement and distribution injection safety partners will develop a logistics plan focusing on supply mechanisms and provide a framework for collaboration between different institutions that will facilitate safe injection procurement beyond the life of the project. MMIS will work with Pharmacie de la Santé Publique (PSP) to integrate new injection safety technology into the existing public sector supply chain, based on the results of the PSP feasibility study.

Behavior change and advocacy activities will focus on sensitization for members of health care professional associations to promote the concept of injection safety and health care waste management, advocacy for promotion of best practices to encourage the use of non-injectable medications. A communication campaign aimed at reducing the demand for injections will target both community members and health care workers via radio, homes and workplaces visits, and community theatre presentations.

MMIS will support the MOH to bring partners (Ministry of Environment, WHO, the World Bank, GAVI and others) together to discuss the development of a national health care waste management policy and advocate for increased resources to support waste management infrastructure. MMIS plans to continue working to improve a segregation system for health care waste in two pilot health facilities where the project has successfully introduced safety boxes and waste management training. The results of this pilot will assist the development of the national health care waste management policy and may serve as a model for other sites.

Partnership through MOU will be built with NGOs such as Groupe Biblique des Hopitaux that play an increasing role in injection safety implementation especially for activities at community level to raise awareness among consumers and contribute to reduce unnecessary injections. NGOs will also be involved in training of private sector health workers.
MMIS will continue to work to promote health worker safety and needle stick injury prevention through training and awareness meetings, advocacy for hepatitis B vaccinations for health care workers, and by equipping at-risk health workers and waste handlers with personal protective equipment.
Informal sector activities will be based primarily on the results of the 2006 review of policies, legislation, studies, and interventions in the informal sector in Côte d'Ivoire and a community survey. The results of these activities will aid the development of appropriate strategies toward the informal sector.

Program Area Target:

Number of individuals trained in medical injection safety	1,100

Table 3.3.04: Activities by Funding Mechanism

Mechanism: JSI Injection Safety
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 10194
Planned Funds: $ 0.00

Activity Narrative: CONTEXT
The goal of the Making Medical Injections Safer (MMIS) project is to provide a rapid response to prevent the transmission of HIV and other bloodborne diseases by improving the safety of medical injections. In Côte d'Ivoire MMIS implementation environment is marked by a political crisis dating back to September 2002 and the resulting disruption of national health system with a sometimes precarious security situation. Despite these security concerns, the program is expanding in scope. To date (September 2006) 24 districts representing 28% of country total districts are covered by MMIS activities. The program benefits from a collaborative work environment with local partners and responsive technical support from MMIS/Washington as well as USG technical staff represented by CDC/Projet RETRO-CI. MMIS works with WHO, UNICEF, and other partners to complement safe injection activities implemented by the Ministry of Health.

Project major achievements from 2006 are following:

Capacity Building: 3311 health workers and waste handlers were trained in injection safety and waste management (ISWM) from October 2004 to September 2006 representing 93% (3311/3564) of HCWs and waste handlers in the 501 MMIS covered public sector health facilities in 24 districts.
Logistics Management: Safety boxes are used in all 24 districts. 18 districts have been supplied with safety syringes (auto-disable and retractable types). The program works through the MOH supply distribution network which is managed by the Pharmacie de la Santé Publique (PSP).
Behavior Change and Communication: 1875 health workers and waste handlers were trained and job aides and other communication aides were produced, tested and disseminated in all program intervention districts.
Waste Management: MMIS assisted districts in developing safety box collection plans. This involves transportation of safety boxes to incinerator or other destruction sites.
Monitoring and Evaluation: Supervision visits were conducted with district supervisors in covered districts, focusing on key indicators.

The COP07 is consistent with MMIS 2005-2009 strategic plan and will expand to nationwide coverage, build on the project's successes, and implement interventions that will continue beyond the life of the project. In FY07, another 11 health districts will be added, bringing the national coverage to 41% (78% of the districts in the government-controlled south). The project will also focus on coordinating activities with key IS partners at national level. Collaboration with CDC and other PEPFAR partners remains a priority and will be achieved through regular meetings.

Globally, MMIS strategies and major activities for 2007 are as follows:

Improving safe injection practices through capacity building:
Distribution of procedures and guiding principles on infection prevention and injection safety; Integration of injection safety in pre-service training institutions; Development of action plans and organization of training sessions in additional districts, where an average of 100 health workers per district will be trained, representing 75-100% of health workers in 11 districts; Training sessions for those new recruits or displaced health workers in the covered districts.

Improve availability of safe injection supplies in all health facilities by working with logisticians at district level:
Development of a logistics plan with key partners; Distribution of ISWM equipment in target districts;
Promote the use of logistics management information system to monitor distribution and collect consumption data to compare utilization for all types of syringes; Use of consumption data of syringes and safety boxes to inform the PSP feasibility study for future MSPP procurement of safe injection equipment.

Promote the rational use of injections through targeted behavior change and advocacy strategies:
Organization of a scientific forum on injection safety issues and rational use of injections; Advocacy meetings with authorities in target districts; Documentation of behavior changes among prescribers through a prescription record review; Documentation of behavior

changes among the community regarding demand for injections through a community survey; Develop/revise standard treatment guidelines for 5 key health programs; Organization of a multimedia campaign to promote injection safety.

Development and reinforcement of waste management systems:
Work with the national waste management task force to develop a national WM plan including relevant procedures for waste collection, transportation and destruction at district level; Introduce a waste segregation system in 2 pilot districts, including provision of coded waste bins; Provide protective equipment to waste handlers; Work with local manufacturers to promote local production of safety boxes; Provide assistance to health districts in the use, maintenance and repair of incinerators.

Promotion of health worker safety and prevention of needlestick injury:
Organize quarterly sensitization meetings with MOH and professional associations to promote health worker hepatitis B vaccination; Provide waste handlers in 25 districts with personal protective equipment.

Gather information to inform the development of strategies to improve IS in informal sector
Based on the analysis of in-country documentation on the informal sector conducted in FY06, implement the Cote d'Ivoire adaptation of the Informal Sector Focus Group Discussion Guide and Protocol; Develop national strategies to address injection safety issues in informal sector.

Coordination, monitoring and evaluation through:
Meetings of the National Injection Safety Committee and Task Force working groups in each technical area of the project (Procurement and Supply Management, Rational Use of Injections and Waste Management); Reinforcing collaboration with CDC and other PEPFAR partners through participation in meetings and sharing of experiences; Development of quarterly and semiannual reports on project implementation; Monthly monitoring meetings with the CDC/Abidjan focal point for infection prevention; Participation in coordination meetings at national level through the Expanded Committee review of PEPFAR program interventions; Monitoring of training data through the use of the JHPIEGO TIMS tracking software; Organization of a meeting among the intervention districts to exchange experiences and update district microplans; Organization of supervision visits.

MMIS expansion mechanisms in districts controlled by "Forces Nouvelles" will be coordinated with PEPFAR partners and international institutions working in these zones such as UNICEF and Medecins Sans Frontières.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	1,100	☐

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: $ 3,675,000.00

Program Area Context:

Background

The 2005 national AIDS Indicator Survey has provided critical information about the HIV/AIDS epidemic in Cote d'Ivoire, permitting better targeting of prevention efforts. Within an adult HIV prevalence of 4.7%, females in all age groups were far more likely than males to have HIV (6.4% vs. 2.9%). Prevalence peaked among women aged 30-34 at 14.9%, vs. 5.6% of men. Male prevalence may be mitigated by near-universal (96%) circumcision. Geographic differences included marginally higher prevalence in urban compared to rural settings and marked regional differences, from 1.7% in the Northwest to 5.8% in the South and 6.1% in Abidjan.

Sexual debut was reported by age 15 for 23% of females and 10% of males, by age 18 for 71% of females and 48% of males. Almost one-third (31%) of unmarried women aged 15-19 reported having a sex partner who was at least 10 years older. One-third of married women were in polygamous marriages. The population aged 15-49 reported that 5% of females and 31% of males had two or more sexual partners in the previous year; 33% of females and 58% of males reported a risky (non-marital/non-cohabitating) sex partner; and 66% of females and 48% of males did not use condoms with risky sex partners. Access to condoms was not reported as a constraint, but access to low-cost lubricants was. BSS surveys indicate that HIV rates have declined among female sex workers, who have increased their use of condoms with clients but not with regular partners. While only 2% of men reported paying for sex, available evidence suggests that the contribution of transactional sex to the epidemic is inadequately understood but substantial.

HIV knowledge was low, especially among women who had no education, lived in rural areas, or lived in the North-West. Conversely, both high-risk sexual behavior and condom use were more likely among better-educated, urban, wealthier people who lived outside the North-West. Attitudes reflecting intolerance conducive to HIV stigma and discrimination were widespread, particularly among women. More than one-third (34%) of women reported having no access to any mass media.

FY06 Response

At national and local levels, Ivorian government response is marked by strong commitment and limited resources. The Ministry of the Fight Against AIDS (MLS), charged with coordinating all HIV/AIDS activities, drafted a new HIV/AIDS National Strategic Plan for 2006-2010 that emphasizes behavior change to decrease HIV transmission. Strategies were comprehensive, targeted, and complementary and included delay of sexual debut and promotion of fidelity, partner reduction, consistent and correct use of condoms, individual and couple HIV testing, and prevention and treatment of STIs, as well as addressing relevant gender and cultural issues and stigma and discrimination.

The USG-CI pursues a comprehensive ABC prevention approach. For Cote d'Ivoire, traversing a military and sociopolitical crisis, large-scale but targeted prevention interventions are critical to use scarce resources to mitigate the impact on vulnerable subpopulations at high risk of acquiring HIV and contributing disproportionately to the national and regional HIV epidemics, including the uniformed services and transactional sex workers.

The national prevention strategy and the 2005 BCC strategy include a sequenced and targeted ABC approach. Individual, couple, and family CT is seen as a key primary prevention tool as well as being essential for secondary prevention and to create linkages to care and treatment. Promotion of couple testing is intrinsically linked to promotion of mutual faithfulness and of condom use within sero-discordant couples. Promotion of abstinence and fidelity among youth is linked to condom education for those at high risk.

The program continues to build on the success of targeted prevention campaigns. EP-supported interventions target the uniformed services and ex-combatants, truckers, displaced and mobile populations, transactional sex workers and their clients, sexually active in- and out-of-school youth, and health- and education-sector workers. Cooperative agreements launched in September 2005 have expanded ABC activities and promotion of HIV testing and STI management among underserved populations (e.g. in rural and rebel-controlled areas and for uniformed services). For transactional sex workers and truckers, the USG continues to support services, including static clinics with peer outreach, providing support, CT, condom-negotiation skills, and STI management, as well as links to health and HIV care, treatment, and social and legal services. These complement and are coordinated with USAID and World Bank regional projects targeting transport routes.

FY07 Priorities

Existing interventions are being expanded to extend the scope of services and geographic coverage in 2007. Based on lessons learned, the 2005 AIS and other available data, and the new national strategic plan, the USG will focus on the following prevention priorities:

- Targeted, locally appropriate responses to address major sources of new infections. With BCC committee attention to matching interventions and documented need, BCC campaigns will work to increase knowledge and safer sexual behavior in underserved communities (e.g. in the North and in rural areas) as well as in targeted subpopulations (e.g. sex workers, truckers, uniformed services, life skills for in- and out-of-school youth, stigma reduction and positive gender and cultural norms among religious and other opinion leaders).
- Targeted bridge-population mass-media campaigns. The USG will support the design of mass-media campaigns to reach those engaged in highest-risk behaviors. For example, men who pay for sex will be targeted with messages about the risks associated with transactional sex, including with partners they might not consider commercial sex workers.
- BCC and sensitization activities targeting CSW. The risks of inconsistent condom use with clients and with regular partners will be addressed through focused sensitization, including BCC materials at clinics that provide services to female CSWs.
- Secondary HIV prevention among HIV-infected individuals and sero-discordant couples, with identification of and care for infected and affected family members, is a major focus for 07, representing a cross-cutting theme that provides opportunities to link prevention, care, and treatment services.
- Operations, qualitative, and quantitative research. To design more effective programming, more formative research is needed to understand how Cote d'Ivoire's socio-economic and political crisis has shaped or reinforced risk behaviors. The addition of a behavioral scientist to the team and new data will allow field research into issues such as the dynamics between non-Ivorian sex workers/clients and local populations, the dynamics of transactional and cross-generational sex, and potential structural interventions to reduce youth vulnerability to cross-generational and transactional sex.

Coordination
The USG, the major donor/partner supporting HIV prevention activities in the country, pursues complementarity and coordination with other partners focusing on condom provision, child protection, sexual violence, reproductive health, and gender issues, including UNICEF, KfW, and UNFPA. Key institutional partners include the ministries of AIDS, Education, Social Affairs, Health, and Youth, as well as PLWHA networks. Coordination with partners on the BCC committee and other forums is improving.

Sustainability
The USG continues to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries to manage and be accountable for implementing activities and achieving intended results.

Program Area Target:

Number of targeted condom service outlets	1,853
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	554,735
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,139

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner:	Alliance Nationale Contre le SIDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9931
Planned Funds:	$ 420,000.00

Activity Narrative: This activity relates to activities in CT (#9940), PC (#9935), PMTCT (#9928), OVC (#9939), ABY (#9929), ARV Services (#10071), TB (#9936) and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, which previously implemented these programs, will continue in a new capacity as a technical-assistance partner to provide ongoing support to build the capacity of ANS-CI and help to mobilize additional resources.

With FY07 funds, in collaboration with HOPE Worldwide, JHU/CCP, ANADER, CARE International, PSI, and the Ministries responsible for health, education, and OVCs, ANS-CI will build upon FY06-supported Alliance activities to expand the capacity of local communities nationwide to respond to HIV, particularly among hard-to-reach highly vulnerable populations (HVPs).

Depending on performance evaluations of FY06 activities, ANS-CI will continue providing grants to support Children Help NGOs Forums and MESAD to improve the lives of street children and children in prison in Abidjan, Dabou, Dimbokro, Gagnoa, and San Pedro, in addition to supporting advocacy to strengthen their legal protections.

With funding in FY06, the ANS-CI focused on strengthening the capacity of NGOs and CBOs (MESAD, Forum des ONG d'Aide à l'Enfance en Difficulté, Espace Confiance, APROSAM, Espoir FANCI, Arc En Ciel +) to reach and work with marginalized HVPs, with an emphasis on expanding coverage to hard-to-reach and underserved HVPs.

This activity will continue to be implemented in close collaboration with FHI and the newly awarded other EP projects, which focus on a) rural populations (ANADER); b) crisis-affected areas, including those under control of the Forces Nouvelles (CARE); and c) promotion of VCT and other services to the uniformed services (PSI).

Based on results achieved in FY06, ANS-CI will continue to provide 10 grants for community VCT zones to develop "positive prevention" interventions for PLWHA, with the goals of preventing new STIs, delaying HIV/AIDS disease progression, and preventing the transmission of HIV. ANS-CI will seek to work in close collaboration with the national network of PLWH/As on all positive-prevention activities. ANS-CI seeks to reach at least 10,000 persons with positive-prevention interventions.

The ANS-CI will also continue to support two experienced national NGOs, ESPACE CONFIANCE and APROSAM, to expand their geographic coverage through mobile clinic services. Prevention and treatment of STI activities funded under these grants are expected to reach at least 7,500 transactional sex workers and other HVPs in Abidjan and the San Pédro region. In addition, ANS-CI will provide 3 new subgrants to CBO/FBO/NGOs to expand geographic coverage of these services and reach a further 3,000 persons in coordination with Project PAPO led by FHI. These subgrantees will draw on the technical expertise of Clinique de Confiance (CdC) and the FHI-led PAPO project, including practical training at the CdC site. ANS-CI will assist with organizational development and provide overall oversight.

These prevention interventions will address the key legislative issues of gender equity and stigma/discrimination reduction and will be provided within an ethical framework that protects the rights of PLWHAs and does not place them at increased risk of stigma and discrimination.

With FY07 funds, 30 persons will receive refresher courses in positive prevention, and more than 30 persons will be trained on stigma and discrimination. These strategies will be implemented synergistically with other prevention, care, and treatment efforts in order to provide a continuum of care services. A comprehensive range of prevention services will be provided, including individually focused health education and support; STI prevention and management; VCT; support for discordant couples and prevention for positives; community awareness and community mobilization; behavior change communication that

addresses issues such as cross-generational sex and gender norms; and advocacy with links to care and treatment.

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

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	15	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	21,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	☐

Target Populations:

Commercial sex workers
Community-based organizations
Faith-based organizations
Discordant couples
Men who have sex with men
Street youth
Military personnel
Mobile populations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Children and youth (non-OVC)
Out-of-school youth
Partners/clients of CSW
Transgender individuals
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Rapid Expansion North West: RFA #AAA070 North &West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9944
Planned Funds:	$ 445,000.00

Activity Narrative: This activity complements CARE activities in AB (#9941), Other Prevention (#9944), Basic Health Care (#9945), CT (#9943), OVC (#9938), and Other Policy (#9946).

CARE and sub-partners Caritas, JHPIEGO, and Population Council began this EP-funded project in September 2005. The project seeks to build an indigenous, sustainable response to the HIV epidemic through the rapid expansion of innovative, culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in the northern and western regions of Côte d'Ivoire, where health care has been disrupted by the country's extended crisis.

CARE initiated operations in northern CI in 2003 under the Rail-Link Project. A 2004 GFATM grant allowed CARE to launch an emergency HIV prevention program in 24 areas under the control of the New Forces. A second two-year project was approved by the GFATM in FY06.

As lead implementer of Global Fund- and EP-supported prevention activities in the regions, CARE will work to ensure coherence in programming and delivery of HIV prevention and care services targeting youth, transactional sex workers, transport-industry users and service providers, and PLWHA in the main target areas of Bouaké, Korhogo, and Man, as well as activities with migrants who pass through the North on their way to Abidjan. CARE is scaling up prevention activities to at least three satellite sites per central site.

With FY07 funds, CARE will disburse at least nine sub-grants promoting sexual risk reduction targeting high-risk populations. A grants manager based in the North will be hired to provide TA and training to grant recipients. The project will support regional HIV coordination networks and will complement and build on other EP-funded efforts, including Ministry of the Fight Against AIDS and JHU-CCP activities to develop effective BCC approaches and mobilize faith communities and opinion leaders, as well as prevention and care interventions targeting commercial sex workers, truckers, discordant couples, and "prevention for positives" by RIP+, PSI, FHI, and others.

Other Prevention interventions envisioned with FY07 funds include targeted BCC campaigns mediated by influential figures, religious and traditional leaders, and peers designed to increase the correct and consistent use of condoms among high-risk sub-populations, to increase CT uptake by individuals and couples, and to prevent gender-based violence as part of a comprehensive ABCD+ approach. Use of methods of proximity (theater, participatory peer education, video programs, traditional events, Sports for Life, etc.) in the community, schools, sporting fields, mosques, and churches will be reinforced by radio messages in local languages. Interventions will aim to reduce HIV-related stigma and gender inequity and will address issues such as cross-generational sex, male social norms related to multiple sex partners, and the role of alcohol and other drugs in HIV transmission..CARE will collaborate with JHU/CCP, REPMASCI (network of journalists and artists), ANADER, and Alliance CI to ensure the development, dissemination, and use of appropriate BCC materials and messages targeting youth (including out-of-school youth), women, illiterate populations, discordant couples, and other particularly vulnerable groups.

The project will use an innovative peer-educators model developed in FY06 to educate high-risk groups (transactional sex workers, migrant workers, truckers, PVVIH and their partners, youth) about condom use and reducing risky sexual behaviors, promote access to CT and HIV/AIDS care and treatment, and facilitate disclosure. Peer educators will hold repeated small-group sessions and encourage members to form their own groups, in an expanding "tree" of small-group meetings. Peer educators will be provided with communication materials and incentive items with pre-printed messages. The project will draw on the expertise of RIP+ (network of organizations of persons living with HIV/AIDS) and tools such as PSI/AIMAS films sharing "positive living" stories. At least one subgrant per region (3) will target transactional sex workers and draw on the technical expertise of Clinique de Confiance (CdC) and the FHI-led PAPO project, including practical training at the CdC site.

Expanded funding will allow a larger number of peer educators and the creation of a "prevention for positives" cadre of expert trainers in each intervention site to provide consolidated CT for family members of HIV-infected persons, ongoing counseling for

PLWHA and sero-discordant couples, advice on dealing with disclosure, integrating positive prevention into treatment and care, and addressing HIV-related gender-based violence. These trainers will work with CT centers and care and treatment organizations to integrate positive prevention into regular services. They will also assist in creating and operating support groups for PLWHA and their families. Support groups will be encouraged to work with local PLWHA networks and media partners such as AIMAS to create local-language radio shows and short films that share "positive living" stories to reduce stigma and facilitate prevention for positives.

CARE will pilot savings-and-loan and income-generating activities for targeted sub-populations, including transactional sex workers and women. CARE will coordinate with PSI on IGAs with ex-combatants in the North, focusing on women, as disarmament and reintegration activities continue.

Working in the emphasis areas of IEC, community mobilization, and local organizational capacity development, and on the key legislative issues of gender, stigma/discrimination, and wraparounds, prevention activities are expected to reach at least 400,000 people during the 4.5-year project and 124,000 (total prevention, including AB) during FY07. Activities for Other Prevention in FY06 targeted 40,000 people and in FY07 will aim to reach 84,000 people and train 185 people in Other Prevention.

Using FY07 funds, the project will:

1. Provide training to 80 peer educators and refresher training to an existing pool of 60 peer educators to promote HIV/AIDS prevention through ABCD+ messages, adding a module for sensitizing populations about gender-based violence as well as identifying, counseling, and referring young victims of gender-based violence to health-care providers.
2. Work with RIP+ (a new NPI recipient) to train an expert cadre of 15 PLWHA trainers in each site.
3. Support the application of national BCC education curriculum and supporting materials for the promotion of ABCD+ prevention messages in collaboration with the Ministry of Education and JHU-CCP, for in- and out-of-school youth.
4. Implement community-based BBC campaigns. With CCP support and in coordination with ANADER and Alliance CI, Care will develop and implement plans for distribution, use, and evaluation of new and appropriate BCC materials for particularly vulnerable groups.
5. Develop ABCD+ prevention messages in local languages for local radio and produce culturally and linguistically tailored radio programs and films to deliver prevention messages through mass campaigns.
6. Create one mobile "sensitization caravan" equipped with audio-visual equipment to reach satellite and rural sites with prevention messages.
7. Pilot income-generating and savings-and-loan training with at least 200 members of targeted vulnerable groups.
8. With CCP support, implement an ABCD+ prevention campaign with migrants who pass through the North on their way to Abidjan.

CARE will adapt and follow the project M&E plan based on national and EP requirements and tools and contribute to an integrated national M&E system.

Continued Associated Activity Information

Activity ID:	5016
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	3	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	84,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	185	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Traditional birth attendants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Women (including women of reproductive age)
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Traditional birth attendants
Traditional healers
Other Health Care Workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Democracy & Government

Coverage Areas

18 Montagnes

Lagunes

Savanes

Vallée du Bandama

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Contraceptive Commodities Fund
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10048
Planned Funds: $ 150,000.00
Activity Narrative: Promotion of correct and consistent use of male condoms remains an important component of the Emergency Plan (EP) prevention strategy. In Cote d'Ivoire, condom promotion is targeted at high-risk populations and bridge groups, including discordant couples.

The USAID Central Contraceptive Procurement project will procure 7 million male latex condoms from various suppliers to support all partners' activities as part of a comprehensive cross-cutting "prevention for positives" program. The condoms will be used at all service sites where HIV testing is provided, including at all VCT, PMTCT and care and treatment programs; and through peer outreach targeting highly vulnerable populations of PLWH/A, sex workers, and military. These activities will complement comprehensive risk reduction counseling.

The USG country team's procurement focal point will provide overall supervision and monitoring of the activity with implementing partners and through the online USAID contraceptive tracking system NEWVERN. The Supply Chain Management Systems (SCMS) project does not actually procure condoms, but will provide technical assistance for forecasting and procurement planning, support for customs clearing, and guidance to the PSO and other partners on stock management and handling. The USAID focal point will liaise with embassy GSO staff to manage the tax-exempt importation and customs clearance processes. SCMS will facilitate arrival and reception at the PSP, as well as distribution to service sites and stock management. Partners will estimate their needs according to current and projected client loads. Consumption, stock and projected needs will be monitored in the same manner as other HIV-related commodities at the PSP.

The following EP implementing partners will be the primary distributors of USG-procured condoms:
1) EGPAF and their sub-partners: at PMTCT integrated counseling and testing, HIV/TB and HIV care and treatment sites.
2) Alliance Cote d'Ivoire: at community based voluntary counseling and testing programs and through community follow-up of PLWHAs and discordant couples.
3) FHI: at the Highly Vulnerable Populations Project where peer outreach and health services will be targeting transactional sex workers and their partners.
4) PSI and CARE (Uniformed services and ex-combatants): at HIV prevention and care projects with peer outreach and STI and VCT services.

Continued Associated Activity Information

Activity ID: 5478
USG Agency: U.S. Agency for International Development
Prime Partner: Central Contraceptive Procurement

Mechanism: CCP
Funding Source: GHAI
Planned Funds: $ 300,000.00

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

Targets

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

Target Populations:

Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	PSI CI Uniformed services VCT Promotion
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10049
Planned Funds:	$ 500,000.00

Activity Narrative: This activity relates to activities in AB (#10307), Basic Health Care and Support (#10055), and CT (#10064).

The EP targets populations most at risk of HIV transmission in order to affect HIV transmission dynamics and provide care to those in greatest need. In Cote d'Ivoire, which is undergoing a prolonged political and military crisis, the EP team has targeted uniformed services and their sexual partners for special attention. Since September 2002, the country has seen active mobilization and deployment of various uniformed services (national army, gendarmes, and police) as well as rebel forces, along with the potential emergence of militia forces. Increased mobility with separation from spouses, economic disparities with the surrounding population, and crisis-related shifts in perceptions (e.g. gender and violence norms, less concern about the long term, etc. are likely to contribute to heightened sexual risk behaviors among these populations. Access to information, counseling and HIV testing, and health care is limited in general, but particularly so for uniformed services on active deployment. In addition, children have been victims of the conflict. A national disarmament, demobilization, and reinsertion program has been planned for both child and adult soldiers and rebel forces.

In September 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) applied successfully to implement an EP project to expand HIV prevention, uptake of counseling and HIV testing, and care interventions targeting the uniformed services and ex-combatants (including child soldiers) and their partners in Cote d'Ivoire. Increased access to and uptake of combined prevention, sexually transmitted infection (STI) diagnosis and treatment, and CT interventions in these populations is intended to lead to safer sexual behaviors, including abstinence, fidelity, and, for populations engaged in high-risk behaviors, correct and consistent condom use, as well as increased use of HIV care, treatment, and support through a strong referral network to complementary services. The project also seeks to promote behavior change and the uptake of CT and care services.

Interventions include referral of those testing HIV-positive to sources of ongoing psychosocial support, comprehensive antiretroviral therapy, and palliative care.
In the program area of Condoms and Other Prevention, FY06 activities include a BCC campaign developed in FY05 in collaboration with the ministries of Defense, Health and AIDS as well as local NGOs designed to increase correct and consistent condom use among those engaged in high-risk behaviors as part of a comprehensive ABC prevention strategy; to reduce high-risk behavior and stigma; and to improve perception of personal risk, including the negative effects of alcohol consumption on HIV-infection risk and ART adherence. Activities include training of child-soldier and adult male and female peer educators to promote HIV prevention, counseling during CT, and condom sales in high-risk areas.

PSI collaborates with and provides support to the National Security and Defense Forces, Ministry of Health, and other government agencies, including helping to develop and implement training and communications materials and improving M&E activities to assure high-quality peer education. AIMAS is responsible for creating condom sales points in high-risk areas and ensuring condom promotion and accessibility to high-risk target groups. Espoir FANCI works to reduce stigma through PLWHA testimonials and peer education. PSI and its partners work to link activities with other HIV prevention, care and treatment, and social services in the area.

Project activities complement and build on other EP-funded efforts, including Ministry of Health and FHI development of a palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care, as well as prevention, care, and treatment activities by other ministries (AIDS, Education, Social Affairs), ANADER (in rural areas), CARE International (in underserved northern and western areas), Alliance CI, and EGPAF. Activities are coordinated with the Ministry of Defense.

Project activities are informed by the National HIV/AIDS Strategic Plan (2006-2010) and draw on the USAID initiative PSAMAO/PSAMAC, a best-practice intervention in high-mobility border regions designed to encourage the adoption of safe and responsible sexual behaviors by truckers, sex workers and "migrant" populations, including implementation of BCC activities, social marketing of condoms, treatment of STIs, and

promotion of HIV counseling and testing and referrals. Overlapping target audiences will allow the EP-funded project's mobile video unit to contribute to mass awareness campaigns on PSAMAO sites, while its mobile CT units will deliver counseling and testing services to truck drivers and sex workers on PSAMAO sites. People tested HIV-positive will be referred to the nearest adequate care structure.

In FY07, the project will continue and strengthen FY05 and FY06 activities at seven sites and will expand community-based educators' intervention areas to eight zones. Activities will encourage partner reduction, promote correct and consistent use of male and female condoms, provide education about STI prevention and treatment, promote HIV counseling and testing, and raise awareness about gender-based violence and HIV-related stigma. Target group members will be provided with condoms at sale outlets set up by AIMAS on or near the intervention sites. On each site outside Abidjan, a referral health center will be identified, and two service providers at each center will be trained in STI syndromic management. The centers will be provided with STI kits. Community-based educators will ensure referrals to the centers with referral sheets that will allow patient monitoring.

Working mainly in the emphasis areas of development of network/linkages/referral systems and training, and on the key legislative issue of stigma/discrimination, FY07-funded activities will reach 249,443 people (including 184,839 members of the uniformed services and 14,029 current or former child soldiers) with appropriate HIV-prevention messages and will train 480 people to promote HIV prevention through methods other than abstinence and fidelity. The project will support 1,680 condom outlets.

The project will promote sustainability through capacity building among local participants (community workers, supervisors, and health service providers), who will continue their activities after project funding ends, and by helping the Ministry of Defense to involve, strengthen, and reproduce local and regional focal points for the fight against HIV/AIDS. The project will monitor execution of the Ministry of Defense's consolidated HIV plan as well as the sustainability plan developed in 2006.

PSI will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

Continued Associated Activity Information

Activity ID:	4581
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Rapid expansion uniformed services
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	1,680	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	249,443	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	480	☐

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Military personnel
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Partners/clients of CSW
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Other

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CoAg FHI/ITM (HVP) #U62/CCU324473
Prime Partner:	Family Health International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10050
Planned Funds:	$ 1,440,000.00

Activity Narrative: This activity complements FHI activities in OVC (#10060), CT (#10065), Palliative Care (#10056), and Other/Policy & Systems (#10078).

In FY06, FHI's Highly Vulnerable Populations project (PAPO-HV) supported the strengthening and expansion of sexual risk-reduction interventions as part of a comprehensive prevention, counseling and testing, and care package of services targeting transactional sex workers and their partners. The PAPO-HV program covered six communities: Abidjan/Biétry (implemented by NGO Espace Confiance), Abidjan/Yopougon (NGO Côte d'Ivoire Prospérité, CIP), and San Pedro, Méagui, Watté and Adjaméné (all NGO APROSAM). In FY06, three new sites were added: Soubré (NGO APROSAM), Gagnoa (NGO CIP), and Yamoussoukro (NGO ASAPSU).

With FY07 funds, FHI will build on these activities through technical support while continuing to provide sub-grants to NGO/CBOs. Technical and management support is provided by both international (FHI and ITM) and national organizations (Espace Confiance and ASAPSU), with progressive transfer of skills and leadership roles to national organizations. Technical support to implementing partners includes training for new service providers, provision and use of standard M&E tools, regular participatory reviews, and supportive supervision. Espace Confiance offers onsite practical training and coaching in a range of prevention, care, and ARV treatment services.

PAPO-HV has leveraged additional funding from the Belgian Development Cooperation (BC) for 2007. Approximately $85,000 USD will support the procurement and distribution of male and female condoms, lubricant gel, and the design and production of a training curriculum for community health workers. A technical adviser is also funded.

PAPO-HV will continue to collaborate with other EP partners through provision of complementary services, such as expanded service delivery with use of mobile units and comprehensive care and treatment services. At the regional level, PAPO-HV will collaborate with the AWARE-HIV project to improve regional coordination by integrating the Clinique de Confiance as a regional training center for prevention and care interventions that target sex workers. FHI will also work closely with USAID and the Contraceptives Procurement program to ensure steady condom supplies.

Specifically, in FY07 FHI will:
1. Continue technical support to the four NGOs that implement comprehensive risk-reduction and CT activities at nine service sites: Abidjan/Biétry (NGO Espace Confiance); Abidjan/Yopougon (NGO CIP); San Pedro, Soubré, Méagui, Watté and Adjaméné (all NGO APROSAM); Gagnoa (NGO CIP); and Yamoussoukro (NGO ASAPSU).
2. Continue to support sites for the implementation of health-education and preventive BCC activities for sex workers, according to pre-established criteria and in collaboration with the Ministry of the Fight Against AIDS (MLS), the Ministry of Health/National Program for Care and Treatment (PNPEC), and other partners. FHI will continue to support prevention activities through subgrantees identified in FY06.
3. Continue standardization of BCC for sex workers at existing sites through dissemination of standardized tools elaborated at the national level (national reference manual).
4. Continue to improve the mapping of sex-worker sites to obtain data for measuring the coverage of the interventions.
5. In collaboration with Alliance CI, provide technical assistance to strengthen outreach and service delivery, extend geographic coverage, and promote accessibility for sex workers in Abidjan (NGO Espace Confiance) and San Pedro (NGO APROSAM) through use of mobile units.
6. Improve coverage and quality of clinic-based and outreach prevention and CT-promotion activities conducted by peer health educators and community workers. Activities will address stigma and sexual violence by providing HVP-friendly services and staff with nonjudgmental attitudes and by conducting BCC activities with other HVP (partners, clients, bar owners).
7. Continue to strengthen the operational management of NGOs and existing associations through the strengthening of administrative and financial management, budgeting, leadership, monitoring and evaluation, and mobilization of resources. FHI will continue to support the elaboration of a quality-assurance system started in 2006 in collaboration with other partners (National Program for Care and Treatment, PSI, JHPIEGO, and RETRO-CI) evaluate the quality of services. The system will be part of the current

program-management system. FHI will train health staff and focal points for outreach activities in the use of these quality-assurance tools. Quality-evaluation activities will be performed periodically, in accordance with national guidelines, to improve the quality of BCC and other prevention services. FHI will also support the elaboration, review, and implementation of capacity-building plans for NGOs and networks and the revision of tools (elaborated in 2006) for the management and mobilization of funds.
8. Project PAPO-HV will continue to support the establishment of the Clinique de Confiance center of excellence for training and service delivery implemented by NGO Espace Confiance in collaboration with other EP partners (JHPIEGO, EGPAF, ANS-CI, RETRO-CI, and the regional AWARE project). This center will offer onsite training for health-care providers seeking to provide HIV/STI prevention and care services for sex workers, transgendered people, MSM, and other at-risk and/or marginalized populations. The center will be linked to networks of similar service-delivery centers at national and regional levels.
9. Support revision, after evaluation, of an extension plan of Project PAPO-HV. This plan was elaborated in 2006, in collaboration with all key partners, and includes geographical expansion of services into the zone controlled by the New Forces as well as an extension to occasional sex workers. Given comparative advantages, Project PAPO will provide technical expertise (predominantly through the Espace Confiance team) to expand geographic coverage and quality of services by assisting CBO/NGO/FBOs to implement effective risk-reduction services to meet the needs of sex workers and other highly vulnerable populations. Funding for service delivery, organizational-capacity development, and general oversight will be provided through ANS-CI (umbrella granting project) and/or CARE International (northern zone). At least four new sites should be established in 2007, including sites in the northern regions with support from CARE.
10. Promote coordination and technical exchange between implementing partners and key ministries and associations, including regional forums (such as IRIS San Pedro) and the national Sex Work and HIV/AIDS working group coordinated by MLS, with involvement of MOH (PNPEC) and CBO networks.
11. Conduct a baseline assessment of safe-sex indicators among sex workers visiting new service sites in FY07.
12. Support annual evaluation of a plan for sustainability of project activities. PAPO-HV is guided by a sustainability strategy aimed at reaching the goals of the project while preparing local partners to assume organizational and technical management functions and continue interventions at the end of the CDC/Belgian Cooperation funding period.
13. Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.

With the plus-up funds, FHI will expand services to commercial sex workers in current sites and establish five new sites to reach an additional 15,000 CSW with a complete package of services. FHI will provide technical assistance to strengthen local capacity to offer a comprehensive package of prevention and care to sex workers and their partners. To provide technical assistance to its partners effectively, FHI will recruit new staff and purchase a car.

Continued Associated Activity Information

Activity ID:	4558
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Family Health International
Mechanism:	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Funding Source:	GHAI
Planned Funds:	$ 900,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	18	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	☐

Indirect Targets

4 additional sites receiving technical assistance through PAPO
3 persons per site trained on site at clinique de confiance and receiving supportive supervision at these sites with support of EP partner CARE and ANS-CI
2,500 individuals reached through peer outreach to promote HIV/AIDS prevention

Target Populations:

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

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10051
Planned Funds:	$ 130,000.00

Activity Narrative: This activity complements ANADER activities in AB (9932), Basic Health Care and Support (#9930), CT (#9933), OVC (# 9934), and ARV Services (#9927).

This activity is part of a broad four–year project launched in FY05 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, much of it functionally illiterate. The project is expanding access to HIV/AIDS prevention, care, and treatment and improving links to health, social, and education services, accompanying expansion of these services as national programs scale up. The implementing consortium brings together and applies the expertise of:
. The National Agency for Support to Rural Development (ANADER) for community mobilization and HIV prevention based on participatory risk-mapping and village HIV/AIDS action committees
. The Network of Media Professionals and Artists Fighting Against HIV/AIDS (REPMASCI) for BCC, including training, local radio and community outreach, and use of its lexicon to communicate about HIV/AIDS in 16 local languages
. PSI-CI for HIV counseling and testing activities, including training and CT promotion, and procurement for palliative care
. ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment

MSD Interpharma and Alliance CI are providing technical assistance.

In Condoms and Other Prevention, FY07 funds will be used to continue and strengthen FY06 activities in four regions (Lagunes, Bas-Sassandra, Moyen Comoé, and Zanzan) and to extend these activities into two new regions (Fromager and Haut-Sassandra). These activities, implemented through village HIV/AIDS action committees in 24 village sites per region, draw on ANADER's risk-mapping approach. Traditional and religious leaders will be empowered through tools such as the HIV/AIDS lexicon in local languages, appropriate BCC materials, and use of participatory approaches to lead their communities to address HIV/AIDS, including addressing intergenerational sex, gender inequity, and HIV-related stigma and discrimination.With the help of JHU/CCP, local HIV/AIDS action committees and community counselors will be supported in applying culturally appropriate BCC strategies and materials, including a new video aimed at rural audiences, with abstinence, faithfulness, partner-reduction, stigma-reduction, positive-prevention, and gender-based violence-prevention messages targeting youth, women, girls, illiterate populations, discordant couples, and other particularly vulnerable groups.

Activities complement and build on other EP-funded initiatives, such as Ministry of the Fight Against AIDS and JHU/CCP activities to develop effective BCC approaches; Ministry of Education and Ministry of Family and Social Affairs activities in support of youth and OVC; CARE International and Alliance CI support for CBO/FBOs and PLWHA; and Ministry of Health and EGPAF/ACONDA support for expanded PMTCT, CT, and treatment. Activities are coordinated through village, district, regional, and national forums.

The project trains action committee members and community counselors to provide information to adults about the correct and consistent use of male and female condoms. The project supports or helps establish condom vending points in sites selected by the village action committees. An initial supply of male condoms is provided free of charge, and a restocking structure ensures that the adult community has a continuous supply of condoms.

Other Prevention linkages with CT services emphasize testing for couples. HIV-positive people are provided counseling and access to support groups of PLWHA, which focus on secondary prevention messages and healthy lifestyles, drawing on RIP+ (network of PLWHA) expertise and materials. Community counselors work with support groups to facilitate PLWHA disclosure of their status to optimize protection of HIV-free partners and encourage psychological support through the family. A campaign will address barriers to CT and disclosure, including stigma. Existing tools such as films on PLWHA testimonials will support communication activities to promote acceptance and minimize stigma.

Discordant couples are a target population that will be supplied with condoms. It is estimated that 80,640 male condoms will be distributed. Awareness sessions will deal with reducing other risk factors for HIV infection, often revealed during risk-mapping sessions,

such as sharing knifes and razors for male circumcision, female genital mutilation, and scarification. When possible, traditional "doctors" and midwives will be trained, based on materials developed by JHU/CCP, to reduce the risk of HIV infection through unsafe practices. The project will work to build REPMASCI's sustainable organizational capacity and ability to identify and creatively meet the HIV-information needs of rural families, particularly women and youth without access to mass media.

In 2006, activities conducted with FY05 and FY06 funds include:
- Identification of 96 village sites (each with multiple surrounding villages) for intervention
- Baseline needs assessment in the four regions
- Training of 130 ANADER staff in ABC-targeted prevention
- Training of 20 ANADER workers/facilitators (five per region) in use of the local-language HIV/AIDS and ABC-targeted prevention
- Training of 96 community counselors (one per village site) in ABC prevention
- Initiation of at least one support group in each village
- ABC-oriented spots on local radio
- 24 ABC-oriented educational programs on local radio (six per region)

FY07 OP activities will be informed by assessments in FY06 and the 2005 AIDS Indicator Survey. Working in the emphasis areas of IEC, community mobilization, and training, and on the key legislative issues of gender and stigma/discrimination, FY07 activities will reach 52,292 people through community outreach that promotes HIV prevention through methods beyond AB and will train 230 people to promote such prevention.

Activities with FY07 funds will include:
1. Identify 48 central village sites (each with multiple surrounding villages) in the two new regions and activate or reinforce a village HIV/AIDS action committee in each
2. Conduct baseline KAP surveys and evaluations as needed in the two new regions
3. Train 10 ANADER facilitators (five per new region), 48 rural development agents, and 144 community counselors (three per village site) in use of the local-language HIV/AIDS lexicon and in ABC prevention
4. Train four local radio announcers (two per new region) in ABC prevention. REPMASCI will provide the training, drawing on IRIN/JHU-CCP materials
5. With CCP support and in coordination with Care and Alliance CI, develop and implement plans for distribution, use, and evaluation of new and appropriate BCC materials for particularly vulnerable groups.
6. Reach at least 52,292 people with evidence-based ABC-targeted BCC messages via community outreach
7. With CCP support, produce a BCC video designed for rural audiences.
8. Deliver at 48 video campaigns (one per new village) on prevention for high-risk populations and positive living and at least 96 prevention campaigns (two per new village) on local radio
9. Broadcast ABC prevention spots on local radio (a total of 1,920 emissions in the six regions)
10. Broadcast radio programs with ABC prevention messages (a total of 156 emissions in the six regions)
11. Create at least 48 new support groups for PLWHA
12. Distribute 80,640 male condoms
13. Establish at least 48 new condom outlets
14. Initiate linkages between village action committees and cooperatives (agricultural, fresh-food traders), involving one to two members of cooperatives in each committee's activities

ANADER will implement an M&E plan based on national and USG requirements and tools and contribute to an integrated M&E system.

Continued Associated Activity Information

Activity ID:	5477
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Agency of Rural Development
Mechanism:	U62/CCU025120-01 ANADER

Funding Source: GHAI
Planned Funds: $ 125,000.00

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	48	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	52,292	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	230	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10299
Planned Funds:	$ 200,000.00

Activity Narrative: This activity complements JHU/CCP activities in AB (#10295), Other/Policy & Systems (#10080), and ARV Services (#10072).

This activity will contribute to HIV prevention by improving the quality, targeting, and reach of BCC promoting correct and consistent condom use and other behavior change, within a comprehensive ABC approach, for at-risk youth, women and girls, people living with HIV/AIDS, discordant couples, and other particularly vulnerable groups throughout Cote d'Ivoire while addressing cross-cutting issues of gender and stigma. Given the feminization of the HIV epidemic, its continued spread into rural areas, and the ongoing military-political crisis, women and rural and other particularly at-risk populations will be included as target groups. Building on FY06 research and BCC campaigns, this activity expands JHU/CCP's work in transferring capacity and providing technical support to PEPFAR key implementing partners through development, implementation, training, and evaluation of BCC tools that enable program partners and diverse communities to engage in effective, productive dialogue about HIV risk, behavior, and social norms to achieve behavior change. In the program area of Condoms and Other Prevention, FY07 programming focuses on multimedia initiatives (including a TV/radio soap opera) and support to the network of media professionals fighting AIDS (REPMASCI), and on BCC capacity-building among program partners through development and provision of materials and assistance in their use, dissemination, and evaluation.

Within one of the most severe HIV epidemics in West Africa (4.7% HIV-positive among ages 15-49), Ivorian youth are particularly at risk because of their lack of knowledge and their risky behaviors. The country's extended political, military, economic, and social crisis has increased susceptibility to HIV/AIDS and other STIs among the military and combatants (including young militia members), girls and women who engage in intergenerational or transactional sex, and other groups.

Adapting elements of effective, innovative programs in sub-Saharan Africa, Asia, and Latin America, CCP's programming aims at changing behavioral norms to reduce vulnerability to HIV. In FY 06, JHU/CCP conducted quantitative and qualitative research exploring the motivations underlying youth high-risk sexual behaviors at the individual, socio-economic and cultural levels. Results informed the design of an innovative multimedia youth behavior-change campaign targeting gender and social norms. Campaign materials included new print and audio-visual materials promoting abstinence, delay of sexual debut, fidelity to one partner, reduction in the number of sexual partners, and use of condoms among vulnerable populations.

CCP also launched a Sports for Life intervention to capitalize on soccer's enormous popularity (see Cote d'Ivoire's World Cup appearance) and potential, in a conflict and post-conflict environment, to bridge long-standing gaps within and between communities.

With an expanded focus on girls and women, rural populations, PLWHA, discordant couples, and religious and traditional communities, FY07-funded activities will include HIV prevention messages that promote uptake of HIV testing, positive prevention for PLWH/A including discordant couples and social inclusion of people affected and infected by HIV. Materials will address issues of HIV stigma and male social norms related to multiple/concurrent sexual partners, with video and other materials aimed at youth providing a focus on girls, cross-generational sex, and the role of alcohol and other drugs in HIV transmission. Working in the emphasis areas of IEC, community mobilization/participation, and training, and in the key legislative areas of gender and stigma/discrimination, these activities will reach 40,000 people with messages promoting prevention through other behavior change beyond abstinence and fidelity and will train 200 people to promote prevention through other behavior change beyond abstinence and fidelity. Activities will include:

1.CCP will develop and supply BCC materials to ANADER, Care International, Alliance CI, the national HIV care program (PNPEC), the Ministry of AIDS, REPMASCI, RIP+ (network of PLWHA), and other key EP partners and will approve and oversee the partner-specific dissemination plans and monitor results. Training costs will be supported by implementing partners.

2. CCP will develop a series of video profiles of real young men (some in uniform), their

parents, older men, and young women to highlight how some have been able to break out of socio-cultural norms, take control of their lives, and protect themselves and their loved ones from HIV. Specific actions to be highlighted include getting tested for HIV; using condoms with older partners (in cases of transactional sex) and regular partners if their status is unknown; showing love and respect for one's partner; refusing to use force and seeking peaceful solutions to domestic problems; being open with a casual partner about concerns regarding STI infection; not abusing one's position as a teacher to have sex with students, etc. With orientation and a discussion guide, the profiles will be used in community discussion groups and congregations.

3. CCP will collaborate with PSI and CARE International to produce two video profiles of young men in uniform. CCP will provide technical assistance to PSI and Espoir FANCI, an NGO for HIV-positive members of the uniformed services, to conduct a message-design and materials-development workshop to harmonize key messages targeting this audience.

4. Building on the success of an FY06 contest to develop stories for books (Ecrire Pour Vivre) addressing issues such as OVCs, living with AIDS and going to school, tolerance toward PLWHA, abstinence, and prevention through condom use, CCP will produce numerous copies of a collection of 10 stories to be distributed through the Ministry of National Education's health clubs and other structures where school-age children can access them. A second edition of the contest will be launched in 2007.

5. Along with MLS, MEN, and CARE International, CCP will organize an HIV counseling and testing awareness-raising youth caravan using role models such as artists or Miss Cote d'Ivoire 2006 to encourage young people to get tested.

6. Sports for Life: Like other entertainment education, soccer can be used as an effective BCC approach to disseminate HIV-prevention messages. By using the excitement of soccer to involve youth and young adults in HIV/AIDS prevention, health promotion, and life-skills-building activities, CCP aims to increase awareness, change behaviors, and build healthier communities. After laying the groundwork in FY06 (training of trainers, materials development), CCP in FY07 will organize more training sessions and mobilize additional soccer teams for older peer educators (15-25 years) and community outreach teams, using an updated SFL curriculum that includes messages on condom use, safe sex, and fidelity to one sexual partner.

7. Building further on public interest in soccer, CCP will provide a sub-grant to Common Ground Productions for the production and broadcasting of a 26-part TV and radio soap opera about a fictionalized CI national soccer team. Drawing on the expertise of REPMASCI, RIP+ (network of PLWHA), and other EP partners, the dramatic series will address issues such as high-risk sexual behaviors, personal responsibility,cross-generational sex, gender norms, CT, and positive living to deliver effective BCC messages aimed at ABC prevention, along with peace-promoting messages about tolerance, respect, etc. Common Ground, which has produced similar programming in Nigeria, South Africa, and elsewhere, will leverage resources from other public and private donors and draw on Ivorian writing, acting, and producing talent. This series are expected to reach 1,000,000 persons.

Continued Associated Activity Information

Activity ID:	6382
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Volunteers
Children and youth (non-OVC)
Religious leaders

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10304
Planned Funds:	$ 75,000.00

Activity Narrative: This activity complements activities in AB (#10307), Condoms and Other Prevention (#10049), CT (#10064), and Palliative Care (#10055).

As part of the Project "Increasing Access to, and Uptake of, HIV Prevention and Care Service including Confidential Voluntary Counseling and Testing (CT) Among the Uniformed Services, ex-Combatants and their Partners in the Republic of Cote d'Ivoire" led by PSI, JHPIEGO has drawn on its EP funded training and quality improvement portfolio to provide technical assistance to CBO/FBO implementing partners.

To date, JHPIEGO's assistance has been provided under the rubric of a sub-contract from PSI. However, for reasons of cost-and administrative-effectiveness, activities in FY07 are proposed to be financed directly from CDC to JHPIEGO, under the UTAP award. Nevertheless, the activities must continue to be integral to the scope of work (SOW) under the PSI-led project.
Based on the SOW negotiated with PSI, JHPIEGO has so far carried out activities under this project that include: (1) Recruitment and provision of an STI Expert; (2) Participation in needs assessment of 27 sites to look at training needs; (3) Updating STI curriculum and printing copies; and (4) Training 52 providers in STI treatment. PSI is conducting VCT activities that complement the JHPIEGO SOW.
With the FY07 allocation made directly to JHPIEGO, our work will nevertheless be coordinated within PSI's broader project mandate, and may grow to include a broader and more holistic approach that more clearly integrates counseling and testing (CT) with the STI capacity building that JHPIEGO has been addressing. Discussions will be undertaken with CDC and PSI to redefine roles, within the programs' objectives, and the comparative competencies of PSI and JHPIEGO.
At this time it is expected that the JHPIEGO FY07 program will include, but not necessarily be limited to, undertaking training of trainers in STIs, followed by a training in STIs of service providers that will be conducted by the trainers who were trained in the previous activity. In keeping with JHPIEGO established practice, the emphasis will be on ensuring that capacity development occurs, and this will in fact be demonstrated through significant use of previously established local training capacity. JHPIEGO will then also provide additional technical assistance to all trained project staff through supervisory visits, thus assuring that the trained providers effectively provide STI services.
An evaluation will be conducted during each supervisory visit, to review the quality of the training methods used as well as the correctness of the technical information provided. In addition, discussions will be held during the visit with those being observed, and written recommendations will be provided to both the trained trainers as well as PSI. Again, as is usual under the capacity building approaches utilized by JHPIEGO, we will ensure that supervisory skills are built, by including staff and trained trainers from the Ministries of Health and Defence in the teams conducting these visits. These may include JHPIEGO/PNPEC CT trainers.
During the supervisory visits to trained health care workers and other care providers the technical knowledge retained by the participants, as well as the application of correct procedures and standards presented in trainings, will be assessed. Every effort will be made to observe the participant in the action of providing STI services in order to better assess capacities and skills.

The evaluations will be combined with verbal exchanges with the participant, during which immediate feedback will be given. A written report with recommendations will be provided to both the participant and PSI.

Overall PSI's military program scope includes the following:
• Number of sites involved in military program: 40
• Number of supervision visits anticipated: 4 quarterly supervision visits by site
• Type of site: Military
• Target audience: Soldiers and their partners

In addition to training the previously mentioned 52 STI treatment providers, JHPIEGO's current scope of work in STI capacity building will include the following targets:
• Needs assessments for STI case management at an additional 10 project sites;
• Training of an additional 20 military trainers for STI case management;
• Training of 2 military medical service providers in STI case management
To the extent possible, JHPIEGO will work with CDC and PSI to link the activities

implemented under this scope of work with our broader preservice education and other capacity development work, as well as STI work in other parts of the country. JHPIEGO may therefore explore greater utilization of CT competencies and innovations, as well as promoting more sustainable capacity development through standards-based management and recognition approaches.

Continued Associated Activity Information

Activity ID: 4581
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Population Services International
Mechanism: Rapid expansion uniformed services
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	74	☐

Target Populations:

Doctors
Nurses
Most at risk populations
Military personnel
National Health program and staff
Public health care workers
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors

Other

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10345
Planned Funds: $ 15,000.00
Activity Narrative: With fiscal year 2007 funds, USG CI team will request technical assistance from CDC headquarters to support targeted assistance in support of the country program in the following areas: HIV-TB, sexual prevention, PMTCT, ARV Services, Laboratory services, SI, and operations and management.

This technical assistance will strengthen the Emergency Plan's (EP) country team's ability to manage the overall and specific technical portfolios and projects as part of PEPFAR as well as to provide assistance to the Government of Cote d'Ivoire and to our implementing partners.

In the area of Other Prevention, the country team requests ongoing technical assistance from CDC HQ staff to support the ongoing review of the country portfolio of projects and interventions targeting most at risk populations including transactional sex workers, uniformed services and ex-combatants, truckers, prisoners and other populations made vulnerable due to the prolonged politico-military crisis.

USG CI will support the travel and logistics for all requested technical assistance from HQ.

Targets

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of Education #U62/CCU24223
Prime Partner:	Ministry of National Education, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	10505
Planned Funds:	$ 75,000.00

Activity Narrative: This activity complements other Ministry of Education (MEN) activities in Abstinence and Be Faithful (#10045), Basic Health Care and Support (#10052), and OVC (#10059), with M&E integrated across all program areas.

The education sector in Cote d'Ivoire has been severely impacted by the HIV/AIDS epidemic. Large numbers of teachers, other staff, and enrolled adolescents continue to be HIV-infected or -affected. Young children are starting to receive HIV care and treatment on a larger scale, resulting in an aging cohort infected through mother-to-child transmission. In addition, there are many HIV-affected children living with HIV-infected family members who work for the MEN. HIV-related teacher absenteeism is a major problem undermining quality and continuity of education. Both teachers and students need better and multifaceted support to mitigate the adverse effects of HIV/AIDS. The MEN has created a national committee and an action plan to try to address this problem. Practical steps have included assistance to create support groups for teachers living with or affected by HIV/AIDS and improving access to HIV-related prevention, care, and treatment services, especially for staff based in rural areas.

With Emergency Plan support, the ministry began a large-scale HIV-in-the-workplace program in FY06. This component is part of a comprehensive response (described further in Basic Health Care and Support, OVC, and AB). The MEN's multifaceted EP-funded prevention and care project complements other education-sector projects supported by UNICEF, UNESCO, WFP, and other partners.

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

With FY06 funds and technical assistance from the Private Sector Partnership Project (Abt Associates and FHI), the MEN has leveraged its expertise and capacity to match HIV-related prevention, care, and treatment needs in the public-education-sector workplace.

With Condoms and Other Prevention funding in FY07, the MEN will continue FY06 activities to establish the HIV-in-the-workplace program for teachers in seven sites and will expand these activities to three new sites in the North and West (Korhogo, Man, and Bouake). The project will provide support to at least 500 HIV-infected or -affected teachers, their families, and their communities. Services will include counseling on comprehensive ABC prevention, peer support, and links to social and health services. Activities will be designed to assist teachers in confronting HIV in their own lives and families and in becoming effective role models and "change agents" for their students and communities. Issues of gender, culture, and power relations will be addressed in the training, with other topics including teacher-student sex and intergenerational sex. The training materials will build on the integration of the MEN's life-skills curricula (described in the AB section) and include videos, skits, and MEN documents. These activities will be performed in the workplace, in collaboration with FHI (HIV in the workplace), ANADER (rural populations), and QUITUS (an NGO of teachers living with HIV).

The project will facilitate ARV treatment, prescriptions, and support groups for HIV-positive staff and students with technical assistance from ACONDA-VS and the national care and treatment program (PNPEC).

FY07 activities are designed to complement EP-funded projects targeting underserved populations (ANADER in rural areas and CARE International in Forces Nouvelles-controlled northern and western regions) and will receive technical assistance from PSP (through Abt Associates and FHI). Technical assistance for HIV-related policy development and institutional capacity building will be provided to 107 organizations (QUITUS and 106 health clubs and health school organizations), with training for 1,060 people (10 from each of the 106 health clubs/health school organizations).

Working mainly in the emphasis areas of development of network/linkages/referral systems, local organizational capacity development, and training, and on the key

legislative issues of gender and stigma/discrimination, the MEN in FY07 will:

1. Support the task force created in FY06 to develop, implement, monitor, and evaluate an adapted HIV-in-the-workplace program. MEN documents concerning gender, culture, teacher-student sex, and intergenerational sex will be formalized and distributed to the staff.
2. Train 210 teachers as "community change agents" through links established with the EP-funded ANADER project targeting rural communities.
3. Train 21 doctors (14 doctors from seven school health centers and seven doctors from MEN) in providing ART services and diagnosing and treating STIs.
4. Recognize, promote, and reward cognizance and display of gender-friendly, stigma-reducing, and low-risk behaviors among MEN staff members, including uptake of HIV counseling and testing and support to HIV-positive colleagues.
5. Improve links to comprehensive services for HIV-infected and -affected personnel, their families, and their communities, including to counseling on prevention, peer support, and comprehensive social and health services (both private and public providers).
6. Reinforce the capacity of the MEN's medical and psychosocial care center at Abidjan/Yopougon. The center functions with MEN medical staff and psychosocial personnel, with teachers living with HIV/AIDS (from QUITUS) as counselors.

The MEN will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	10	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	48,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,791	☐

Target Populations:

People living with HIV/AIDS

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	PSI CI Uniformed services VCT Promotion
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	11056
Planned Funds:	$ 225,000.00

Activity Narrative: This activity relates to activities targeting uniformed services and their sex partners described in sections AB (#10307), Basic Health Care and Support (#10055), CT (#10064), and Other Prevention (#10049).

PSI will expand sexual-prevention interventions targeting mobile and other high-risk populations along major trucking routes, including frontier towns, building on the successful regional PSAMAO project funded through USAID and complementing the World Bank-funded coastal Corridor project.

Cote d'Ivoire remains the major hub of the West African region, characterized by high mobility of people, due mostly to economic integration and opened borders but also to political, military, and economic instability. To mitigate the spread of HIV associated with this mobility, cross-border interventions targeting core and bridge groups and populations along the main migratory routes have been identified as national and regional priorities.

"Prevention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest et du Centre" (PSAMAO) was started under the previous USAID regional Family Health and AIDS project, which covered four countries (Burkina Faso, Cameroon, Côte d'Ivoire, and Togo) and was subsequently expanded into 17 countries. The expansion was initially associated with decreased per-country funding, and the number of sites and population coverage were reduced in Cote d'Ivoire. With country EP funding, PSI seeks to again expand these interventions along the North-South routes.

PSAMAO is a best-practice program designed to encourage the adoption of safe and responsible sexual behaviors among truckers, sex workers, customs and uniformed officials, and other high-risk and mobile populations. The program includes behavior change communication (BCC) activities, social marketing of condoms, treatment for sexually transmitted infections (STI), and voluntary counseling and testing (VCT) promotion and referrals.

Studies have indicated that condom use is inconsistent among truck drivers and sex workers in the region, suggesting a need for consistent program intervention. Cote d'Ivoire's 2006-2010 National Strategic Plan identified prostitution, non-systematic use of condoms, migration, and mobility of people as determinants of the HIV epidemic in Côte d'Ivoire.

PSI received USAID funding through the SFPS and WARP projects from October 2003 to September 2006 to implement the PSAMAO regional project in Côte d'Ivoire. Two local NGOs, Croix Rouge de Cote d'Ivoire (targeting truck drivers) and SidAlerte Cote d'Ivoire (targeting sex workers), benefited from capacity building to carry out activities at eight sites identified by the project: two in Abidjan and one each in Bouaké, Korhogo, Ouangolodougou, Pogo, Man, and Danané. Within these organizations, two focal points, 14 ground supervisors, and 28 community-based educators were trained in behavioral change communication based on a participatory approach. On average over the past two years, 5,000 truck drivers and sex workers a month were educated about partner reduction and correct and consistent use of condoms and given access to CT, STI, and family-planning services. Two health centers in Abidjan participated in a training program on STI syndrome management and were provided with STI syndromic treatment kits.

With FY07 EP funds, PSI will build on the PSAMAO activities and extend these interventions to new sites on the border and in the interior, for a total of 22 intervention sites. Target populations will be truckers, sex workers, customs and uniformed officials, and "migrant" populations. BCC activities by community-based educators will be expanded to customs and other officials (formal and informal) at 14 border crossing zones. BCC interventions will include promoting partner reduction, correct and systematic use of male condoms, STI prevention and treatment, and HIV counseling and testing. Gender-based training will focus on sexual violence, alcohol, vulnerability, and condom negotiation.

The project will use a mobile video unit from PSI's HIV prevention and care project targeting the uniformed services for mass awareness campaigns at PSAMAO sites. Target group members will be provided with condoms at 84 or more sales outlets established by the Ivorian Social Marketing Agency and by community-based educators and supervisors. A referral health center will be identified at each site outside Abidjan, increasing the

number of referral centers from two to 14, and two service providers (center personnel) will be trained in STI syndrome management at each site. The centers will be provided with STI kits. Community-based educators will ensure that referrals are made to the centers, using standard referral forms to monitor referred clients.

After education about CT, clients will be referred to the nearest CT centers in coordination with local health authorities and EP partners. If services are not already available with support from EP or other partners, PSI will support integration of CT services into 14 existing health facilities, with training of health personnel using an integrated HIV/STI approach. Additional staff may be provided on a contractual basis, given the dire human-resource shortages in the North and West. HIV tests will be carried out using a whole-blood rapid test algorithm with finger pricks in 2007, when national guidelines are expected to be revised to allow this method. Clients tested HIV-positive will be referred to the nearest adequate care structure. BCC materials, including posters and flyers, will be developed in coordination with JHU/CCP and the national BCC technical committee. PSI will ensure their distribution and correct use at the sites. Monitoring and assessment will be integrated into project activities transversely.

The project will promote sustainability by working through CBOs and other local public and private organizations as well as building capacity of local participants at various levels (community workers, supervisors, and health-service providers). PSI will also seek to participate in relevant coordination forums at local, regional, and national levels, complementing activities of EP and other partners.

Commodities (condoms, STI kits) will be procured through existing distribution channels, in coordination with SCMS and national authorities.

Continued Associated Activity Information

Activity ID:	4581
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Rapid expansion uniformed services
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	84	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	42	☐

Target Populations:

Adults
Commercial sex workers
Most at risk populations
Military personnel
Mobile populations
Truck drivers
Men (including men of reproductive age)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Zanzan

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: $ 3,620,000.00

Program Area Context:

Background

Cote d'Ivoire's 2005 national AIDS Indicator Survey has provided important data that will inform USG programming. Within an adult HIV prevalence estimated at 4.7%, females in all age groups were far more likely than males to be infected (6.4% vs. 2.9%; among ages 20-24, 4.5% vs. 0.3%). Prevalence peaked among women ages 30-34 at 14.9%, vs. 5.6% of men; male prevalence peaked among ages 40-44 at 7.0%, vs. 8.6% of women. Male prevalence may be mitigated by near-universal (96%) circumcision. Geographic differences included marginally higher HIV prevalence in urban vs. rural settings and marked regional differences, with a low of 1.7% in the Northwest to 5.5% or more in the South and East.

The country's extended politico-military crisis and large cuts in donor and government funding have left health and social services disrupted, poorly equipped, and understaffed. As a result, the population's general and HIV/AIDS-related health needs are grossly underserved. With the health and well-being of PLWHA and their families as a key priority, the EP country program is building a continuum of comprehensive care that responds to the person's individual, family, and community contexts and includes medical, psychosocial, nutritional, and other aspects of care.

FY06 Response

In FY06, the EP continued its critical role of supporting the Ministry of Health (MOH) in defining a national palliative-care framework and developing literacy around its concepts. A national palliative-care policy was validated in August and is being disseminated. Training and other implementation materials are being finalized. The policy defines minimum standards of care relevant to different settings (clinic, community, and home), and the implementation plan includes training and supervision approaches to improve service quality at site, district, and national levels.

Many EP-supported clinical ART centers started providing basic care and support to PLWHA and their families prior to initiation of HAART to maximize prevention and care opportunities. The program emphasized the integration of holistic family-based care for patients receiving HAART, including better symptom management, secondary prevention, and psychosocial services. Emphasis was also placed on improved linkages within the health system and with other community- and facility-based services, especially with HIV testing services.

Most EP programs have been linked with community-based support groups that develop PLWHA leadership, reduce stigma, and provide legal and other assistance (with applications for government grants, housing, etc.) as wraparound activities to EP-funded services. Several EP partners supported sub-grants for home-based care and caregiver training. NGOs implemented or facilitated palliative-care and support activities for PLWHA, including screening and treatment for sexually transmitted infections, primary health care, prevention and treatment of opportunistic infections, psychosocial support, and adherence counseling. The EP continued to implement palliative-care interventions targeting PLWHA among the armed forces, ex-combatants, and their partners.

FY07 Priorities

In FY07, the EP will continue to support the MOH's national HIV care and treatment program (PNPEC) in integrating palliative care within the continuum of care as defined by the national standards of care. Key priorities of the USG's basic care and support programs are:

Advancing Key Policy Issues. The EP will continue to support a policy framework for the provision of palliative care, including the definition of human-capacity requirements, standards of care, and required

commodities for clinic-, community-, and home-based care. The EP will support a redefinition of the national HIV rapid-testing algorithm, which currently precludes outreach to homes, to promote onsite testing. EP funds will also support efforts to define the role of non-medical health professionals and lay persons in performing HIV tests, prescribing or supporting use of analgesics and some medications (e.g. cotrimoxazole), and other activities traditionally ascribed to professional staff and/or limited to clinic settings.

Integration of Palliative-Care Services Within the Clinical Continuum of Care. The USG will improve clinical and psychosocial care at health facilities prior to ART eligibility, after ART initiation, and for advanced disease care with cotrimoxazole prophylaxis, other preventive and supportive care, improved pain management and symptom control, management of TB and other co-infections, and peer counseling and support. Better follow-up of HIV-infected persons will improve well-being, maximize prevention opportunities within families, and promote timely initiation of HAART. The EP will support the extension of services by introducing palliative care into the package of services offered to outpatients, including symptomatic pain relief; evaluation of social, psychological, and spiritual needs of the patients; and the elaboration of a reference system based on a family-centered approach.

Improved Linkages to Community-Based Services and Wraparound Programs.
The EP will reinforce the referral and counter-referral system among clinic-, community-, and home-based services by improving case management and the use of information technology through local HIV/AIDS coordination forums. Efforts will increase to mobilize PLWHA, traditional healers, faith-based communities, and social and legal professionals to provide holistic services (including spiritual, social, and legal services) to PLWHA and their families. The role of peer-to-peer care will be emphasized through community counselors to provide a continuum of care, including adherence promotion with formalized linkages to nutritional contributions by WFP and UNICEF to complement EP-funded care and treatment support. This approach prioritizes children to ensure that HIV-infected children are identified and linked to care, including specialized OVC services. Children will also serve as an entry point to adult family members.

Increased Access to Palliative-Care Commodities. The Partnership for Supply Chain Management Systems (SCMS) will procure and deliver a basic package of support to all EP partners intervening in palliative care. SCMS technical assistance will enhance the institutional capacity of the Public Health Pharmacy (PSP), health districts, and target service facilities to ensure adequate management of HIV/AIDS products and other health commodities. This will be accomplished by (1) disseminating commodities-management tools (computerized and paper-based) and standard operating procedures to district and facility levels, (2) providing ongoing supervision and quality control at all sites, and (3) strengthening the capacity of the PSP to supervise commodities management at peripheral sites and to monitor use of OI drugs, including needs forecasting and procurement management.

Sustainability

The USG continues to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and monitoring and evaluation skills from international to indigenous organizations, and ministries to manage and be accountable for implementing activities and achieving intended results.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	377
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	147,991
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,085

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9930
Planned Funds:	$ 420,000.00

Activity Narrative: This activity complements ANADER activities in AB (9932), Condoms and Other Prevention (#9944), CT (#9933), OVC (# 9934), and ARV Services (#9927).

This activity is part of a broad four–year project launched in FY05 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, much of it functionally illiterate. The project is expanding access to HIV/AIDS prevention, care, and treatment and improving links to health, social, and education services, accompanying expansion of these services as national programs scale up. The implementing consortium brings together and applies the expertise of:

- The National Agency for Support to Rural Development (ANADER) for rural community mobilization and HIV prevention based on participatory risk-mapping and village HIV/AIDS action committees
- The Network of Media Professionals and Artists Fighting Against HIV/AIDS (REPMASCI) for BCC, including training, local radio, and use of its lexicon to communicate about HIV/AIDS in 16 local languages
- PSI-CI for HIV counseling and testing activities, including training and CT promotion, and procurement for palliative care
- ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment

MSD Interpharma and the HIV/AIDS Alliance are providing technical assistance.

In the program area of Basic Health Care and Support, FY07 funds will be used to continue and strengthen FY06 activities in four regions (Lagunes, Bas-Sassandra, Moyen Comoé, and Zanzan) and to extend these activities into two new regions (Fromager and Haut-Sassandra).

Palliative-care activities are led by ACONDA at rural health centers and PSI at the community level. Building on ANADER's structure of HIV/AIDS action committees in 24 village sites per region, the project uses nationally approved approaches and materials to train community counselors, ANADER rural development agents, and rural health center and mobile CT unit staff to provide clinic- and home-based palliative-care services, palliative-care kits, psychosocial support and monitoring, ARV-adherence monitoring, and referral and counter-referral to medical and social services for PLWHA identified through HIV counseling and testing (CT) at rural health centers and the project's mobile CT units. They also promote the creation of peer support groups for PLWHA and their families and work to ensure linkages between palliative-care services and other health care (including HIV, TB, and STI treatment), CT, PMTCT, HIV prevention, and OVC services.

ANADER provides the palliative-care kits, which contain a 20-liter jerry can, two long-duration pesticide-impregnated bednets, and products replenished on a monthly basis, including male condoms (20), rehydration salt, water-purification solution, and cotrimoxazole tablets.

Project activities complement and build on other EP-funded efforts, including Ministry of Health and FHI development of palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care, as well as prevention, care, and treatment activities by other ministries (AIDS, Education, Social Affairs), CARE International, HIV/AIDS Alliance, and EGPAF. Activities are coordinated through local, national, and district forums, with involvement of the district health management teams to maximize capacity-building and coordination with the MOH.

In 2006, palliative-care activities conducted with FY05 and FY06 funds include:

1. Identification of 96 village sites (each with multiple surrounding villages) for intervention
2. Identification of 20 rural health centers (five in each region) where palliative-care activities are aligned with fixed-site CT services
3. Training of 252 people to provide palliative-care services and psychosocial support (80 workers at rural health centers with integrated CT services, 76 workers at other rural health centers, and 96 community counselors)
4. Provision of home-based palliative care, including kits, psychosocial support, and referral to district health centers and social services, for 1,988 HIV-positive people
5. Production and distribution of 48,240 posters with stigma-reduction messages

In FY07, palliative-care activities will be informed by the new national palliative-care policy and guidelines that will define a standard package of care services.

ANADER will pilot income-generating activities to build self-sufficiency among PLWHA and their families and explore WFP wraparound programming for HIV-affected families identified as needing nutritional support. Working mainly in the emphasis areas of development of network/linkages/referral systems and training, and on the key legislative issue of stigma/discrimination, FY07-funded activities will support 147 service outlets (one per rural health center or village, plus three mobile CT units) providing HIV-related palliative care, train 126 people to provide PC services, and provide palliative-care services to 3,586 PLWHA (including 1,988 identified in FY06).

Activities with FY07 funds will include:
1. Identification of 48 village sites for intervention in the two new regions
2. Identification of 10 rural health centers (five per new region) where palliative-care activities will be aligned with fixed-site CT services
3. Training of 126 people to provide palliative-care services and psychosocial support (40 workers at rural health centers with integrated CT services, 38 workers at other rural health centers, and 48 community counselors)
4. Supply of palliative-care services and kits (or resupplies) and referral/counter-referral for 3,586 PLWHA (including 1,574 newly identified as HIV-positive in FY07)

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

Sustainability and project effectiveness are enhanced by consortium members' past and current collaborations with multiple ministries (Health, National Education, Family and Social Affairs, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS), Lumière Action, youth NGOs, and faith-based communities. Project partners have been successful in mobilizing internal resources and attracting EP, Global Fund, MSD, and other funds/partners to support their activities. ANADER has a broad rural development mandate with initiatives to address poverty, gender inequities, and food insecurity and seeks to maximize opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan and others have offered or do offer ANADER such opportunities.

Activities will strive to build capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability. Training of community counselors (members of village HIV/AIDS action committees) and rural health center staff and initiation of income-generating activities are designed to enable communities to carry on palliative-care activities after EP funding for the project has ceased.

Continued Associated Activity Information

Activity ID:	5479
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Agency of Rural Development
Mechanism:	U62/CCU025120-01 ANADER
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	147	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,586	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	126	☐

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Military personnel
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner:	Alliance Nationale Contre le SIDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9935
Planned Funds:	$ 450,000.00

Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), OVC (#9939), CT (#9940), TB/HIV (#9936), PMTCT (#9928), ARV Services (#10071), and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs, will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

In FY06, ANS-CI collaborated with national authorities and other stakeholders including EP partners, in developing the National Policy Framework on Palliative Care. At least 22 sub grants were dedicated and awarded for the provision of palliative care services in relation to existing health facilities (VCT, ART, others) by non health professionals.

With FY07 funds, the ANS-CI will continue to strengthen and expend CBO/FBO capacity through technical assistance and sub-grants dedicated to the provision of palliative-care services by non-health professionals. Community home based care will be implemented by well trained community workers based on lessons learned from FY06 and other experienced west African countries. All home based provided to PLWHA will be delivered in accordance with the national program which respects traditional family and community support systems.

Through advocacy and technical and financial support, the ANS-CI will continue assisting CBO/FBOs through the sub-grants process to ensure that local stakeholders receive adequate information and assistance to access funding opportunities supported by the EP and other donors.

Expanding upon activities in 2006 the ANS-CI will continue to support the strengthening of CBO networks and local coordination bodies to improve communication and coordination. The ANS-CI, in collaboration with FHI, will assist the MOH (specifically the PNPEC and PNOEV) and MLS and other key stakeholders to disseminate training tools kits on home- and community-based palliative care and to strengthen and scale up the continuum of care services. The pool of national trainers established in FY06 will be deployed as needed to lead training courses in compliance with the training strategy and schedule of the MOH and MLS.

Sub-grants will be provided to consolidate the ongoing activities of FY06 with the above mentioned NGOs in order to provide home- and community-based palliative-care services to mitigate psychosocial, physical, and spiritual distress; promote positive living; and support bereavement to at least 18,000 PLWHAs and their family members in at least eight regions throughout the country by March 2008.

All sub-grants will be linked to ART, PMTCT, and VCT services in collaboration with EGPAF. ANS-CI will also collaborate with EGPAF, CARE Côte d'Ivoire and ANADER to ensure sub-grantees have access to relevant palliative care home-based as defined by the national palliative care working group which include; kits including impregnated bed-nets, safe water and cotrimoxazole which will be procured by SCMS.

At least 120 persons will receive updated refresher training according to the new National Policy Framework on palliative care which will improve their technical and programmatic skills. ANS-CI will continue specific financial management, monitoring and evaluation, resource mobilization, advocacy training included in the capacity building package linked to all sub grantees. The national policy's definitions of palliative-care services will guide the services supported through the sub-grants.

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

In addition, the ANS-CI will assist the MLS in the development of a national HIV/AIDS monitoring and evaluation plan through the adaptation and integration of M&E tools for home-based and community care, including palliative care.

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

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	22	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	18,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	120	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Rapid Expansion North West: RFA #AAA070 North &West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9945
Planned Funds:	$ 300,000.00

Activity Narrative: This activity complements CARE activities in AB (#9941), Condoms and Other Prevention (#9944), CT (#9943), OVC (#9938), and Other/Policy & Systems (#9946).

This project, awarded EP funding in September 2005, contributes to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health-care services have been severely disrupted since the civil conflict split the country in 2002.

CARE received a 2004 grant from the GFATM to support an emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, in partnership with PSI and AIMAS. A second two-year phase was recently approved by the CCM and GFATM for FY06 and FY07. CARE used FY04 EP funds to develop PLWHA/OVC community-care projects in partnership with five NGO/CBO/FBOs. As lead implementer of Global Fund- and EP-supported PC activities in northern and western CI, CARE works to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo, and Man. CARE is gradually scaling up PC activities to three satellite sites in each central site.

Planned PC activities will draw on baseline assessments conducted with FY05 funds. They will complement and build on other EP-funded efforts, including Ministry of Health and FHI development of palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care, as well as prevention, care (including OVC), and treatment activities by other ministries (AIDS, Education, Social Affairs), PSI, HIV/AIDS Alliance, and EGPAF. District health management teams will be involved in planning and supervision to maximize capacity-building and coordination with the MOH, and regional HIV/AIDS networks will be reinforced.

CARE's palliative-care strategy is to ensure linkages among care, HIV and TB treatment, CT, HIV prevention, and other services, such that anyone identified as HIV+ will have immediate access to the needed spectrum of diagnostic and treatment services and avoid "loss" of clients due to lack of effective follow-up systems. Palliative-care services are provided at the community level by local NGO/CBO/FBOs and at local health centers by health-care workers. CARE will support health centers (NGO and public) with assessment (of CT and OI/ART quality), training, medicines, and other materials.

The project will continue to support 12 FBO/NGO/CBOs selected in 2006 and will select three more organizations for capacity building. TOT methods were emphasized in FY06 so that partner FBO/NGO/CBOs can train community-care groups, religious leaders, clinic staff, and counselors in FY07, with quality assurance by JHPIEGO. The project will mobilize communities around the use of CT, ART, and STI services and will ensure the availability of these services at 15 health sites (two per hub in Man, Bouake, and Korhogo, plus three satellites per hub).

Given the high costs of PC training and service delivery, especially for home-based care in remote areas, and based on its experience in FY05-06, CARE believes it is necessary to seek a significant increase in PC funding to ensure quality of care.

Expanded FY07 funding will also allow the rehabilitation, equipping, and operation of a pilot "maison de passage" in Bouake that will assist PLWHA in accessing care and treatment by offering a place of refuge and psychosocial support for those who are traveling to town for follow-up visits or support-group meetings or seeking respite from stigmatization and discrimination. Local partners have noted that clients and their families are sometimes "lost from view" because of the difficulties of traveling into town for support-group meetings and follow-up visits. A previous transit facility, highly successful before the 2002 conflict, was also appreciated by those experiencing isolation or discrimination, providing a reprieve and time for a social worker to visit and counsel family or community caregivers, eventually facilitating the client's return home.

The "maison de passage," expected to benefit 300 PLWHA and their families per year, will be managed by a local partner and will include a live-in non-clinical care provider, a clinical care provider, and at least 15 beds. Visitors will generally be allowed to stay for up to two nights and will be asked but not required to pay at least 500 CFA ($1) per day to support the costs of running the house. In special cases where family and community care are not

available, the maison de passage may serve as a hospice.

Working mainly in the emphasis areas of development of network/linkages/referral systems and local organizational capacity development, and on the key legislative issues of stigma/discrimination and wraparounds, FY07-funded PC activities will support 16 PC service outlets, train 87 people to provide PC services, and provide PC services to 4,800 people (including, with some overlap, comprehensive home-based care for 1,500 PLWHA; OI services and basic care and support with links to treatment for 3,000 HIV patients; and STI treatment for 3,000 people).

Activities with FY07 funds will include:

1.Training of 60 NGO/CBO/FBO health workers in home-based care for PLWHA, including the diagnosis and treatment of OIs, monitoring of ART, provision of psychosocial and spiritual support for patients and family members, pain alleviation, and provision of a preventive-care package that includes counseling for prevention of positives, cotrimoxazole, safe-water products, and ITNs. Trainers trained by JHPIEGO in 2006 will undertake these trainings.
2.Training of 27 health personnel at nine rural health centers in the diagnosis and treatment of OIs, palliative care, and monitoring of ART, and linking through a referral system to accredited ART sites.
3.Follow-up and supervision of 81 health personnel and 120 trainers trained in FY05-06 with EP support.
4.Sub-grants to local NGOs to continue with home-care visits to PLWHA.
5.Support to religious partner organizations for the provision of spiritual counseling and support to PLWHA and their families.
6.Provision of medicines for OI treatment to NGOs, rural health centers, and outpatient hospitals, along with support for the tracking and ordering of stocks.
7.At least two workshops to facilitate the sharing and replicating of best practices for community-based PC with ACONDA, the national care and treatment program, FHI, Alliance, and other partners.
8.Provision of wraparound nutritional support in partnership with WFP, complemented by nutrition education for and by food distributors and care providers.
9.Pilot village savings-and-loan and income-generating activities to promote self-sufficiency for PLWHA and their families.

The project will continue to adapt and follow the project M&E plan based on national and EP targets. Population Council will use data collection approaches that allow the measurement of service quality and client satisfaction and willl begin the progressive transfer of M&E skills and responsibilities to local partners in 2007.

To build sustainability, CARE incorporates some flexibility into its partnerships with local NGOs so as to avoid dependency and encourage autonomy. A strong accent is placed on training, training of trainers, and supportive supervision so that necessary technical and management skills are imparted to local partner staff, who will be able to support other organizations in the future. CARE is also emphasizing the development of project-writing and financial-management skills so that partners can apply directly for and manage funding in the near future. Institutional capacity is being supported through infrastructure rehabilitation and equipment purchases.

Continued Associated Activity Information

Activity ID:	5040
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	16	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,800	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	87	☐

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Most at risk populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of Education #U62/CCU24223
Prime Partner:	Ministry of National Education, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10052
Planned Funds:	$ 200,000.00

Activity Narrative: This activity complements other Ministry of Education (MEN) activities in AB (#10045) and OVC (#10059), with M&E integrated across all program areas.

The MEN has launched a 4.5-year project (2005-2009) with Emergency Plan (EP) support that is designed to improve HIV prevention and palliative care for students, teachers, and other personnel from the MEN throughout Cote d'Ivoire. As part of a comprehensive multisectoral response consistent with the new HIV/AIDS National Strategic Plan 2006-2010 and in collaboration with relevant ministries and NGO/CBO/FBO networks, the MEN is building on FY04-06 achievements to improve the quality and coverage of HIV prevention and care services; to strengthen links to HIV treatment and other health, social, and education services; and to address negative gender and discriminatory attitudes conducive to HIV infection.

The MEN's multifaceted EP-funded program includes life-skills curriculums with age-appropriate A and B prevention messages for youth in the classroom and school health clubs, OVC services, and an HIV-in-the-workplace program for teachers and staff, all piloted in seven sous-prefectures in FY06 and to be continued and expanded to three more sous-prefectures in FY07. In the program area of Basic Health Care and Support, the MEN is building on its achievements to address the health-care needs of HIV-infected and –affected students and teachers with comprehensive, family-based care in coordination with the Ministry of Health's PMTCT and HIV treatment programs. The MEN advocates a holistic approach to palliative care (PC) and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (ART provision, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with QUITUS (an NGO of teachers living with HIV/AIDS), the MEN's health service (SSSU), other ministries, and community organizations. MEN's approach relies on linking the clinical palliative care provided by its medical staff to the home-based palliative care provided by QUITUS members and AB peer educators from student health clubs.

HIV-related teacher absenteeism is a major problem undermining quality and continuity of education. Both teachers and students need better support to mitigate the adverse effects of HIV/AIDS. The MEN has created a national committee and an action plan to address this problem. Practical steps have included assistance to create psychosocial support groups for teachers living with or affected by HIV/AIDS and improved access to HIV-related prevention, care, and treatment services, especially for staff based in rural areas. The MEN works extensively with its sub-partner QUITUS, which provides advocacy to mobilize resources, fight stigma and discrimination, and offer peer support in the workplace to staff and family members while creating functional referral links to social, spiritual, and health services. QUITUS has more than 500 HIV-affected members (including teachers' families).

Activities will be coordinated with the national HIV/AIDS care and treatment program (PNPEC). The collaborative spirit of the MEN project team has produced effective work with the ministries responsible for AIDS coordination, health, and social services as well as EP-funded partners FHI, HIV/AIDS Alliance, EGPAF, ANADER, and REPMASCI, and other donors and partners. The MEN's EP-funded prevention and care project complements other education-sector projects supported by UNICEF, UNESCO, WFP, and other partners.

With FY06 palliative-care funds, the MEN:

1. Trained 40 QUITUS peer counselors/educators to provide peer support to HIV-infected and -affected teachers, staff, and students.
2. Provided comprehensive PC services to more than 500 HIV-affected people.
3. Supported the establishment with QUITUS of seven support groups.
4. Implemented an HIV-in-the-workplace program with teachers as "community change agents," with technical assistance from PSP and EGPAF.
5. Referred 500 students to health-care services and community organizations for PLWHA, with support from EP partner ACONDA.

Working mainly in the emphasis areas of development of network/linkages/referral systems and training, and on the key legislative issues of gender and stigma/discrimination, MEN activities in FY07 will provide 1,250 people with palliative-care

services and train 40 people in clinic-based PC and 150 in home-based PC.

FY07 palliative-care activities will include:
1. Providing refresher training in ARV prescription and follow-up for 20 doctors of the MEN's medical service (SSSU) in the seven pilot sites in the South and three new pilot sites in the North.
2. Training 20 doctors and 20 nurses in clinic-based PC, psychosocial counseling, and services for sero-discordant couples while linking the PLWHA to QUITIS and the AB peer educators.
3. Training 100 peer educators (from the MEN's AB program) and 50 QUITUS members in home-based PC, psychosocial counseling, and services for discordant couples.
4. Training 20 doctors of the SSSU in syndromic STI care.
5. Ensuring STI care and STI kits by the SSSU in the 10 pilot sites.
6. Providing peer support to HIV-infected and -affected teachers and staff through QUITUS while supporting the training and retention of at least 70 QUITUS peer counselors/teachers. Support for HIV-infected and -affected teachers and their families and communities will be enhanced through the MEN's complementary HIV-in-the-workplace program at all pilot sites.
7. Organizing peer educators from the MEN's AB program to serve as key facilitators linking HIV-positive students to health-care services and community organizations for PLWHA. More than 750 students are expected to be referred in FY07.
8. Supporting self-nominated QUITUS teachers who will reveal their status as part of educational and stigma-reduction outreach efforts in the media (TV, radio, and print) as well as through roundtables and conferences.
9. Promoting gender equity in the MEN HIV program by making sure that female teachers and female QUITUS members play leadership roles. The program will address barriers to care faced by women and the disproportionate HIV-care burden on women and girls by encouraging greater responsibility and participation of men.
10. Supporting the establishment through QUITUS of support groups for PLWHA throughout the country. These groups will also conduct activities to fight stigma and discrimination.
11. Strengthening a system for referrals for pregnant women (students, teachers, staff, family members) to the health system by peer educators, QUITUS, and MEN's medical staff. This activity will be complemented by efforts to prevent non-desired teenage pregnancies through ABC prevention messages and to promote health-seeking behavior by linking women to PMTCT services.
12. Strengthening linkages with HIV counseling and testing activities in the MEN's program and reinforcing the technical capacities of the MEN's health staff. CT and PMTCT referrals will be integrated in the medical sites where basic clinical PC is provided.
13. Assisting implementation of a public awareness campaign about palliative care. JHU/CCP will provide technical assistance to develop BCC materials and tools.

The MEN will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

Continued Associated Activity Information

Activity ID:	5039
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of National Education, Côte d'Ivoire
Mechanism:	Cooperative Agreement with Ministry of National Education, # U62/CCU24223
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,250	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	190	☐

Target Populations:

Adults
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	ACONDA CoAg
Prime Partner:	ACONDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10053
Planned Funds:	$ 150,000.00

Activity Narrative: This activity complements ACONDA activities in CT (#10063), Basic Health Care and Support (#10053), HIV/TB (#10338), ARV Services (#10070), and SI (#10075).

Since its creation in 2002, the Ivorian NGO of health professionals called ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA's personnel has more than a decade of experience in HIV clinical and applied research, with a sustained focus on palliative care. ACONDA defines a holistic approach to care and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (with provision of ART, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with local PLWHA and community organizations. ACONDA is also committed to improving the management of information to improve service delivery and promote sustainable quality services to reduce HIV-related morbidity and mortality in Cote d'Ivoire.

ACONDA has been successful in mobilizing resources and developing its own organization to support expanded service delivery and research activities. ACONDA has created numerous technical and financial partnerships (with the MOH, ISPED/University of Bordeaux, GIP-ESTHER, Columbia University, GlaxoSmithKline Foundation, NGO Sidaction, and the Clinton Foundation). Since 2004, ACONDA has been a sub-partner under the five-year EP cooperative agreement called Project HEART, led by the Elisabeth Glaser Paediatric AIDS Foundation (EGPAF) and the University of Bordeaux/ISPED.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 12,500 patients, including 1,375 children (11%), by March 2007. With ACONDA's contributions, Project HEART exceeded its five-year service-delivery goals in the first 18 months. This substantial growth not only led to rapid growth in ACONDA's organizational capacity for service delivery but was also accompanied by reinforced capacity in management and financial systems, with substantial assistance from U Bordeaux/ISPED. In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services. ACONDA will use FY06 funds to further strengthen its financial and management systems to ensure that it has the capacity to manage EP funds directly while maintaining strong partnerships with technical partner ISPED, EGPAF, and other collaborating partners.

ACONDA's FY07 palliative-care activities will work mainly in the emphasis areas of training and development of network/linkages/referral system, and on the key legislative issue of wraparounds.

Health clinic-centered care:
Through its holistic program, ACONDA provides palliative-care services at its 38 ART treatment sites (with 10 more to open in FY07) and at 48 community-level service points. With EP support, ACONDA has provided palliative-care services for 27,700 people. It continues to bring patients into its program for the full range of comprehensive care, treatment, and prevention services. In FY07, ACONDA will provide palliative care to approximately 49,310 patients and will train 282 physicians, paramedics, social workers, and community advisers in prevention and treatment of OIs, adherence to ARV treatment, and provision of psychosocial support.

For new patients, ACONDA ensures that HIV-positive people undergo clinical and biological assessments (CD4 count measurement) to determine clinical staging and eligibility for ART initiation. Patients who are eligible are put on ART according to national ART guidelines. They are followed up after three months and then every six months to monitor side-effects and assess adherence and efficiency of treatment (using CD4 count increase).

Symptomatic patients are cared for according to symptom type: Pain is treated with opiates or non-opiates (according to WHO guidelines); patients with fever, diarrhea, or anemia are managed using pre-defined algorithms with specific and appropriate drugs (anti-diarrhea, antipyretic, blood transfusion, and intravenous solutions). Asymptomatic patients are assessed every six months for clinical staging and ART eligibility. Based on national guidelines, all patients with a CD4 count of less than 500 (symptomatic or not, on ART or not) receive cotrimoxazole. These patients are also referred to counselors for

adherence support and for prevention-for-positives counseling sessions. Advice and help for disclosure of HIV status to their partners and family are provided by trained peer counselors, with a specific focus given to sero-discordant couples. Patients also undergo a systematic psychosocial assessment to identify barriers and obstacles to adherence and are then referred to the support groups.

Infants who are diagnosed early with HIV infection are also assessed for ART initiation and are provided with a complete package of care. ACONDA will also identify local foods that can be substituted in the diets of pediatric patients who are being weaned off breast milk, and counselors will provide information to patients on diet changes.

Nutritional support will be provided through non-USG support to patients and their families, wrapping around ACONDA's efforts to provide HIV-infected families with cooking kits and cooking classes at health centers. Classes will be geared toward improving patient health through proper nutrition for people receiving palliative care or ART. ACONDA will provide malnourished patients with targeted nutritional support. A series of trainings on this care will be given to care providers and will comply with OGAC policy.

Community-Centered Care:
CBOs, NGOs, and other institutions providing specific interventions will be identified and given grants, in conjunction with Alliance CI, to help ACONDA support patients in their communities. These sub-grantees will make home visits to provide palliative care, psychological support, adherence support, nutritional counseling, mosquito bed nets, and even some micro financial support through income-generating activities. These sub-partner organizations will also help develop community mobilization activities, work to reduce HIV-related stigma and discrimination, and will network with health-center teams to provide linkages among clinical HIV care, community support, and wraparound services.

ACONDA will work to strengthen its monitoring and evaluation system and to support an integrated national M&E system. It will adhere to national palliative-care standards and contribute to the national dialogue on policy issues, drug lists, and a minimum package of palliative-care services as part of the palliative-care and other technical consultative forums. ACONDA.will also remain an active member of the national commodities coordination committee for HIV-related commodities.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	48	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	49,310	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	282	☐

Target Populations:

Adults
Community-based organizations
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Health social workers
Children and youth (non-OVC)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Twinning Center-American Health Alliance APCA TWINNING Project
Prime Partner:	American International Health Alliance Twinning Center
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10054
Planned Funds:	$ 250,000.00

Activity Narrative: The AIHA Twinning Center's new palliative-care project, awarded EP funding in September 2006, is designed to twin the technical expertise and experience of the African Palliative Care Association (APCA) and other palliative-care organizations with the local infrastructure of an Ivorian sub-grantee to strengthen HIV/AIDS palliative-care services in Cote d'Ivoire. The project proposes to facilitate quality-assured scale-up of palliative care services through a needs assessment, development of a national strategic plan, implementation of evidence-based standards of palliative care, and capacity-building for Ivorian partners.

The partnership will consist of a CI entity (to be designated by the USG team and Ivorian stakeholders) and the APCA, with support from the international NGO Douleurs Sans Frontieres (DSF) and the Hospice and Palliative Care Association of South Africa (HPCA). The Twinning Center will provide a sub-grant, administrative support, and supervision for the partnership and will draw on either ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) of France and ICAD (Interagency Coalition on AIDS and Development) of Canada for technical assistance in French.

The partnership will bring Cote d'Ivoire into APCA's network of African palliative care associations, which now includes many southern and eastern African countries. Established in 2004, APCA aims to contribute to the African response to the HIV/AIDS epidemic by facilitating the scaling-up of local and national palliative care associations and programs through a culturally appropriate public health approach that strives to balance quality with coverage. Through technical assistance to NGO/CBO/FBOs and advocacy for national policies, plans, training curricula, and budget lines building palliative-care capacity, the APCA aims to:
. Promote the availability of palliative care for all in need, including orphans and vulnerable children
. Encourage governments across Africa to support affordable and appropriate palliative care, which is to be incorporated into the whole spectrum of health-care services
. Promote the availability of palliative care drugs for all in need
. Encourage the establishment of national palliative care associations in all African countries
. Promote palliative care training programs suitable for African countries
. Develop and promote quality standards in palliative care training and service provision for different levels of health professionals and care providers

With FY07 funds, in accordance with USG and national strategic plans and in consultation with the USG team and national authorities, the partnership will pursue the following activities:
. Needs assessment to identify the relevant stakeholders and the status of palliative care in CI
. Stakeholders meeting and consensus-building workshop
. Development of a national strategic plan, which will include:
- Establishing and implementing training of trainers program in palliative care to scale up palliative care in CI
- Facilitating a country-specific advocacy workshop with the aim of promoting integration of palliative care into HIV and AIDS programs and advocating for the availability of appropriate palliative care drugs
. Adaptation and implementation of evidence-based standards of care already developed by APCA for use in other African countries
. Adaptation of APCA's palliative care outcome scale for use in CI public and private settings
. Building capacity to and advocating for the integration of palliative-care training in pre-service and postgraduate training programs
. Provision of mentorship and capacity-building support to increase the sustainability of the project

FY07 activities will working mainly in the emphasis areas of policy and guidelines, local organizational capacity development, and needs assessment, and on the key legislative issue of twinning.

The partnership will work with the Ministry for the Fight Against AIDS, the Ministry of Health, other relevant ministries, EP partners, and stakeholders to enhance links with

related health and social services and to promote coordination at all levels through district, regional, and national HIV and other coordination forums.

The partnership will implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders. Partnership activities will strive to mobilize and build capacity among local NGO/CBO/FBOs to achieve local ownership and sustainability.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
National Health program and staff
Local government bodies
Health social workers
Project staff
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Twinning

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Vallée du Bandama

Worodougou

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PSI CI Uniformed services VCT Promotion
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10055
Planned Funds:	$ 100,000.00

Activity Narrative: This activity (#10307) relates to activities in AB (#10307), Condoms and Other Prevention (#10049), and CT (#10064).

The EP continues to target populations most at risk of HIV acquisition and transmission in order to affect HIV transmission dynamics and provide care to those in greatest need. In Cote d'Ivoire, with the prolonged political and military crisis, the EP team has targeted uniformed services and their sexual partners for special attention. Since September 2002, there has been active mobilization and deployment of various uniformed services (national army, gendarmes, and police) as well as rebel forces and the potential emergence of militia forces. Increased mobility with separation from spouses, economic disparities with the surrounding population, and crisis-related shifts in perceptions (e.g. gender and violence norms, less concern about the long term, etc.) are likely to contribute to heightened sexual risk behaviors among these populations. Access to information, counseling and HIV testing, and health care is limited in general, but particularly so for uniformed services on active deployment. In addition, children have been victims of the conflict. A national disarmament, demobilization, and reinsertion program has been planned for both child and adult soldiers and rebel forces.

In September 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) applied successfully to implement an EP project to expand HIV prevention, counseling and HIV testing, and care interventions targeting the uniformed services, ex-combatants, and their partners in Cote d'Ivoire.
In the program area of palliative care, the project aims to provide comprehensive care, including health care, psychosocial and spiritual support, and appropriate referrals to people living with HIV/AIDS (PLWHA). Linkages with HIV prevention, CT, and treatment services will be emphasized. Activities are informed by the new national palliative-care policy and guidelines and the 2006-2010 National HIV/AIDS Strategic Plan and Palliative Care Strategic Plan.
FY06-funded project activities include needs assessments and selection of intervention sites: 40 military camps for adult solders (20 in the North, under New Armed Forces control, and 20 in the South, under the National Armed and Security Forces) and 15 transit and orientation centers (CTO) for child soldiers. In October 2006, resource trainers from RIP+ (network of PLWHA) will begin training trainers in psychosocial support based on peer counseling among members of Espoir FANCI, an NGO of military members living with HIV. This will be followed at each site by a series of training programs for counselors selected from among solders living with HIV or newly identified as HIV-positive by the PSI project's CT component.
These counselors and peer educators (four per site) will work with the project's mobile CT units, organize and supervise support groups, speak about their own HIV status, and ensure home visits to assist PLWHA and their families, whom they will encourage to get tested.
Espoir FANCI will provide psychosocial support to people who test HIV-positive on southern project sites. Since Espoir FANCI does not have access to northern sites, two local northern NGOs of PLWHA will be identified to provide palliative care in the New Armed Forces zone. Site counselors will deliver support to PLWHA through home and workplace visits, encourage treatment literacy and observance, organize support groups with military authorities, conduct sensitization to reduce stigma and discrimination, and strengthen networking with other PLWHA organizations.
In addition to psychosocial support, the project will provide PLWHA with "positive-living" kits containing insecticide-treated nets, a safe-water system, oral rehydration salt, condoms, cotrimoxazole, and a positive-living guide. Counselors will promote prevention for PLWHA through use of the kit, e.g. teaching correct and consistent use of condoms. For each kit distributed, the project expects to provide social support for at least three people (the PLWHA, a partner, and a child).

Project activities complement and build on other EP-funded efforts, including Ministry of Health and FHI development of palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care, as well as prevention, care, and treatment activities by other ministries (AIDS, Education, Social Affairs), ANADER (in rural areas), CARE International (in underserved northern and western areas), HIV/AIDS Alliance, and EGPAF. Activities are coordinated with the Ministry of Defense.
With FY07 funds, PSI will continue its FY05 and FY06 activities at the 40 adult sites and 15 CTOs and will expand them to 10 new sites to be selected in collaboration with military

authorities. PSI will also explore expanding palliative-care operations to other armed and security forces (police, customs, and forest rangers).
Ten palliative-care trainers will be trained in FY07, and they in turn will train 60 PLWHA soldiers in provision of palliative care (one additional for the 40 FY06 sites and two for each of 10 new project sites).
ESPOIR FANCI and the two local NGOs will train site counselors to refer PLWHA to appropriate health and other services and to update the mapping of palliative-care units, treatment centers and OVC-management units for referral purposes.
Working mainly in the emphasis areas of development of network/linkages/referral systems and training, and on the key legislative issue of stigma/discrimination, FY07-funded activities will support 50 palliative-care service outlets, train 60 people to provide PC services, and provide palliative-care services to 5,045 PLWHA.
The project will promote sustainability through training of service providers and military trainers, who will continue their activities after project funding ends, and by helping the Ministry of Defense to involve, strengthen, and reproduce local and regional focal points for the fight against HIV/AIDS. The project will monitor execution of the Ministry of Defense's consolidated HIV plan as well as the sustainability plan developed in 2006.
PSI will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

Continued Associated Activity Information

Activity ID:	5036
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Rapid expansion uniformed services
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,045	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	☐

Target Populations:

Adults
HIV/AIDS-affected families
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Other

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CoAg FHI/ITM (HVP) #U62/CCU324473
Prime Partner:	Family Health International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10056
Planned Funds:	$ 300,000.00

Activity Narrative: This activity complements FHI activities in Condoms and Other Prevention (#10050), OVC (#10060), CT (#10065), and Other/Policy & Systems (#10078).

Through the Highly Vulnerable Populations project (PAPO-HV), FHI and its partners have supported the strengthening and expansion of primary health services targeting sex workers and their partners in 2006 in 3 initial sites: Abidjan/Yopougon, operated by the NGO Côte d'Ivoire Prospérité (CIP); Abidjan/Biétry, operated by the NGO Espace Confiance; and San Pedro, operated by the NGO APROSAM. In 2006 FHI also supported the extension of primary health services in two new sites: Gagnoa (NGO CIP) and Yamoussoukro (NGO ASAPSU).

With COP07 funds, FHI will build on its ongoing programs by offering technical and financial support with subgrants to its project partners. FHI will continue to focus on strengthening local capacity to develop and manage primary health care programs for highly vulnerable populations. This technical assistance will include the strengthening of new service providers and the review of progress made by existing partners.

PAPO-HV will continue to receive co-funding from the Belgian Development Cooperation (BC) during 2007. This funding will support the procurement and distribution of primary health care drugs, including drugs for STI treatment (costing over USD $55,000); plus part of the salary of the technical advisor.

PAPO-HV will collaborate with other Emergency Plan partners such as Alliance CI to strengthen and assist NGOs in managing the mobile units for counseling and testing and primary health care delivery. PAPO-HV will also collaborate with EGPAF to train health care provides in ART at several service delivery sites. At regional level, PAPO-HV will collaborate with the regional AWARE-HIV project to improve regional coordination by integrating the "Clinique de Confiance" as a regional training center for prevention and care activities targeting sex workers.

Specifically, in FY07 FHI will:

1. Continue technical support to the four existing NGOs, who implement palliative care activities in five service sites. The care and support activities for people living with HIV/AIDS (PLWHA) include: screening and treatment for Sexually Transmitted Infections (STI), primary health care, prevention and treatment of opportunistic infections. In addition, FHI will continue to support HIV psycho-social support groups which were established in all sites to provide psychological and moral support, and adherence counseling.
2. Provide technical assistance in the implementation of the minimum package of palliative care for Highly Vulnerable People, in line with the technical support FHI is providing to the Ministry of Public Health/National Program for Care and Treatment (PNPEC) regarding palliative care. This package will be integrated in the existing minimum package of prevention and care for sex workers, which includes: behaviour change communication (BCC), counselling and testing, STI screening and treatment, primary health care, prevention and treatment of opportunistic infections, and access to antiretroviral therapy (ART).
3. Support the extension of services by introducing palliative care into the package of services offered to outpatients, including symptomatic pain relief, evaluation of social, psychological and spiritual needs of the patients, and the elaboration of a reference system based on a family-centered approach. Moreover, this extension of palliative care services will necessitate providing training for health care providers at the newly selected sites where the USG will be scaling up the IRIS-SP model, which was piloted in FY 06.
4. In collaboration with Alliance CI, FHI will provide technical assistance for the integration of mobile primary health care services in the package of care to CSW who are difficult to reach in Abidjan (NGO Espace Confiance) and in San Pedro (ONG APROSAM).
5. Continue to support two sites selected in FY 06 for the implementation of primary health care services for sex workers, according to pre-established criteria and in collaboration with the Ministry of AIDS, the Ministry of Public Health/National Program for Care and Treatment (PNPEC) and other partners.
6. Continue support to health care providers offering primary health care services to HIV infected HVP, including treatment of opportunistic infections and STI in all existing sites;
7. Continue supporting psychological and social support for HIV infected HVP in all existing

service centers sites;
8. Continue to strengthen the operational management of NGOs and existing associations through the strengthening of administrative and financial management, budgeting, leadership, Monitoring and Evaluation and mobilization of the resources. More specifically, FHI will continue to support the elaboration of a Quality Assurance System (QAS) which started in 2006, in collaboration with other partners (National Program for Care and Treatment, PSI, JHPIEGO and RETRO-CI), in order to better evaluate the quality of health care services. The QAS will be part of the current program management system. In 2007 FHI will train health staff and focal points Monitoring and Evaluation in the two new sites in the use of these QAS tools before providing these tools to them. Quality evaluation activities will be performed periodically in the five sites already existing according to national guidelines in order to improve quality of services.
9. Continue the support (started in 2006) to Espace Confiance, in collaboration with JHPIEGO, EGPAF, RETRO-CI and the regional AWARE project, to create a national and regional training center for health care providers working in settings dedicated to the prevention and care of STI/HIV among sex workers. More specifically, in 2007, promotion activities of the Clinique de Confiance will take place; national and regional key players and program managers will be approached to conduct a needs assessment and to draw participants' lists; finally Espace Confiance will train these participants according to a pre-established training plan;
10. Increase coordination among NGOs and associations by strengthening efforts and providing technical assistance to national government's working groups, particularly the Sex Work and HIV/AIDS working group within the Ministry of the fight against AIDS.
11. Conduct a baseline assessment of STIs among sex workers visiting new service sites in FY07;
12. Address stigma and sexual violence by providing HVP friendly services, staff with non judgmental attitudes and by conducting BCC activities with other HVP (partners, clients, bar owners).
13. Support revision, after evaluation, of an extension plan of the project PAPO-HV. This plan was elaborated in 2006, in collaboration with all key partners, and includes geographical extension to zones under control of the New Forces as well as extension of the target population to occasional sex workers. A revised plan will allow reorienting interventions, including primary health services for HIV infected people, and expanding them in the whole country;
14. Support annual evaluation of a plan for sustainability or project activities. PAPO-HV is guided since 2006 by a comprehensive sustainability strategy aiming at reaching the goals of the project while preparing the local partners to assume organisational and technical management gradually, over the life of the project. The annual evaluation of that plan (by all key partners) will contribute to measuring progress made and revision of the plan periodically, eventually aiming at continuing interventions at the end of the CDC/Belgian cooperation funding period.
15. Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.

Continued Associated Activity Information

Activity ID:	5038
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Family Health International
Mechanism:	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	☐

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Doctors
Nurses
Pharmacists
Most at risk populations
Men who have sex with men
Partners/clients of CSW
Transgender individuals
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10189
Planned Funds:	$ 1,100,000.00

Activity Narrative: Since May 2005, the Emergency Plan/Cote d'Ivoire program has rapidly scaled up care and treatment across the country. Roughly 34,200 patients will receive treatment from one of the 72 PEPFAR-supported treatment sites by March 2007. Palliative care coverage has expanded from 7,228 to 52,757 patients (as of June 2006). As the program expands, it is critical that accurate and frequent commodities forecasts are done and real-time stock management at facility and central levels takes place.

In FY06, SCMS transitioned into the primary procuring agent for the EP-funded commodities and principle TA provider for commodity forecasting and management in Cote d'Ivoire. EP service delivery partners, including the APHL and CDC direct interventions, have either discontinued or limited their commodities purchases to emergency orders to fill unforeseen small gaps. SCMS procured ARVs, laboratory reagents and supplies, OI drugs and standardized packages for palliative care and OVC support, and equipment for EP existing and scale-up sites. Following an MOH directive to coordinate procurement to maximize efficiency and numbers of patients treated, EP and GF are following a cooperative procurement and management strategy for essential HIV-related commodities with the national authorities and the GF Principle Recipient, UNDP. The Government of Cote d'Ivoire also purchases small amounts of commodities with its own funds for this national "virtual pipeline".

This approach is monitored through an evolving joint implementation plan and a joint procurement plan including all commodities for MOH-accredited treatment and service delivery sites in the country. Due to recurring difficulties by the GF to deliver critical products to the National Program on time, SCMS and other EP partners have also procured these products through several emergency orders throughout the year. The interdependent nature of the program placed all EP-supported patients and sites at risk of stocking-out. The emergency orders also threatened the clinical monitoring of treatment, while it also diverted program funds from other essential activities.

During 2006, SCMS procured OI drugs and HIV-related commodities to support the expansion of programs from providing palliative care to 7228 patients, to over 52757 patients (in june 2006). The SCMS project also procured and delivered a basic package of support materials to 2465 OVCs as part of an integrated care and support program for vulnerable children. SCMS technical assistance also enhanced the institutional capacity of PSP-CI, health districts and target service facilities to ensure adequate management of HIV/AIDS products and other health commodities.

SCMS also strengthened the PSP commodities management unit to better forecast and manage commodities for all services sites in the National Program. More Specifically, in collaboration with the MOH and other partners, SCMS:
1. Disseminated commodity management tools (computerized and paper-based) and standard operating procedures (SOPs) for district and facility levels.
2. Provided ongoing supervision and quality control at all sites.
3. Strengthened capacity of the PSP to supervise commodity management at peripheral sites and to monitor use of OI drugs, including needs forecasting and procurement management.
4. Trained and supervised pharmacists and stock managers in commodity management at peripheral treatment sites, VCT centers and MTCT facilities.
5. Provided TA to GF and recipients in effective commodities management and facilitated regular coordination of joint procurement planning and tracking by the PSP.

FY07 funds will continue strong technical and management support to the PSP leadership and coordination role in the National HIV/AIDS Program. SCMS will ensure that all new scale-up sites are fully functional and technically supported in commodities tracking software, and that all sites are able to provide accurate monthly commodity reports. This will become routine by the end of FY07 activities. To improve decision making, SCMS will develop or adapt and roll out additional management tools for forecasting, procurement and management at the facility, district and national level. SCMS will continue to provide TA to the GF and sub-recipients as key partners in the National Program and seek continual improvements in data and decision quality and coordination.

Specifically, SCMS will use FY07 funds to:
Ensure all existing treatment sites, including those primarily supported by the EP and those

supported by the GF, are able to generate regular, accurate OI and palliative care related commodity reports using improved management tools. SCMS will also ensure that all new sites are rapidly equipped, trained and supported to use these commodity management tools and produce regular reports. This will also make SCMS's collaboration with the MOH and GF in maintaining updated joint national commodities procurement and management plans for OI drugs and other palliative care commodities. SCMS will also procure OI drugs and other basic palliative care commodities for 34200 patients at 326 EP-supported sites. Specific needs projections and menu of OI drugs and materials for basic care will be negotiated with the MOH, GF and other partners in support of the overall target of 42640 OI patients, as well as 34200 infected individuals receiving a basic package of palliative care and basic support materials for 2465 OVCs by March 2008.

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	EGPAF Rapid Expansion (country supp)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10336
Planned Funds:	$ 250,000.00

Activity Narrative: This activity complements EGPAF's activities in ARV Services (#9721, #10068), Basic Health Care (#10336), HIV/TB (#10057), CT (#10062), SI (#10074), and Other/Policy & Systems (#10337).

Since 2005, the EP has funded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist the Ministry of Health (MOH) to support and expand quality care and treatment services in Cote d'Ivoire while building on and complementing other activities funded by EP, Global Fund, UNICEF and others. The EP has supported EGPAF's Project HEART to develop a holistic, family-centered approach to HIV prevention, care, and treatment within the health sector.

In September 2006, with support from EP partners including FHI, EGPAF, and ACONDA, the MOH developed a national palliative-care policy along with a list of essential OI drugs adapted to different health-care and community settings. EP partners have been encouraged to provide a preventive and care package of services to all HIV-infected individuals. Project HEART has advocated and worked for a consensus on a standardized package of care that it can make available at all of the sites it supports and that is affordable and consistent with national policies. EGPAF will provide free cotrimoxazole with FY06 funds, and the national program has access to fluconazole thanks to Pfizer's national donation program. Other products, including bednets and condoms, will be provided with support from the Partnership (SCMS) as part of a prevention and treatment package.

International and local studies provide evidence that the key opportunistic infections that contribute to preventable mortality among HIV-infected persons are TB, bacteremia, and cerebral toxoplasmosis. Of note, the high cost of certain FDA-approved drugs used to treat severe OIs, coupled with constraints on EP funds and the costs borne by the client in the absence of national subsidies, limit Project HEART's capacity to provide comprehensive OI treatment services to PLWHA, including HIV-positive, non-ART-eligible individuals.

To date, EGPAF has provided medical and supportive services to 26,858 patients, 12,451 HIV-positive pregnant women, and 3,740 TB/HIV co-infected patients, yielding a total of 33,700 HIV-positive persons receiving palliative care. However, there may be underreporting of services for PLWHA not yet eligible for ARV. Links to community services supported by other EP partners (Alliance, CARE, etc.) has also allowed improved continuum-of-care services and some household outreach. Key wraparound services, including nutritional support, have been possible thanks to a collaboration with WFP.

With FY07 funds, EGPAF plans to provide comprehensive palliative care, including medical, nutritional, and psychosocial support, to 45,000 HIV–positive individuals visiting HIV-care sites, 13,000 at PMTCT sites, and 7,000 at HIV/TB sites, for a total of 65,000 individuals. This is a significant number of patients, given that EGPAF will no longer work through ACONDA, a sub-partner that gave EGPAF significant reach but that will graduate to be a prime partner in FY07. In FY07, EGPAF and ACONDA will coordinate to split up their jointly run sites and will coordinate to scale up in different geographic locations. EGPAF expects that it will reach patients through at least 75 HIV-care sites with FY07 funds. EGPAF will continue to implement its program through the following implementing partners: HOPE Cote d'Ivoire, Saint Camille, Renaissance Sante Bouaké, Centre Wale, El Rapha, Centre SAS, Espace Confiance, SOGB, SAPH, NDA, Ayame Catholic Hospital, Ouangolo Catholic Hospital, and CIRBA. Several more national partners will join the project in late 2006. EGPAF will provide technical support and assistance to all its implementing partners. It will give special attention to strengthening the ability of the partners in management of supplies, commodities orders, and data; monitoring and evaluation; and use of modern technology to improve program management.

EGPAF's work complements the efforts of the Alliance CI, CARE, and FHI, which have ongoing community capacity-building and empowerment activities in the same implementation areas. Alliance CI and EGPAF will have particularly strong linkages between their programs, as Alliance-funded home-based care projects will be linking up with EGPAF clinical sites to provide support in their homes to patients with advanced illness. EGPAF will also continue to work closely with the national HIV, TB, and reproductive health programs, as well as other EP partners (CARE, PSI, ACONDA, and ANADER). These partners have referral systems that usher patients into EGPAF's comprehensive care program.

The specific basic-care package that EGPAF's implementing partners will provide includes free OI prophylaxis with cotrimoxazole, fluconazole (prevention and treatment as per Pfizer donation program), iron supplementation for anemia, Vitamin C, Vitamin A (for children), micronutrients, condoms, oral rehydration salts, safe-water products, and impregnated bednets. At heavily subsidized prices, EGPAF partners will also provide care for intercurrent infections such as malaria, toxoplasmosis, and septicemias. Food supplementation and targeted nutritional support will be provided to malnourished patients, and entire families will receive nutritional support with technical support from PATH and Helen Keller International and food commodities from WFP.

EGPAF will also support activities at the national level in FY07. EGPAF will assist with the development and dissemination of palliative-care guidelines, job aids, brochures, and a training curriculum (in partnership with FHI and Alliance CI). EGPAF will provide training for 300 care providers (physicians, nurses, social workers, and community caregivers) on a complete palliative-care package. EGPAF and its partners will also strengthen the palliative-care network and referral system at all supported ART and PMTCT sites. EGPAF will document the impact of these palliative-care services by tracking patient morbidity/mortality as well as adherence to care and treatment. This information will inform the national policy as part of the program evaluation, with TA from JSI/Boston.

As procurement is planned to be done through SCMS, EGPAF will work closely with this service provider to forecast and develop a procurement plan that will ensure uninterrupted supplies of palliative-related commodities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	75	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	65,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Factory workers
Faith-based organizations
Doctors
Nurses
Pharmacists
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: FANTA
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12207
Planned Funds: $ 100,000.00
Activity Narrative: Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been less than systematic in many EP-supported programs. Plus-up funds are requested to develop and implement strategies for improving the quality and targeted provision of nutrition support to selected patients receiving ART and palliative care as well as to OVC, pregnant women, and infants of sero-positive mothers.

Strategies will include, as appropriate, infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services; nutritional assessment, counseling, and support as an integrated part of clinical care and treatment of PLWHA, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished patients; linkages to food aid and to social services that can assist in the assessment and support of household food security; training for health workers and OVC caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care. Funded activities will include detailed evaluations and nutritional assessments to define and develop appropriate protocols for PLWHA receiving palliative-care services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Target Populations:

Community leaders
Orphans and vulnerable children
Program managers
Caregivers (of OVC and PLWHAs)
Public health care workers
Other Health Care Workers

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.07: Program Planning Overview

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

Total Planned Funding for Program Area: $ 4,195,000.00

Program Area Context:

Background

Despite considerable efforts by the national TB program (PNLT), TB remains a serious public health threat in Cote d'Ivoire. Disruption of health services in the North and West of the country since 2002 has created concerns about increased multi-drug resistance to TB medications. In 2005, 12,444 TB smear positive cases were diagnosed out of an annual case load of ~20,000 TB patients.

Results of provider-initiated HIV testing showed 38% of TB patients tested were co-infected with HIV, with higher rates in Abidjan. TB remains the leading cause of mortality among HIV patients. Clinical trials in CI and elsewhere have shown that cotrimoxazole prophylaxis to TB/HIV co-infected patients reduces morbidity and mortality. National guidelines recommend that ARVs be made available for eligible HIV/TB co-infected patients by providers trained to manage both infections. INH prophylaxis is not currently part of the national policy in CI.

Despite setbacks due to the political-military crisis, with TB sites initially closed in the North and West, the TB program is continuing to decentralize services and has reopened three major diagnosis and treatment sites in the North and West with support from international NGOs. In July 2006, 80 sites had the capacity to diagnose and treat TB with DOTS.

FY06 Response

With EP support, the TB program piloted routine counseling and testing (CT) in place of opt-in approaches, with improved uptake, as well as expanded use of cotrimoxazole prophylaxis at nine specialized centers (two in Abidjan, seven in the interior). The program also developed training and monitoring tools on the management of HIV-TB co-infection. In coordination with the national HIV program, EP-funded ART was provided to five sites, with links to HIV treatment sites following completion of TB treatment.

EP partner Alliance Cote d'Ivoire provided technical assistance and funding to CBO/FBOs linked to each major TB center to support DOTS with community and home outreach. This has improved CT uptake and treatment adherence and completion, in addition to supporting families to access HIV and TB diagnosis and care.

With FY06 EP funds complementing those from the Global Fund TB project, the national HIV care and TB programs have been able to implement routine CT at TB sites and provide onsite HIV treatment at existing TB sites. The EP is supporting programs at all nine national TB specialist centers. This builds on EP FY05-funded activities with routine free "opt-out" HIV testing integrated at 24 large TB centers, resulting in 4,079 TB patients being tested for HIV and identification of 1,551 TB patients with HIV. EP-supported sites are on track to provide HIV tests and results to at least 5,000 TB patients with FY06 funds. EP partners are also expanding TB screening at all HIV-care clinics. Wraparound linkages were created between EP and WFP to provide nutritional assistance to HIV-TB co-infected patients.

Substantial training, supervision, monitoring and evaluation, and laboratory and commodities management systems strengthening activities are underway in collaboration with EP partners (EGPAF and the Supply Chain Management Project), CDC, WHO, and the Global Drug Facility.
Implementing partners worked with the MOH to integrate HIV indicators within the national health system, at the specialized TB centers, and at the integrated peripheral sites. EP support also strengthened laboratory infrastructure and provided laboratory services and quality assurance. Job aids and training tools for counselors and other professionals were adapted.

The PNLT has been effective in engaging increased district and regional health team involvement in the

planning, coordination, and monitoring of decentralized services. While the UNDP is the principal beneficiary of the Global Fund TB project, strong programmatic leadership from the PNLT has assured programmatic success, with realization of all expected results through 2006 and approval of the second phase of the project.

FY07 Priorities

During FY07, the EP will build on previous activities and continue to prioritize HIV-TB integration and increased service coverage. Of ~26,500 TB patients, 60% will receive routine CT services, while of 33,000 HIV-infected clients attending HIV service sites, at least 50% will receive routine screening for TB disease at "HIV" points of entry (i.e. CT, PMTCT, etc). Integration of routine CT and comprehensive care and treatment for both HIV and TB is planned for at least 86 TB diagnostic and care service sites (94% of the 91 national sites). EP-supported sites will use adapted WHO screening tools and data recorded in the facility reporting systems.

As part of a family-centered approach, children will be the focus of intensified case detection and household follow-up. Care for TB/HIV co-infected persons and their families will be linked with other prevention and palliative-care services. A range of individually focused health education and support, referrals, community interventions, and advocacy will be integrated.

Implementing partners will provide technical assistance to incorporate relevant approaches into national policies and guidelines. Project HEART will support the PNLT in conducting an initial pilot and will consider adoption of a national policy for INH prophylaxis. The EP will also support expanded TB diagnostic capabilities for mycobacterial culture and drug susceptibility testing. Substantial efforts will be made to prevent and manage drug-resistant TB among HIV-infected TB patients, including support for an application to the Green Light Committee.

The EP will also work with WHO and the PNLT to adapt the national TB surveillance system to include HIV and improve systems to capture TB screening data at HIV entry points.

To improve quality of care, EP partners will work with the national program to document experiences at pilot sites to inform program expansion and improvement. Of particular interest are approaches to: improve decentralized management and supervision, detect and link HIV- and/or TB-infected children to care, improve TB detection at peripheral health facilities, and improve adherence and TB treatment completion rates.

Coordination and Sustainability

Long-term technical assistance from USG/CDC, IUATLD, WHO, EP partners, and other experts is coordinated with the PNLT to promote a synergistic approach. To assure cooperative support, EP partners are identifiable by their comparative advantages: service delivery (EGPAF, ACONDA), community support (Alliance, CARE), monitoring and evaluation (JSI), laboratory (APHL/RETRO-CI), commodities management (SCMS), human capacity (Abt Associates), and training and performance standards (JHPIEGO/CCP).

CI was awarded Round 3 funding for four aspects of TB control by the Global Fund to Fight AIDS, TB and Malaria. Other major donors supporting TB/HIV activities in CI include the Global Drug Facility, providing a three-year stock of adult TB drugs; WHO, assuring in-service training and supervision and providing limited financial support; IUATLD, evaluating the TB program; and Belgian Project FORESA, facilitating TB diagnostics in rural health facilities.

EP efforts in TB/HIV aim to strengthen the national HIV and TB programs to carry out collaborative activities. EP inputs serve to catalyze interactions between the two programs and among other key technical agencies. While government commitment for TB/HIV collaborative activities is high, the political crisis has limited its ability to maintain pre-conflict resource levels for the TB program. As stability returns, the CI government is expected to rebuild its capacity to sustain TB/HIV activities. Expanded allocation of government resources and efforts to document and contain TB drug resistance are critical to long-term sustainability of a quality TB-control program.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	105
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,646
Number of HIV-infected clients given TB preventive therapy	0
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	402

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner: Alliance Nationale Contre le SIDA
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9936
Planned Funds: $ 380,000.00
Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), OVC (#9939), CT (#9940), Basic Health Care and Support (#9935), PMTCT (#9928), ARV Services (#10071), and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs, will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

In FY 07, ANS-CI will continue building off of the success of FY06 activities. ANS-CI will reinforce and expand CBO/FBO capacity to manage sub-grants dedicated to improving the continuum of care for HIV-TB co-infected persons and their families through comprehensive community-based palliative-care services.

In coordination with the national HIV and TB programs of the Ministry of Health and EP partners EGPAF and ACONDA, the ANS-CI will continue supporting nine sub-grantees in Abidjan, San Pedro, Daloa, Gagnoa, Abengourou, Bouaké and Adzope based on a performance evaluation. At least two additional TB/HIV sub grants will be awarded in consultation with the National TB Program.

These continued sub-grants awarded will focus on improving community support for persons living with HIV and TB and their families, reducing TB- and HIV-related stigma, promoting treatment literacy and adherence, promoting HIV testing for TB clients and their family members and linking clients to comprehensive HIV/TB services in collaboration with the MOH and EP partners ACONDA and EGPAF. ANS-CI will provide training and ongoing support in program planning, management, and monitoring and evaluation to at least 65 persons. ANS-CI expects to reach around 9,100 persons infected with TB, 4,500 persons infected with HIV and TB and their families in 2007.

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

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

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

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	33	☐
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	65	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	EGPAF Rapid Expansion (country supp)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10057
Planned Funds:	$ 1,950,000.00

Activity Narrative: This activity complements EGPAF's activities in ARV Services (#9721, #10068), Basic Health Care (#10336), CT (#10062), SI (#10074), and Other/Policy & Systems (#10337).

With EP support, Project HEART has rapidly established an innovative family-centered approach to provide comprehensive, decentralized HIV prevention, care, and treatment services in Côte d'Ivoire. Integration of TB and HIV services is an overarching goal for Project HEART and the whole EP program. Achieving integration is proposed through provision of routine HIV counseling and testing (CT) services at TB diagnostic sites, provision of TB and HIV care for co-infected patients at TB treatment sites, and TB screening and referral at all HIV service sites.

To date, EGPAF has assisted the Ministry of Health (MOH) to provide routine free HIV testing (moving from an "opt-in" to a routine CT approach at the same sites) in four specialized TB centers in and outside Abidjan, with a case load of more than 10,000 patients out of the annual case load of 18,000 smear-positive TB patients. These activities resulted in improved HIV testing uptake among TB patients and the identification of HIV-infected TB clients in need of joint HIV and TB care. EGPAF is working to strengthen HIV/TB health services with integration of the management of HIV and TB care for co-infected patients. Activities include increasing clinical capacity to provide routine provider-initiated CT services, implementing a functional referral system (linking clinics providing HIV and/or TB diagnosis with those providing HIV and TB care and treatment services), enhancing community-level support to promote adherence and successful treatment outcomes, and care for families of HIV- and TB–affected persons through screening for TB and HIV in the household. EP funds are used to train health-care providers, provide HIV test kits and supplies, perform minor facilities renovation if needed, and provide ARVs through a coordinated procurement process at the national level. In addition, hiring of short-term medical consultants (3-6 months) has helped fill critical human-resource gaps.

With FY06 funds, EGPAF is on track to launch an aggressive expansion effort coupled with improved quality of services to improve detection of, and care for, TB/HIV co-infected patients. Early results include a doubling in the rate of client diagnosis at the main TB center in Adjame over a six-month period. By end June 2006, with EGPAF support, five specialized TB centers and 15 secondary TB diagnosis and treatment centers (DTC) had integrated routine CT, and 3,740 TB/HIV co-infected patients had been diagnosed and had initiated HAART. The increase in patient testing uptake coupled with ongoing expansion of integrated CT services at an additional 33 TB DTC should allow Project HEART to achieve the goal of 5,000 TB patients receiving HIV care by March 2007. However, significant challenges must be overcome, including a lack of trained human resources, resistance from TB/HIV care providers to adopting routine CT with same-day results, inadequate promotion of HIV testing among TB patients, unreliable commodities supplies, and inadequate referral systems for ongoing HIV care and community support.

In support of the national priorities of the TB and HIV programs and in collaboration with the EP and other partners, EGPAF will use FY07 funds to:
- Expand routine CT services as part of all TB service sites.
- Improve TB/HIV diagnosis (including children) as part of a family-centered approach, with household follow-up for HIV/TB co-infected clients.
- Expand HIV treatment services at TB sites with links to ongoing HIV-care centers.
- Improve TB screening, diagnosis, and treatment in HIV-infected patients at "HIV" points of entry (CT, PMTCT, etc).
- Improve the quality of care for TB/HIV co-infected patients and their families.
- Explore the use of preventive INH as part of the national TB program.

Through close collaboration with the national programs, the decentralized district health teams, and specialized regional TB and HIV centers, EGPAF plans to realize these COP07 objectives through:
- Integration of routine provider-initiated CT coupled with comprehensive care and treatment for both HIV and TB in at least 57 (60%) of the 94 projected national TB DTC sites, with links to ongoing HIV-care sites. At least 7,000 HIV-positive people will receive CT with receipt of results and receive joint HIV and TB care. Training in CT and management of HIV/TB co-infection, as well as related training in planning, supervision, and commodities and data management, will be provided for 120 people. Minor renovation

and medical equipment will be made available to about 10 TB treatment centers currently closed due to the crisis.
- Linkages with outreach activities by other EP partners (CBOs/FBOs) targeting family members of TB clients to improve care for HIV/TB co-infected persons and their families; reduce TB- and HIV-related stigma; promote CT, treatment literacy, and adherence; and link clients to comprehensive HIV/TB services.
- Integration of standardized clinical TB screening in at least 80% of the EGPAF-supported PMTCT and CT facilities and all 72 HIV treatment sites. TB detection will be integrated in training materials, and at least 250 people will be trained in their use and receive job aids.
- Strong joint planning and coordination to increase system-strengthening efforts in M&E (JSI); laboratory (APHL/RETRO-CI); commodities management (SCMS); and human capacity, training, and performance standards (Abt Associates/JHPIEGO/CCP). Ongoing technical assistance will be sought from the USG, WHO, and other experts. Availability of TB commodities will be assured by the national TB program with support from the Global Fund Drug Facility. Human-resources support (on a contractual basis) is anticipated for some underserved zones in light of critical HR gaps.
- Completion of a pilot evaluation of secondary INH prophylaxis for TB-HIV infected patients upon completion of their TB therapy.
EGPAF will work closely with ISPED/Bordeaux, Measure Evaluation, WHO, and CDC to support the MOH to:
a) Integrate HIV/TB indicators into existing tools for TB centers.
b) Implement a computerized data-management system.
c) Strengthen TB/HIV surveillance at specialized and decentralized TB/HIV centers.
d) Improve data flow between the sites and central levels.
e) Improve data analysis and use for program management.

EGPAF will train 25 data managers and provide communication tools (fax, Internet), transportation (motorcycles), computers, and accessories. Regional TB centers (CAT) will be responsible for the implementation of M&E activities, and data collected from the TB DTC will be analyzed at the regional level. Lessons learned will be disseminated to improve the quality of services. An annual evaluation and planning workshop will be organized at regional and national levels. Information gathered during these workshops will be used to develop the TB program's annual report, and the upcoming year's district, regional, and national TB/HIV action plan will build upon the lessons learned.

Working in close collaboration with the national TB/HIV control program (joint planning, training of staff, establishment of an efficient drug commodities management system) will strongly contribute to sustainability. EGPAF will provide TA and resources needed to support the TB program in developing advocacy and sensitization campaigns targeting decision-makers, community leaders, health professionals, CBOs, and FBOs to ensure that HIV/TB is a high priority in the allocation of their resources.

The plus up funds will support TB/HIV service integration, identify urgent gaps and needs within the TB lab network, add 10 new TB.HIV sites and enroll 1,320 new TB/HIV co-infected patients, and train more care providers.

Continued Associated Activity Information

Activity ID:	5041
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	EGPAF Rapid expansion (country supp)
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

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

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.		☑
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	65	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,315	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	146	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Project staff
HIV positive pregnant women
Host country government workers
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	ACONDA CoAg
Prime Partner:	ACONDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10338
Planned Funds:	$ 150,000.00

Activity Narrative: This activity complements ACONDA activities in CT (#10063), Basic Health Care and Support (#10053), ARV Services (#10070), and SI (#10075).

Since its creation in 2002, the Ivorian NGO of health professionals called ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA's personnel has more than a decade of experience in HIV clinical and applied research, with a sustained focus on TB and HIV co-infection care and treatment. ACONDA defines a holistic approach to care and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (with provision of ART, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with local PLWHA and community organizations. ACONDA is also committed to ongoing applied research to improve service delivery and promote sustainable quality services to reduce HIV-related morbidity and mortality in Cote d'Ivoire.

ACONDA has been successful in mobilizing resources and developing its own organization to support expanded service delivery and research activities. ACONDA has created numerous technical and financial partnerships (with the MOH, ISPED/University of Bordeaux, GIP-ESTHER, Columbia University, GlaxoSmithKline Foundation, NGO Sidaction, and the Clinton Foundation). Since 2004, ACONDA has been a sub-partner under the five-year EP cooperative agreement called Project HEART, led by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the University of Bordeaux/ISPED.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 12,500 patients, including 1,375 children (11%), by March 2007. With ACONDA's contributions, Project HEART exceeded its five-year service-delivery goals in the first 18 months. This substantial growth not only led to rapid growth in ACONDA's organizational capacity for service delivery but was also accompanied by reinforced capacity in management and financial systems, with substantial assistance from U Bordeaux/ISPED. In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services. ACONDA will use FY06 funds to further strengthen its financial and management systems to ensure that it has the capacity to manage EP funds directly while maintaining strong partnerships with technical partner ISPED, EGPAF, and other collaborating partners.

Integrated HIV/AIDS care and treatment at TB sites:
Despite the politico-military crisis in Cote d'Ivoire, the National TB Program has continued to decentralize its services to more than 60 sites. With USG support, the National TB Program has integrated and expanded routine, provider-initiated HIV counseling and testing and cotrimoxazole prophylaxis at nine specialized centers. In line with its holistic approach, ACONDA has linked HIV care and treatment services at its 38 sites with TB services. As the National TB Program decentralizes further, ACONDA will provide HIV/AIDS care and treatment services linked to TB services at the 10 new sites it will open in FY07.

During FY07, ACONDA expects to increase the coverage of its HIV/AIDS care and treatment services to 2,466 patients in TB clinics (an estimated 5% of all TB patients at each clinic). To accomplish this, ACONDA will ensure that health professionals at the new sites are trained to clinically manage HIV and common opportunistic infections. In addition, professionals from TB clinics will attend training on the holistic case management of TB/HIV co-infected patients, using materials validated by the national HIV/AIDS care and treatment program (PNPEC).

ACONDA will benefit in 2007 from the newly established TB drug supply, which will provide first-line TB drugs to the National Public Pharmacy (PSP) for national distribution. If Cote d'Ivoire's Green Light Committee provides approval, second-line and pediatric TB drugs will also be procured and stored at the PSP.

Integrated TB care and treatment at HIV/AIDS sites:
In FY07, providers at ACONDA's 38 HIV/AIDS sites will systematically screen HIV/AIDS patients for TB based on their clinical symptoms, sputum smear, and X-ray performance. Patients infected with TB will be referred to the nearest TB reference clinic (CAT) or to the

TB facility on the same site. ACONDA expects that approximately 10% of HIV/AIDS clinic patients will have sputum tests; 20% of adult patients will have culture and anapath exams; and 100% of children will have culture and anapath exams. Prophylaxis will be prescribed for all eligible patients, and ACONDA will provide follow-up until the end of the TB treatment.

A seminar for physicians at existing sites will be provided to improve program implementation, data management, and linkages to community services. A total of 144 staff members from both existing and new sites will be trained onsite to diagnose TB in HIV-positive patients using specific guidelines from the National TB program. Other professionals will attend training in holistic case management of TB/HIV co-infected patients (the same training listed above for TB clinic staff). About 50 paramedics from the various sites will receive refresher training in TB care.

Community management of patients co-infected with TB/HIV will be linked to services at both the TB clinic and the HIV/AIDS clinic. CBOs and NGOs will receive sub-grants, in conjunction with Alliance CI, to guarantee DOTS and to follow up with patients lost to treatment. ACONDA will improve referral forms and counter-referral forms to establish stronger links between clinics, to improve the ability of clinics and CBO/NGOs to follow up with patients, and to improve monitoring and data analysis.

ACONDA will work to strengthen its monitoring and evaluation system and to support an integrated national M&E system. ACONDA will adhere to national standards, will remain an active member of relevant technical consultative forums, and will provide input to improve national policies according to evidence-based practices. ACONDA will also remain an active member of the national commodities coordination committee for HIV-related commodities.

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	48	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,466	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	282	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
National Health program and staff
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10346
Planned Funds:	$ 15,000.00
Activity Narrative:	With fiscal year 2007 funds, USG CI team will request technical assistance from CDC headquarters to support targeted assistance in support of the country program in the following areas: HIV-TB, sexual prevention, PMTCT, ARV Services, Laboratory services, SI, and operations and management. This technical assistance will strengthen the Emergency Plan's (EP) country team's ability to manage the overall and specific technical portfolios and projects as part of PEPFAR as well as to provide assistance to the Government of Cote d'Ivoire and to our implementing partners. In the area of HIV-TB, the country team requests ongoing technical assistance from CDC HQ staff to support the integration and scale up of routine counseling and testing services at TB facilities, joint care of HIV and TB at joint-care facilities and improve monitoring and evaluation of integrated HIV-TB services, and review study and drug needs in relation to multi-drug resistant TB. USG CI will support the travel and logistics for all requested technical assistance from HQ. If plus-up funds are approved, RETRO-CI will provide technical assistance to support the integration and scale-up of routine HIV counseling and testing services at TB facilities, joint care of HIV and TB at joint-care facilities, improved monitoring and evaluation of integrated HIV-TB services, and a review of study and drug needs in relation to multi-drug-resistant TB. In addition, TA will support the finalization of a curriculum on HIV counseling and testing of TB patients and the systematic roll-out of a diagnostic counseling and testing training package. RETRO-CI will support the PNLT in its Green Light Committee (GLC) application for approval for access to second-line drugs.

Targets

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

Target Populations:

National Health program and staff
Local government bodies
Project staff
Host country government workers
Laboratory workers
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CDC-RETRO-CI GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12209
Planned Funds: $ 185,000.00
Activity Narrative: This activity is linked to Activity#10346.

If plus-up funds are approved, RETRO-CI will provide technical assistance to support the integration and scale-up of routine HIV counseling and testing services at TB facilities, joint care of HIV and TB at joint-care facilities, improved monitoring and evaluation of integrated HIV-TB services, and a review of study and drug needs in relation to multi-drug-resistant TB. In addition, TA will support the finalization of a curriculum on HIV counseling and testing of TB patients and the systematic roll-out of a diagnostic counseling and testing training package. RETRO-CI will support the PNLT in its Green Light Committee (GLC) application for approval for access to second-line drugs.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CDC/Lab Coalition
Prime Partner: CDC International Lab Coalition
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12210
Planned Funds: $ 815,000.00
Activity Narrative: Funding will be used to strengthen the quality of clinical lab activities in support of HIV/TB diagnosis and treatment, including quality assurance to strengthen lab capacity by providing technical assistance to national stakeholders and on-site supervision at testing and treatment sites.
During FY07, the Emergency Plan will build on previous activities and continue to prioritize HIV-TB integration and increased service coverage. Of ~26,500 TB patients, 60% will receive routine CT services, while of 33,000 HIV-infected clients attending HIV service sites, at least 50% will receive routine screening for TB disease at "HIV" points of entry (i.e. CT, PMTCT, etc). Integration of routine CT and comprehensive care and treatment for both HIV and TB is planned for at least 86 TB diagnostic and care service sites (94% of the 91 national sites). EP-supported sites will use adapted WHO screening tools and data recorded in the facility reporting systems. As part of a family-centered approach, children will be the focus of intensified case detection and household follow-up. Care for TB/HIV co-infected persons and their families will be linked with other prevention and palliative-care services. A range of individually focused health education and support, referrals, community interventions, and advocacy will be integrated.

The EP will also support expanded TB diagnostic capabilities for mycobacterial culture and drug susceptibility testing. Substantial efforts will be made to prevent and manage drug-resistant TB among HIV-infected TB patients. The EP will also work with WHO and the PNLT to adapt the national TB surveillance system to include HIV and improve systems to capture TB screening data at HIV entry points.

With the approval of additional plus-up funds, the CDC Lab coalition will:
• Improve TB/HIV surveillance. These activities will complement PNLT activities funded by the GFATM for several aspects of the integration of HIV data in the TB recording and reporting system.

The selected CDC Lab Coalition partner will support the PNLT to adapt the Electronic TB Register (ETR.Net) developed in Botswana and South Africa for data capture, report generation, and analysis in CI. Resources will be dedicated to software programming and to supporting pre-implementation adaptation, training, and support.
• Improve lab strengthening as decentralization occurs for quality-assured microscopy (QA/QC).
• Identify new and reliable technologies for improved diagnosis and drug-susceptibility testing that are applicable to the Cote d'Ivoire context. This will include testing new algorithms for smear-negative TB and assessing impact on HIV/AIDS sensitivity
• Create a network of best practices and lessons learned across EP countries to improve the overall strength of TB activities.
• Engage a local focal point to assist with coordination and provide support while the team recruits for a long-term TB resident adviser.
• Assess needs at the national reference laboratory (Institut Pasteur) to help ensure adequate laboratory facilities for TB culture, drug-suceptibility testing, and MDR surveillance.
• Develop human-resource capacities by providing training of trainers in TB-related activities, quality management, and biosafety.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Target Populations:

Technicians laboratorians
Project staff
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: MOH- CoAg #U2G PS000632-01
Prime Partner: Ministry of Health and Population, Cote d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12211
Planned Funds: $ 500,000.00
Activity Narrative: During FY07, the Emergency Plan will build on previous activities and continue to prioritize HIV-TB integration and increased service coverage. Of ~26,500 TB patients, 60% will receive routine CT services, while of 33,000 HIV-infected clients attending HIV service sites, at least 50% will receive routine screening for TB disease at "HIV" points of entry (i.e. CT, PMTCT, etc). Integration of routine CT and comprehensive care and treatment for both HIV and TB is planned for at least 86 TB diagnostic and care service sites (94% of the 91 national sites). EP-supported sites will use adapted WHO screening tools and data recorded in the facility reporting systems.

As part of a family-centered approach, children will be the focus of intensified case detection and household follow-up. Care for TB/HIV co-infected persons and their families will be linked with other prevention and palliative-care services.

A range of individually focused health education and support, referrals, community interventions, and advocacy will be integrated.
The EP will also support expanded TB diagnostic capabilities for mycobacterial culture and drug-susceptibility testing. Substantial efforts will be made to prevent and manage drug-resistant TB among HIV-infected TB patients, including support for an application to the Green Light Committee. The EP will also work with WHO and other partners to adapt the national TB surveillance system to include HIV and improve systems to capture TB screening data at HIV entry points.

With the approval of additional plus-up funds, the PNLT will:

• Improve TB infection control (IC): In collaboration with WHO, PNPEC, and other key partners, the PNLT will develop guidance on developing national TB IC plans (including national TB infection guidelines) and a training curriculum and provide TA for risk assessments, translation of national guidelines into facility-level implementation plans, and related M&E. Funds will be used to ensure that all partners (e.g. in ART, care and treatment, PMTCT, etc.) implement basic TB IC activities in their workplans. Particular attention will be given to screening for TB signs and symptoms in PEC sites to identify and treat active TB and thus reduce the period of infectiousness.
• Establish effective collaboration between TB and HIV programs, including referral networks and co-location of services. This would include opt-out testing at all TB sites.
• Improve the national program's diagnostic testing capabilities.
• Expand access to TB services by creating a TB lab referral center in the North to support TB identification and treatment.
• Coordinate with Global Fund activities and other EP partners to expand decentralized TB services, especially in the North.
• Provide basic equipment and laboratory supplies to TB centers at the central and peripheral levels.
• Support development and validation of operational guidelines, standardized training manuals, job aids and standard operating procedures.
• Develop human-resource capacities by provision of trainings in biosafety and quality management.
• Adapt the WHO/CDC training package and reinforce training in direct smear microscopy and maintenance of microscopes.
• Develop a comprehensive national strategic plan for enhancing HIV/TB diagnosis and surveillance.
• Reinforce the quality-assurance system, especially for external quality assessment, including on-site supervision and proficiency testing.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	0	☐
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	0	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	0	☐
Number of HIV-infected clients given TB preventive therapy	0	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	0	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	90	☐

Target Populations:

Technicians laboratorians
Project staff
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 16040
Planned Funds: $ 200,000.00
Activity Narrative: "The International Center for AIDS Care and Treatment Programs at Columbia University Mailman School of Public Health (ICAP-CU) proposes to support the Ivorian Ministry of Health (MOH) to expand HIV/AIDS prevention, care, and treatment to 10 facilities in underserved regions of the country. Sites will be supported to provide an integrated package of prevention, care, and treatment services, including provider-initiated counseling and testing (CT), PMTCT, HIV care, antiretroviral therapy (ART), and TB/HIV integration. As this is a new program, the first five months will focus on critical start-up activities, such as hiring staff, establishing an office, developing agreements with the Government of Côte d'Ivoire, and identifying and preparing sites. Nonetheless, ICAP-CU anticipates promptly initiating services and enrolling patients at five of the 10 target facilities before the end of the fiscal year, with the remaining five sites to be launched in the first quarter of FY08. As ICAP-CU has yet to engage in detailed discussions in Côte d'Ivoire, this proposal reflects preliminary plans that we anticipate will be further developed and enriched over time in collaboration with CDC-CI and the Ivorian MOH."

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.		☑
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	638	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	☐

Table 3.3.08: Program Planning Overview

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

Total Planned Funding for Program Area: $ 7,387,758.00

Program Area Context:

Background

The 2005 AIDS Indicator Survey (AIS) has provided critical information about the HIV/AIDS epidemic in Cote d'Ivoire, permitting better targeting of prevention, care, and treatment efforts. Adult HIV prevalence is estimated at 4.7%, with higher rates among woman than men (6.4% vs. 2.9%). Geographic differences included marginally higher HIV prevalence in urban vs. rural settings and marked regional differences, from 1.7% in the Northwest to 5.8% in the East and 6.1% in Abidjan. Sexual debut was reported by age 15 for 23% of females and 10% of males, by age 18 for 71% of females and 48% of males. Among unmarried women aged 15-19, 31% reported having a sex partner who was at least 10 years older.

The AIS estimated that 16% of children were OVC, including 8% who had lost father, mother, or both. OVC rates did not vary significantly by gender or urban/rural residence, but they increased markedly with age, from about 9% of infants to 25.3% of the 15-17 age group. OVC rates were lowest in the North (4.2%) and Northwest (7.2%) and highest in the South (18.4%) and in Abidjan (18.2%). UNAIDS (2004) estimated that 310,000 children had been orphaned by AIDS and 80,000 children were living with HIV.

Institutional and community-based services for HIV-affected families are limited, especially outside Abidjan. The country's extended politico-military crisis has disrupted social, health, and education services and economic activity, potentially increasing child vulnerability, and has resulted in significant decreases in donor funding for OVC. The World Bank (MAP) continues to delay assistance until issues such as disarmament are adequately addressed. The EP is the only major donor for OVC activities in the country.

With Emergency Plan (EP) assistance, Cote d'Ivoire has taken important steps toward ensuring OVC support through policy, coordination, capacity-building for NGO/CBO/FBOs, training of caretakers, and delivery of direct services to 18,000 children (March 2006). The overall objective at the national level is to reduce the vulnerability of 60% of children orphaned or otherwise made vulnerable by HIV/AIDS. Progress toward this objective is coordinated by the Ministry for the Family and Social Affairs (MFAS) and its National OVC Program (PNOEV) in cooperation with the national think tank on OVC (CEROS-EV), with technical assistance from FHI. Activities at the district level are coordinated through technical HIV/AIDS coordination committees/platforms. These groups have improved planning and coordination through the development of a national strategic plan (2003), the ministry's HIV sectoral plan, and a national OVC policy and M&E plan (2005). These documents clearly define the national priority of supporting OVC within their families and communities.

FY 05-06 Response

In FY05, the EP, Global Fund, and UNICEF funded the rapid expansion of sub-grants to CBOs and FBOs to support expanded decentralized services for OVC and their host families and communities. Based on the 2005 national OVC policy, standard criteria for services to be provided for OVC were developed in 2006 (to be validated in 2007). Identification of OVC is conducted by community committees, which provide an initial assessment to define needed services and household follow-up. A central part of the OVC strategy is building linkages that allow any child living in an HIV-affected household to receive comprehensive services, including pediatric HIV treatment if needed, with record-keeping to facilitate follow-up and integrated care.

In FY 05 and 06, the district pilot project of San Pedro was designed as a model for a network of linked social and health services (OVC, palliative care, VCT, PMTCT, HIV/TB, ART and STI treatment, etc,) in the public and private sectors within a geographic area. This model served to reinforce local coordination bodies, link district services to regional and tertiary referral and counter-referral structures, and strengthen the roll-out of HIV prevention, care, and treatment services.

Through FHI and Care International, the USG supported national authorities in conducting a national HIV survey with OVC-specific indicators and in conducting rapid mapping of OVC services. In 2005, a university-level OVC curriculum for social workers was developed, to be integrated into the academic schedule.

FY07 Priorities

National and district systems strengthening and policy implementation. FY07 activities will work to translate the policy achievements of 2005-06 into high-quality, sustainable program services, with activities projected to serve 72,214 OVC. The San Pedro model will be implemented and evaluated in FY07, and based on its success, the EP will support expansion of the district network to additional pilot sites. The National OVC Program will lead efforts to promote human and legal rights for OVC, including training sessions on OVC rights and a review of laws and policies pertaining to OVC. With FHI and Measure/Evaluation support, the MFAS will continue to coordinate, track, and evaluate OVC activities and training programs. As part of a strong emphasis on improved quality of OVC services, each OVC sub-grantee will receive specialized training in OVC M&E, including in the use of standardized tools provided by the PNOEV for needs assessment, program M&E, quality assurance, and use of data for decision-making. The Public-Private Partnership TWG will support the development and piloting of income-generating activities for adolescent girls and families with OVC as a strategy for decreasing vulnerability and increasing sustainability of OVC care. A university-level curriculum will be designed to train teachers and community counselors in how to work with OVC.

Child-level direct services and community mobilization. New Partners Initiative recipients and a new Ivorian organization with a board of national stakeholders will support capacity building of local partners through OVC-specific sub-grants designed to expand community-level services nationwide. Through support groups and caseworkers, EP-funded partners will work to provide OVC with consistent, personalized support. With PEPFAR and UNICEF support, partners will launch aggressive household outreach to facilitate access to HIV testing linked to palliative care, PMTCT, TB treatment, and other HIV services.

Expanded referral systems to improve geographic and targeted population coverage. In coordination with PNOEV/MFAS, EP partners will provide sub-grants and technical assistance to local NGO/CBO/FBOs throughout the country, including in areas controlled by the Forces Nouvelles (North and West). In the North, the CARE International project will aim to develop referral relationships and systems with other EP-funded partners and regional service sites for the provision of TB treatment services, including treatment of active TB using DOTS for HIV-infected children, treatment for latent TB infection, and treatment of other severe illnesses. OVC will be linked to routine immunization and other programs through a system to link medical records for HIV-exposed and HIV-infected children with records at local health centers.

Coordination and M&E. The effective collaboration of the PNOEV team has facilitated the coordination and M&E efforts of the ministries responsible for education and health as well as EP-funded partners. These collaborations provide an effective platform to address the needs of OVC and their host families. In 2007, the EP will create a cooperative agreement with the WFP and UNICEF for piloted activities to provide nutritional support and food aid to OVC and their families.

Sustainability. The USG continues to promote sustainability by building the capacity of local NGO/CBO/FBOs to implement programs and mobilize funds and by transferring technical, financial, programmatic, and M&E skills from international organizations to local organizations and ministries.

Program Area Target:

Number of OVC served by OVC programs	72,214
Number of providers/caregivers trained in caring for OVC	1,486

Table 3.3.08: Activities by Funding Mechanism

Mechanism: GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9706
Planned Funds: $ 311,228.00
Activity Narrative: Through the Track 1 award, the ANCHOR partnership of Hope WW, in collaboration with Rotary International's HIV/AIDS Fellowship (RFFA), and with support from the Emory Schools of Public Health and Nursing, the International AIDS Trust, and Coca Cola, will strengthen existing OVC activities in specific sites in Cote d'Ivoire. Activities will support OVC with provision of home- and community-based counseling, psychosocial support, and health and nutritional services.

In FY06, HOPE Worldwide (HWW) provided and promoted care and support services to approximately 5,000 orphans and vulnerable children (OVC) during FY06. This program, also known as ANCHOR, is implemented in conjunction with 36 local organizations involved in the care and support of OVC in the greater Abidjan area. These organizations were supported with technical assistance, training, and supportive supervision. In total, 128 individuals were trained to provide care and support to OVC. Significant increase in country funds will allow the continuation of FY 06 activities and the expansion of service delivery to two new regions.

In FY 2007, with central funds complementing country funding, HW will be able to reach an additional 2000 OVCs, for a total of approximately 6500 OVC and affected family members. In addition, HW will:

• Strengthen the capacity of CBOs, NGOs and FBOs by providing IEC materials for OVC support groups.
• Training and mentor key members of CBOs, NGOs and FBOs, community stakeholders and caregivers on critical OVC issues, such as: psychosocial support; counseling; nutritional support; succession planning; and life skills. These trainings will be done in conjunction with the National Program for OVC (PNOEV).
• Assure greater quality assurance for services provided to OVC. This includes increased staffing for better monitoring and evaluation, and supervision.
• Collaborate with the PNOEV and participating in the national OVC consultative committee by contribute to national policy, planning and training material development, and ongoing coordination at the national level. This will include forming a definition of targeted OVC care packages to support OVC within communities.
• Continuing to mobilize additional material and financial resources as well as develop a plan to promote local ownership and long term sustainability of quality services. "Fighting AIDS" committees will be established within organizations to initiate and encourage resource mobilization for OVCs. To ensure greater sustainability, monthly review meetings will be held with these committees to help the committees mobilize sustainable funding resources within their communities. Hope WW will track progress of the committees by monthly activity reports.

HOPE worldwide South Africa (HWSA) will provide technical assistance to the HOPE WW Cote d'Ivoire program both in terms of programmatic assistance as well as organizational capacity development. HWSA will share key documents and manuals, conduct site visits and hold a regional ANCHOR conference in South Africa – which in-country staff will attend.

Continued Associated Activity Information

Activity ID: 5499
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide

Mechanism: ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,000	☐
Number of providers/caregivers trained in caring for OVC	0	☐

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Sud-Comoé

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9934
Planned Funds:	$ 800,000.00

Activity Narrative: This activity complements ANADER activities in AB (9932), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9930), CT (#9933), and ARV Services (#9927).

This activity is part of a broad four–year project launched in FY 2005 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, much of it functionally illiterate. The project is expanding access to HIV/AIDS prevention, care, and treatment and improving links to health, social, and education services, accompanying expansion of these services as national programs scale up. The implementing consortium brings together and applies the expertise of:
. The National Agency for Support to Rural Development (ANADER) for rural community mobilization and HIV prevention based on participatory risk-mapping and village HIV/AIDS action committees
. The Network of Media Professionals and Artists Fighting Against HIV/AIDS (REPMASCI) for BCC, including training, local radio, and use of its lexicon to communicate about HIV/AIDS in 16 local languages
. PSI-CI for HIV counseling and testing activities, including training and CT promotion, and procurement for palliative care
. ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment

MSD Interpharma and the HIV/AIDS Alliance are providing technical assistance.

In the program area of OVC, activities conducted with FY05 and FY06 funds include training 220 people (including 96 rural development agents and 96 community counselors) in OVC identification and care and identifying and providing services (including support for schooling and vocational training, legal aid, and referral and counter-referral to social services) to at least 4,000 OVC.

FY07 funds will be used to continue and strengthen FY06 activities in four regions (Lagunes, Bas Sassandra, Moyen Comoé, and Zanzan) and to extend them into two new regions (Fromager and Haut Sassandra).

OVC activities in 2007 will be informed by baseline assessments conducted in FY06 and results of the 2005 national AIDS Indicator Survey. They will complement and build on other EP-funded efforts, including Ministry of Education (MEN), Ministry of the Fight Against AIDS (MLS), Ministry of Family and Social Affairs, HIV/AIDS Alliance, CARE International, and Hope Worldwide activities in support of youth and OVC. The project will operate in consultation with the National OVC Program and the national OVC committee (CEROS-EV).

ANADER works through HIV/AIDS action committees in 24 village sites (each with several surrounding villages) per region, which help coordinate its OVC, HIV prevention, CT, and care activities in collaboration with other actors and relevant ministries. ANADER's OVC strategy is to educate and mobilize communities around the need for OVC identification and support; to identify and refer vulnerable children and their families through CT at rural health centers and the project's mobile CT units (self-identified HIV-positive clients) as well as trained community counselors and ANADER rural development agents; and to ensure that identified OVC receive the minimum package of care, including psychosocial support and monitoring, educational and legal assistance (school fees, vocational training, birth certificates), support packages (school kits, basic health-care supplies, impregnated bednets, safe-water products), and referral to needed health (including HIV and TB) and social services. Follow-up at the household level will identify and address needs of different OVC groups, including HIV-infected children and their families, children of HIV-infected parents, adolescent girls, orphans requiring grief support, and different age groups.

FY07 funds are expected to provide OVC services to at least 6,000 children (2,000 identified in FY07, plus continued support for 4,000 identified in FY06) and to train at least 340 people in OVC identification and care.

Based on FY06 experience, ANADER will add training in OVC identification and care for schoolteachers, in collaboration with MEN's life-skills approach, and rural health center

employees. ANADER will also pilot income-generating activities to build self-sufficiency among OVC and their families, with links to school feeding programs in collaboration with MEN and with WFP wraparound programming for OVC and host families identified as needing nutritional support.

Working mainly in the emphasis area of community mobilization/participation, development of network/linkages/referral systems, and training, and on the key legislative issues of stigma/discrimination and wraparounds, specific activities to be carried out with FY07 funds include:
1. Community sensitization by community counselors about the importance of community-based support for OVC and HIV-affected families, including information about and referral to existing sources of care, support, and educational support for OVC.
2. Stigma reduction through local radio and community outreach using REPMASCI's expertise and materials.
3. Provision of the minimum package of OVC care to at least 6,000 children.
4. Training in OVC identification and care for 96 community counselors (two per site in the two new regions), 144 village schoolteachers and 144 rural health center personnel (one each per site in all six regions), and 52 ANADER employees (48 rural development agents and four zone committee members).
5. Procurement and distribution of support packages for OVC and other children in host families. ANADER will also manage procurement for HIV/AIDS Alliance.
6. Initiation of income-generating agriculture/school canteen activities in 24 village sites.

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

Both sustainability and project effectiveness are enhanced by consortium members' past and current collaborations with multiple ministries (Health, National Education, Family and Social Affairs, and others) as well as RIP+ (Network of Persons Living with HIV/AIDS), Lumière Action, youth NGOs, and faith-based communities. Project partners have been successful in mobilizing internal resources and attracting EP, Global Fund, MSD, and other funds/partners to support their activities. ANADER has a broad rural development mandate with initiatives to address poverty, gender inequities, and food insecurity and seeks to maximize opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan and others have offered or do offer ANADER such opportunities.

Activities will strive to build capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability. Training of community counselors (members of village HIV/AIDS action committees), rural health center staff, and village schoolteachers and initiation of income-generating activities are designed to enable communities to carry on OVC identification and care activities after EP funding for the project has ceased.

Plus up funds will enable ANADER to provide services for an additional 1,000 oVC and provide refresher training for 224 caregivers.

Continued Associated Activity Information

Activity ID:	5480
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Agency of Rural Development
Mechanism:	U62/CCU025120-01 ANADER
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,000	☐
Number of providers/caregivers trained in caring for OVC	660	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
people living in village
Rural
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Rapid Expansion North West: RFA #AAA070 North &West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9938
Planned Funds:	$ 800,000.00

Activity Narrative: This activity complements CARE activities in AB (#9941), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9945), CT (#9943), and Other/Policy & Systems (#9946).

CARE and partners Caritas, JHPIEGO, and Population Council successfully competed for an EP award in September 2005. The project contributes to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health-care services have been severely disrupted since civil conflict split the country in 2002.

CARE used FY04 EP funds to develop PLWHA/OVC community-care projects in partnership with five NGO/CBO/FBOs, including Caritas. With its faith-based extension network and links to eight health reference centers, Caritas is well-positioned to initiate prevention and care activities. As lead implementer of Global Fund- and EP-supported OVC activities in northern and western CI, CARE works to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo, and Man. CARE is gradually scaling up OVC activities to three satellite sites from each of the central sites.

OVC activities in 2007 will draw on baseline assessments, including participative assessments with OVCs, conducted in FY06. CARE's program will complement and build on other EP-funded efforts, including Ministry of Education (MEN), Ministry of the Fight Against AIDS (MLS), HIV/AIDS Alliance, ANADER, and Hope Worldwide activities in support of youth and OVC. The project will operate in consultation with the National OVC Program and the national OVC committee (CEROS-EV) and will work through the regional HIV/AIDS networks. District health management teams will be involved in supervision to maximize capacity-building and coordination with the Ministry of Health.

At least four sub-grants will be disbursed in Year 2 for OVC activities. CARE will hire a grants manager who can provide TA and training to the networks and grant recipients.

OVC will be identified using a holistic approach. This involves ensuring that OVC services are linked through a referral system with CT, treatment, and care services (including PMTCT and TB) that will actively identify HIV-infected or -affected children. Local social, educational, and judicial services will identify OVC using a tool developed by the National OVC Program in conjunction with FHI. CARE envisions adapting this tool so that the needs of OVC can be stratified and prioritized based on the initial analysis conducted with each child.

Follow-up at household level will continually assess the needs of children and address the special needs of certain groups, including HIV-positive children and their families, children of HIV-positive parents, adolescent girls, and orphans requiring grief support. Support will include psychological support and monitoring, access to school and legal assistance (e.g. birth certificates), and support packages (school kits, exam fees, basic health supplies) for OVC and other children in their host families.

CARE will support poverty-reduction and economic-support activities for building self-sufficiency among OVC, including pilot income-generating and savings-and-loan activities for child-headed households and host families of OVC, as well as for out-of-school vulnerable children.

A cadre of trainers, including CARE field staff, is being trained by JHPIEGO in FY06, using the national OVC care and treatment guidelines. In FY 07 these trainers will provide follow-up technical support to assist local partners in effectively providing the minimum package of care to identified OVC and host families.

CARE will continue to work with WFP to provide wraparound programming for OVC and host families identified as needing nutritional support. CARE will use FY07 funding to provide training to food-distribution teams, caregivers, and other care providers on the basic elements of nutrition education and the nutritional needs of OVC and PLWHA.

With expanded FY07 funding, the project will improve and expand prevention services for childhood illnesses, including TB, malaria, recurrent respiratory infections, and persistent

diarrhea, among HIV-infected and –affected children. Beginning by identifying existing prevention and treatment services, the project will develop a "response tree" that partners will use to either provide a service or refer a child for appropriate care. The following will be ensured for all identified HIV-positive and HIV-exposed children: immunization coverage, diagnosis and referral of TB cases when available, insecticide-treated bednets, and safe-water products and hygiene-promotion kits.

Given weakened health-care services and absent outreach services, this approach will require supporting NGO caregivers (and health centers when possible) with training on the diagnosis and treatment of childhood illnesses among HIV-positive and HIV-exposed children, vaccine administration, TB screening, and malaria and diarrhea prevention and simple treatment. Where NGOs and health centers lack the capacity to provide treatment services, the project will aim to develop referral systems with other EP-funded partners and regional service sites. The linking of OVC to routine immunization and other programs could include putting into place a system to link medical records for HIV-exposed and HIV-infected children with records at local health centers that track childhood immunizations.

Working in the emphasis area of development of network/linkages/referral systems and on the key legislative issues of stigma/discrimination and wraparounds, FY07 activities will provide OVC services to at least 3,000 children and train at least 120 caregivers in OVC care.

Activities to be carried out with FY07 funds include:

1. Provide training for NGO and other service providers and caregivers to reinforce their capacity to diagnose HIV infection in children according to national guidelines.
2. Support and reinforce the referral system linking OVC, CT, prevention, and treatment organizations.
3. Provide core technical capacity-building training and supervision to partner NGOs/CBOs on the care and treatment of OVC.
4. Provide care and support services to 2,500 OVC and host families.
5. Provide refresher training to 60 social workers and community counselors in the provision of care and support services to OVC and their host families, with emphasis on quality psychosocial support and using a "family approach."
6. Provide training on nutrition-education methods and nutritional needs of PLWHA to food-distribution teams and care providers.
7. Provide training of trainers for 60 social workers and community counselors on the provision of childhood-illness prevention services to OVC and their host families.
8. Buy drugs and commodities needed to implement programs to prevent pneumonia, TB, malaria, and diarrheal disease in HIV-exposed and HIV-infected children according to national guidelines.
9. Conduct regular visits to local partners to ensure the implementation of the project-specific M&E plan based on national and USG requirements and tools.

To build sustainability, CARE incorporates some flexibility into its partnerships with local NGOs so as to avoid dependency and encourage autonomy. A strong accent is placed on training, training of trainers, and supportive supervision so that technical and management skills are imparted to local partner staff, who will be able to support other organizations. CARE also emphasizes the development of project-writing and financial-management skills so that partners can apply directly for and manage funding in the near future. Care will expand its services and sites to reach 2,000 more OVC and train 40 more caregivers with plus up funds.

Continued Associated Activity Information

Activity ID:	5044
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	6,300	☐
Number of providers/caregivers trained in caring for OVC	150	☐

Indirect Targets

pourcentage of OCVs and host families receiving support who report being very satisfied with received services: 90°

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Children and youth (non-OVC)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner:	Alliance Nationale Contre le SIDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9939
Planned Funds:	$ 1,000,000.00

Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), CT (#9940), Basic Health Care and Support (#9935), TB/HIV (#9936), PMTCT (#9928), ARV Services (#10071), and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs, will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

During FY06, ANS-CI, in collaboration with the OVC National Program (PNOEV) under the Ministry of Solidarity and the OVC national technical committee (including other EP partners; FHI, ANADER, CARE International, EGPAF/ACONDA and other national and international partners), provided technical and financial support to NGO/CBO/FBO to implement and provide quality community based OVC services according to national priorities and standards.

In FY07, ANS-CI will continue working in conjunction with national authorities, EP partners and others stakeholders, to harmonize interventions and ensure sub-grantees have access to relevant commodities for OVC including impregnated bed-nets, safe water and educational supplies procured by the SCMS project. These will be designed to wrap around initiatives such as WFP's canteen school feeding program, UNICEF's school-kit program, and other education and OVC initiatives. ANS-CI will provide OVC kits designed specifically by the national OVC technical committee to meet the population's needs where there is a deficit of other partners.
With FY07 funds, ANS-CI will continue supporting the 30 sub-grants awarded in FY06 to provide services to at least 15,000 OVC on the basis of a performance evaluation completed after one year of implementation. This will expand the range and coverage of services. Approximately, $500,000 will go directly to support 30 sub-grants in FY07. These funds are critical to achieving broader service delivery to meet the needs of OVCs and their families and will be particularly targeted to complement the network of health and social services that are being created in collaboration with the PNOEV and OVC coordination groups in 6 regions as well as in the hard-hit western part of the country, where poverty, displacement, and HIV/AIDS have rendered children especially vulnerable.
In addition, at least 200 persons will be refreshed in program and financial management, organizational development, monitoring and evaluation, OVC service provision, family social and psychosocial support, school and life-skills support, nutritional support, income-generation support, child-protection services (inheritance, legal, etc.), and home-based care.

Partnerships with organizations such as ANADER, Save the Children UK, CARE Côte d'Ivoire, and UNICEF, as well as links with groups such as Rotary and Lion's Clubs, will be strengthen ongoing access to services throughout the country. This will facilitate supervision and support required to ensure that small grants to CBOs/FBOs are used effectively. All sub-grants are reviewed and awarded by a technical committee which includes representation from the PNOEV, UNICEF, local NGOs/CBO, the USG and other national partners to ensure transparency, coordination, quality, and adequate monitoring and evaluation.

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

If plus-up activities are approved, Alliance will expand critical service delivery to meet the needs of 4,000 additional OVC and their families. Activities will be targeted to complement the networks of health and social services that are being created in collaboration with the PNOEV and OVC coordination groups in five additional regions, as well as in the hard-hit western part of the country. Alliance will provide support to member organizations of the San Pedro platform and the other PNOEV pilot sites.

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	19,000	☐
Number of providers/caregivers trained in caring for OVC	300	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of Solidarity #U62/CCU024314
Prime Partner:	Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10058
Planned Funds:	$ 950,000.00

Activity Narrative: The Ministry of Family and Social Affairs' National OVC Program (PNOEV) receives Emergency Plan (EP) funding to support its mission of coordinating, monitoring, and evaluating all OVC activities in Cote d'Ivoire. Within the national OVC policy mandate to support OVC in their families and community, the PNOEV oversees development and scale-up of a decentralized, integrated model of HIV service delivery in which community-based OVC services are integrated with social, educational, legal, nutritional, and health services, including HIV prevention, palliative care, and ARV treatment services. The plus-up funds will be used to renovate and rehabilitate social centers in the underserved North and West that were closed due to the conflict. The social centers are the heart of continuum-of-care services for OVC. The PNOEV will extend OVC decentralized coordination platforms to five additional zones in the North and West to expand and improve the quality of OVC services in resource-limited settings.

With the technical support of FHI and other EP partners, the PNOEV continues to strengthen the national response to HIV/AIDS by building the capacity of PNOEV staff and improving coordination and M&E of OVC activities. In FY06, the PNOEV coordinated support for 19,282 OVC, supervised the activities of 60 NGO/CBO/FBOs, conducted 513 home visits, and trained 20 focal points in M&E.

The program worked to strengthen the strategic framework for OVC policy and interventions. An evaluation of the capacity of the coordinating think tank CEROS-EV, conducted with the support of FHI, led to the establishment of a technical working group (GTT/OEV) and a national commission for OVC, a consultative body. Based on its review of the 2004-2006 national action plan, a new national framework for 2007-2010 was developed and validated. This framework includes the following priority activities:
. A consolidated OVC plan, developed in 2006 in collaboration with all partners that intervene in OVC activities.
. The development of a 2007-2010 OVC National Strategic Plan
. The development of a national M&E plan for the 2007-2010 National Strategic Plan
. Training modules on OVC care and their integration in the training curricula of the main nursing schools (INFAS)
. Sensitization tools on children rights related to the HIV/AIDS pandemic

As part of its decentralized, integrated HIV intervention model built around district social centers with coordination platforms, the PNOEV worked to integrate OVC services in a continuum of care that includes palliative care and referrals to HIV/AIDS clinical services. Based on the results of a 2006 evaluation of the social-center pilot at San Pedro (IRIS-SP), the program strengthened the decentralization of OVC services at six pilot sites through the mobilization of OVC care platforms and the development of OVC activities within the overall mission of social centers. In addition, the PN-OEV conducted a cost evaluation of pilot IRIS-SP activities to inform cost-effective scale-up.

The program strengthened coordination among partners by providing support to the Ministry of Education (MEN) for a situation analysis of OVC at various intervention sites, including schools. In collaboration with partners such as UNICEF, WFP, HIV/AIDS Alliance, and CARE International, the PNOEV participated in the evaluation of OVC care in areas controlled by the Forces Nouvelles (around Man, Bouaké, and Korhogo).

In FY07, the PNOEV with technical assistance from FHI will continue to improve its coordination and M&E activities, working mainly in the emphasis area of development of network/linkages/referral systems. Based on the results of the pilot model of IRIS-SP, particular emphasis will be placed on the geographic decentralization of OVC interventions built around social centers. The program will coordinate the training of at least 600 caregivers in OVC care.

Specifically, the PNOEV will implement the following activities:

. Increase the number of social-service professionals involved in OVC care and support by integrating OVC-related issues into INFAS training curricula. This strategy will strengthen the capacities of 400 nursing students per year in OVC-specific service delivery. In collaboration with the INFAS, FHI, the World Bank, UNICEF, and ILO, the PNOEV will develop, through the district social centers, a continuous training program focusing on HIV/AIDS and OVC at the national and sub-regional levels. In collaboration with its

technical EP partners, the PNOEV will coordinate the training of 200 OVC caregivers to improve the quality and standards of OVC care.

. Collaborate with technical partners working in the North and West (CARE International, PSI, HIV/AIDS Alliance Côte d'Ivoire, and EGPAF) to conduct an OVC situation analysis, which will be used to inform the development of appropriate interventions and strategies.

. Establish procedures and mechanisms to provide a comprehensive system of care for families and communities that support OVC. For greater impact, procedures and mechanisms will be developed to strengthen the collaborative platform system within the integrated-care approach at the community level with the participation of NGO, CBO, and other EP partners.

. Continue to advocate for a legal environment favorable to children and HIV-affected families by ensuring basic legal protection through laws and regulations designed to support women and children, especially OVC, and the establishment of legal departments within social centers. These steps will be taken in collaboration with local legal institutions and with the support of UNICEF, UNAIDS, and the EP.

. Continue to integrate psychosocial support of OVC and the palliative-care approach, including services, into the OVC national medical-care policy.

. Collaborate with JSI/Measure and the MLS (DPPSE) to strengthen the central national M&E system and to evaluate activities of implementing partners through mechanisms that offer feedback and prevent duplication.

. Evaluate all partner activities in preparation for the development of the 2007-2010 OVC national action plan. The PNOEV will also disseminate the results of the IRIS-SP evaluation to consolidate the new vision for social centers and the plan for replication of the model. To ensure sustainability and appropriate scale-up of the IRIS-SP model, the PNOEV will attempt to mobilize involvement by the World Bank, Global Fund, UNDP, UNICEF, and ILO in the process. With its various partners, the PNOEV will set up a consensus-building committee to select sites for replication of the IRIS-SP model.

Regarding OVC activities in San Pedro and the replication sites for the IRIS-SP model, the PNOEV will:
. Select replication sites for the IRIS-SP model, with FHI support, in two distrcits in the region that have OVC care and support platforms. Replication will include the establishment of a continuum of care and an operational referral network that will facilitate holistic care for people infected or affected by HIV/AIDS (and specifically OVC), including social services and palliative care.

. Contribute to identifying and selecting two additional sites for the integration of the palliative-care component in OVC services in San Pedro. FHI and other partners will provide technical support.

. Contribute to making the social centers in San Pedro and in replication sites practical training centers for INFAS students at the end of their training cycle who would like to develop dissertations in OVC care. This practical training will aim to strengthen caregiver capacities in OVC care. The PNOEV will also set up a supervision system to optimize the results of the students' dissertations.

. Improve referral networks by strengthening the role of the social centers in referral and counter-referral.

. Contribute to documentation of the IRIS-SP model in San Pedro and in the newly selected departments.

Continued Associated Activity Information

Activity ID: 4554
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire

Mechanism: Cooperative Agreement with Ministry of Solidarity, #U62/CCU024314
Funding Source: GHAI
Planned Funds: $ 350,000.00

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	18,000	☐
Number of providers/caregivers trained in caring for OVC	650	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
people living in village
Project staff
Rural
Caregivers (of OVC and PLWHAs)
Widows/widowers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of Education #U62/CCU24223
Prime Partner:	Ministry of National Education, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10059
Planned Funds:	$ 400,000.00

Activity Narrative: This activity complements other Ministry of Education (MEN) activities in AB (#10045) and Basic Health Care and Support (#10052), with M&E integrated across all program areas.

With Emergency Plan (EP) support, the MEN has launched a 4.5-year project (2005-2009) designed to improve HIV prevention and care for students, teachers, and other personnel of the MEN throughout Cote d'Ivoire. As part of a comprehensive multisectoral response consistent with the new HIV/AIDS National Strategic Plan for 2006-2010 and in collaboration with relevant ministries and NGO/CBO/FBO networks, the MEN is building on FY04-06 achievements to improve the quality and coverage of HIV prevention and care services, including services for orphans and vulnerable children (OVC); to strengthen links to HIV treatment and other health, social, and education services; and to address negative gender and discriminatory attitudes conducive to HIV infection.

The MEN's multifaceted EP-funded program includes life-skills curriculums with age-appropriate A and B prevention messages for youth in the classroom and school health clubs, OVC and palliative-care services, and an HIV-in-the-workplace program for MEN teachers and staff, all piloted in seven sous-prefectures in FY06. In the program area of OVC, the MEN is building on FY05-06 achievements to provide educational, psychosocial, nutritional, and economic support for OVC and their families, with strengthened links to HIV prevention, care, and treatment and other health and social services. With FY07 funds, these activities will be continued and expanded to three more sous-prefectures in the North and West (Bouake, Korhogo, Man).

OVC activities are designed within the framework of the national OVC policy and implemented in collaboration with the National OVC Program (PNOEV) in the Ministry of Family and Social Affairs (MFAS), the Ministry for the Fight Against AIDS (MLS), and partners such as the HIV/AIDS Alliance, ANADER, REPMASCI, CARE International, and FHI. OVC beneficiaries are identified from lists supplied by the PNOEV, which is charged with coordinating all OVC activities in the country. A census of their social, medical, and school needs has been conducted at the MEN pilot sites. In FY06, at least 7,231 OVC were provided with services that included a reduction of school fees (private schools) or a scholarship (public schools) and a waiver of exam fees.

Continuing priorities in FY07 will include establishing or reinforcing school-based feeding centers and creating a national framework for OVC nutritional access. School cafeteria services are limited to primary education; the question of how to meet the nutritional needs of OVC in secondary school remains unanswered. Anecdotal evidence suggests that entry into secondary school can be a particularly vulnerable time for girls who move from rural to urban schools, often with economic and social disruptions that may leave them vulnerable to transactional or intergenerational sex. In cooperation with the National School Cafeterias Program (SNCS), the MEN will work to increase capacity of school cafeterias at primary schools and to extend these services to the secondary level. Wraparound collaboration with the WFP for the provision of food and UNICEF in the provision of school kits will be pursued. Nutritional aid will be complemented by support for agricultural income-generating activities in conjunction with the school cafeterias, in partnership with ANADER, a rural development agency and EP partner.

School kits (consisting of textbooks, notebooks, and writing tools) will be distributed free to OVC in primary and secondary schools, in coordination with those provided in primary schools by UNICEF. OVC will pay reduced or no school and exam fees.

To reduce the vulnerability of OVC, social workers and NGO/CBO/FBO workers will visit the children's host families at least once a month to provide psychosocial support, evaluate the family's situation, and monitor classroom performance for potential problems. Since community participation in OVC support is essential, the MEN will lead public awareness campaigns nationally and in communities, with day-long community-education events to address OVC-related issues and to reduce discrimination and stigmatization. Special attention will be paid to educating social workers, community leaders, and community groups about OVC girls' vulnerability to transactional and intergenerational sex, gender-based violence, and exploitation.

The MEN has prioritized national scale-up and is working with the PNOEV, UNICEF, and EP partner CARE International to lead the extension of education, health, and social services

to regions in the North and West controlled by the Forces Nouvelles. MEN's EP-funded activities will be extended to the areas around Bouaké, Korhogo, and Man in FY07.

Working mainly in the emphasis areas of community mobilization/participation, development of network/linkages/referral systems, and training, and on the key legislative issues of gender, stigma/discrimination, and wraparounds, activities in FY07 will provide OVC services to at least 18,231 children and train at least 200 people to provide OVC services.

Specific OVC activities planned with FY07 funding include:

1. Identify at least 5,000 more OVC clients at the MEN's first seven pilot sites, bringing the number of OVC receiving services to at least 12,231.
2. Identify at least 6,000 OVC at the three new sites.
3. Acquire and distribute 18,231 school kits to OVC.
4. Subsidize access to school cafeterias for 18,231 OVC in primary and secondary schools.
5. Support the creation of 100 new primary and secondary school cafeterias at the 10 pilot sites, using existing infrastructure. Dedicated sites will be necessary, with kitchen access, utensils, and cooking equipment.
6. Support access of OVC to health care at the MEN's health-care service and Ministry of Health clinics at the 10 pilot sites.
7. Organize visits to the homes of at least 18,231 OVC.
8. Support the creation of micro-enterprise activities in conjunction with the cafeterias.

The MEN will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders. Quarterly meetings of the OVC supervisory team, including relevant ministries and key stakeholders, will rotate among pilot sites to enhance monitoring and evaluation of the sites.

The Ministry of Education (MEN) provides educational, psychosocial, nutritional, and economic support for OVC and their families, with strengthened links to HIV prevention, care, and treatment and other health and social services. These activities will be continued and expanded to three more sous-prefectures in the North and West (Bouake, Korhogo, Man). In cooperation with the National School Cafeterias Program (SNCS), the MEN will work to increase capacity of school cafeterias at primary schools and to extend these services to the secondary level to reach in-school OVC. Wraparound collaboration with the WFP for the provision of food and UNICEF in the provision of school kits will be pursued. Plus-up funding will provide a more realistic basis for meeting FY07 target of providing services to 18,231 OVC and strengthening educational support for OVC in the North and West and in San Pedro.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	18,231	☐
Number of providers/caregivers trained in caring for OVC	200	☐

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Volunteers

Stigma and discrimination

Wrap Arounds

Education

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Haut-Sassandra

Lacs

Moyen-Comoé

N'zi-Comoé

Savanes

Vallée du Bandama

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CoAg FHI/ITM (HVP) #U62/CCU324473
Prime Partner:	Family Health International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10060
Planned Funds:	$ 800,000.00

Activity Narrative: This activity complements FHI activities in Condoms and Other Prevention (#10050), CT (#10065), Palliative Care (#10056), and Other/Policy & Systems (#10078).

FHI is the primary technical-assistance partner for capacity building within the National OVC Program (PNOEV) of the Ministry of Family and Social Affairs (MFAS), the Ministry of the Fight Against AIDS (MLS), and all pilot OVC coordination committees. Its efforts continue to focus primarily on the San Pedro pilot and proposed replication of a network model of decentralized, integrated, and coordinated HIV/AIDS services (the IRIS-SP model) built around a community social center. The plus up funds will be used to provide continued technical assistance to the PNOEV and other partners as they significantly scale up the San Pedro district model for comprehensive continuum-of-care sevices in 4 new georgraphic zones in teh underserved North and West.

In FY06, FHI supported the development and implementation of national norms for OVC programs and the dissemination of the national policy calling for standardized quality services for children affected by HIV/AIDS. FHI also finalized training curricula on OVC care for social workers and caregivers.

FHI strengthened the decentralization process for OVC care and support by enhancing the referral system established in San Pedro. FHI began an evaluation of the social-center pilot (supported by the Emergency Plan (EP) since FY05), which is part of a departmental project that provides integrated comprehensive HIV services to HIV-infected persons. The center serves as a hub for a network of community-based services for the care and protection of OVC. The center also provides HIV-related health services to children, providing a continuum of care within the catchment area of San Pedro District Hospital (CHR de San Pedro). FHI provided support for the social center in collaboration with other technical partners (EGPAF, ANADER, Alliance CI, MLS, MFAS, and the Ministry of Education) to strengthen HIV/AIDS prevention, care, and treatment services.

FHI also contributed to a situation analysis on OVC programs at three sites and supported partners providing OVC care. FHI strengthened the national OVC M&E system through revision and validation of standardized data-collection tools and indicators.

In FY07, FHI will continue to strengthen the central and decentralized response to OVC in Côte d'Ivoire. To support replication of the IRIS model of decentralized, integrated, and coordinated interventions, FHI will add an M&E assistant, a financial assistant, a driver, and a vehicle.

Based on the results of the San Pedro district model evaluation (to be completed at the end of FY06 programs), FHI will work to improve integration of OVC activities into the continuum of care by: (a) continuing to document and diffuse the social-center model to new communities, (b) continuing to link all interventions in the IRIS-SP consolidated plan, (c) improving the accessibility of OVC palliative care through identification of and support for additional palliative-care sites, and (d) updating and diffusing the revised inventory of actors in the OVC area working in the San Pedro and Grand Bereby health districts.

In addition, FHI will contribute to strengthening the referral network for HIV/AIDS interventions by (a) continuing capacity building of local coordination bodies through training and logistics support, (b) reviewing and updating the departmental operational plan and the HIV/AIDS M&E plan, (c) revising and diffusing tools to ensure a well-functioning continuum of care, and (d) strengthening coordination and multisectoral collaboration by organizing periodic meetings of IRIS-SP partners in San Pedro and Abidjan.

Outside San Pedro, as part of the extension of the IRIS-SP model to other districts, FHI will collaborate with all partners (EP-funded and others) working in those districts to implement OVC activities. In the process to select districts to replicate the initiative, priority will be given to districts with an OVC collaboration platform (CEROS). FHI will support the implementation of the model by identifying districts according to the extension plan, which will comprise the following main steps: (a) situation analysis and mapping of STI/HIV/AIDS prevention and care activities in the new districts, (b) informing administrative and political authorities, community leaders, and stakeholders about the model, (c) strengthening the capacity of local coordination bodies, (d) developing and

revising HIV/AIDS departmental operational action plans, (e) developing M&E plans, (f) establishing referral/counter-referral networks to ensure a continuum of care, (g) organizing and coordinating meetings relevant to these activities, (h) documenting the process, and (i) providing monitoring, supervision, and routine evaluations. To ensure sustainability and appropriate scale-up of the IRIS-SP model, the FHI will provide support to the PNOEV as it attempts to mobilize involvement in the process by the World Bank, Global Fund, UNDP, UNICEF, and ILO.

FHI will continue to provide technical assistance to all organizations implementing activities for OVC and to encourage coordination with the PNOEV and Alliance CI, which provides a majority of capacity building through sub-grants to local indigenous NGOs/FBOs/CBOs to support OVC at the community level. Working mainly in the emphasis area of development of network/linkages/referral systems and on the key legislative issue of stigma/discrimination, FY07 activities will provide technical assistance and training in HIV-related policy development and/or institutional capacity building to 45 local organizations and at least 400 individuals. Specific activities to be implemented in FY07 include:

1. Evaluate and revise the plan to build the capacities of the PNOEV, the OVC technical working group (GTT/OEV), and the national OVC commission to: (a) develop, revise, and implement HIV/AIDS strategic and operational plans for OVC care and (b) provide technical assistance to MFAS/PNOEV for the implementation of national policies.
2. Support the decentralization of services by replicating the San Pedro social-center model in five other regions that have OVC collaboration platforms. FHI will disseminate information about costs and options for implementing the model.
3. Continue to support implementation and monitoring of minimum services standards by the end of FY07, in collaboration with the PNOEV; to support local implementing partners (volunteers, members of NGOs/CBOs/FBOs, etc.); and to improve integration of OVC-related issues in training curricula for social workers. An emphasis will be placed on continuous training on OVC care and support at the national training program (INFAS).
4. Continue to strengthen the legal aspects of OVC care and support by helping to establish a legal environment favorable to children and affected families and by ensuring basic legal protection through laws and protection measures for women and children.
5. Collaborate with the ministries in charge of HIV/AIDS (MLS, MOH, MFAS, MEN) and technical partners (UNICEF, Global Fund, CARE International, ANADER, WFP) to continually disseminate information on OVC programs in Cote d'Ivoire. FHI will collaborate with JSI/Measure and DPPSE/MLS to monitor and evaluate major OVC programs and share innovations and best practices. FHI will also provide assistance to the PNOEV to set up linkages among OVC partners to coordinate interventions and avoid duplication of services within geographic areas.

Continued Associated Activity Information

Activity ID:	5042
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Family Health International
Mechanism:	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

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

Targets

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

Target Populations:

Business community/private sector
HIV/AIDS-affected families
People living with HIV/AIDS
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00
Prime Partner:	Hope Worldwide
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10061
Planned Funds:	$ 700,000.00

Activity Narrative: This activity relates to Hope Worldwide's activity in AB (#10047).

In FY06, Hope Worldwide (HWW) provided and promoted care and support services for approximately 5,000 orphans and vulnerable children (OVC) in conjunction with 36 local organizations in the greater Abidjan area. Through its project ANCHOR, HWW supported these organizations with technical assistance, training, and supportive supervision. In total, 128 individuals were trained to provide care and support to OVC.

HWW's OVC program provides technical assistance and training to grass-roots NGO/CBO/FBOs, which work to identify OVC in the community and to provide or refer them to needed services, including psychosocial support, counseling, nutritional support, succession planning, and life skills.

In FY07, HWW will strengthen existing OVC activities in the greater Abidjan area and scale up services in two other municipalities (Yamoussoukro and Daloa). Based on lessons learned in FY06, HWW will create more specific criteria for the selection of individuals to be trained in OVC support services. In Abidjan, HWW will collaborate with the Ministry of Education's DMOSS to select 20 teachers and social workers who will be trained in OVC care and support and will provide services to OVC in five strategically identified schools. In Yamoussoukro and Daloa, HWW will launch care and support activities for 1,000 OVC, bringing its total FY07 target nationwide (with central and country funds) to at least 6,500 OVC.

Activities will complement and build on other EP-funded efforts, including Ministry of Education (MEN), Ministry of the Fight Against AIDS (MLS), Ministry of Family and Social Affairs, HIV/AIDS Alliance, CARE International, and ANADER activities in support of youth and OVC. The project will operate in consultation with the National OVC Program and the national OVC committee (CEROS-EV).

Working mainly in the emphasis areas of local organizational capacity development, community mobilization/participation, and training, and on the key legislative issues of gender and stigma/discrimination, FY07 activities will provide services to 4,500 OVC (country funds only) and train 100 people in OVC care.

With the additional funds in FY07, HWW will:

1. Provide technical assistance to 20 additional NGOs/CBOs/FBOs working in OVC care and support. Assistance will be designed to help the groups leverage new funding through the preparation of proposals for the new EP-supported umbrella organization Alliance-CI. The local organizations will also be provided with programmatic and administrative assistance coupled with supportive supervision.
2. Train and mentor 100 key members of NGOs/CBOs/FBOs, community stakeholders, and caregivers on critical OVC issues, including psychosocial support, counseling, nutritional support, succession planning, and life skills. Training will be done in conjunction with the National OVC Program (PNOEV) or Alliance-CI.
3. Provide NGOs/CBOs/FBOs with IEC materials for OVC support groups.
4. Improve staffing within HWW for better monitoring and evaluation, supervision, and capacity building of sub-partner organizations.
5. Continue to facilitate after-school programs and support groups for OVC. Activities will include counseling, play therapy, nutritional support, referrals to services, and educational support. Child participation and interaction will be the cornerstone of these groups.
6. Provide child-care facilitators and volunteers to support OVC-focused home-based care activities and to visit children with special needs and assess their living conditions and family needs and concerns.
7. Develop a referral system for health services within the network of experienced NGOs, EP-funded partners, and stakeholders.
8. Subcontract for an independent evaluation by FHI of HWW-CI's OVC and related community-mobilization activities to assist documentation of its best practices and identify program gaps and areas for improvement, including in its M&E plan, service provision, and organizational capacity.
9. Collaborate with the PNOEV and participate in the national OVC consultative committee to contribute to the national policy dialogue (including definition of targeted OVC care packages), planning, development of training materials, and ongoing coordination at the

national level.
10. Help coordinate, in collaboration with the PNOEV, care and support activities for OVC where HWW programs are active. HWW will identify organizations involved in care and support for OVC, encourage their participation in strategic advocacy platforms, provide training and technical assistance, and organize one-year evaluations to be presented to the PNOEV.
11. Collaborate with other PEPFAR partners such as Alliance, FHI, the Global Fund, and UNICEF to maximize the use of resources for OVC.
12. Continue to mobilize additional material and financial resources and develop a plan to promote local ownership and long-term sustainability of quality services. "Fighting AIDS" committees will be established within CBOs to initiate and encourage resource mobilization for OVC. To ensure greater sustainability, monthly review meetings will help the committees to mobilize sustainable funding resources within their communities. HWW will track committee progress through monthly activity reports.
Hope Worldwide South Africa (HWSA) will provide technical assistance to the HWW Cote d'Ivoire program for programmatic strengthening and organizational capacity development. HWSA will share key documents and manuals, conduct site visits, and hold a regional ANCHOR conference in South Africa, which in-country staff will attend.

HWW will continue to monitor and evaluate its programs based on EP, project, and national indicators and will continue to assess its progress against the sustainability plan developed during the project's first year. The project will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders.

With originally requested FY07 funding, Hope Worldwide will strengthen existing OVC activities in the greater Abidjan area and scale up services in two other regions (Yamoussoukro and Daloa). HWW will create more specific criteria for the selection of persons to be trained in OVC care. In Abidjan, HWW will collaborate with the Ministry of Education's DMOSS to select 20 teachers and social workers who will be trained in OVC care and support and will provide services to OVC in five strategically identified schools. In Yamoussoukro and Daloa, HWW will launch care and support activities for 1,000 OVC, bringing its total FY07 target nationwide (with central and country funds) to at least 6,500 OVC. If plus-up funds are approved, HWW will expand to at least two new sites in the Northeast (Bondoukou) and center (Bouake) and provide services to an additional 1,500 OVC.

Continued Associated Activity Information

Activity ID:	4593
USG Agency:	U.S. Agency for International Development
Prime Partner:	Hope Worldwide
Mechanism:	ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	6,000	☐
Number of providers/caregivers trained in caring for OVC	140	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Host country government workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CDC-RETRO-CI GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10347
Planned Funds: $ 376,530.00
Activity Narrative: With FY07 funds, USG technical staff will continue to work closely with the interagency country management team and HQ technical staff to provide technical assistance and coordination for EP-supported activities aimed at improving the lives of orphans and other vulnerable children (OVC) and families affected by HIV/AIDS. USG technical staff assists the host government and nongovernmental organizations with ongoing implementation and coordination of OVC-related activities. These efforts are conducted in consultation with the Ministry for the Fight Against AIDS, other technical ministries (Education, Health, Family and Social Affairs, Human Rights), multinationals, bilateral organizations (UNICEF and other UN agencies), and EP-funded partners such as FHI, HIV/AIDS Alliance, CARE International, ANADER, and JHPIEGO.

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

In FY07, USG staff will complete and disseminate a national guidance document on OVC nutritional needs to help streamline and link partners' OVC activities.

Continued Associated Activity Information

Activity ID: 5164
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC & RETRO-CI (Base)

Funding Source: GAP
Planned Funds: $ 273,423.00

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

Targets

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

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Save the Children UK
Prime Partner: Save the Children UK
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12217
Planned Funds: $ 600,000.00
Activity Narrative: As part of its strategy for extending the reach of its OVC programming, the USG team has identified Save the Children UK as a new OVC partner. Save the Children has extensive experience working with OVC and working in the West of Cote d'Ivoire, which is currently underserved by EP programs. If plus-up activities are approved, funds will be used to develop care and support services for at least 2,500 OVC and their families in accordance with the national OVC policy and guidelines in the western region of Moyen-Cavally. Save the Children will provide subgrants and/or technical assistance to local NGOs and social centers to support a full range of direct services (including health care, education support, nutrition support, psychosocial support, and HIV prevention) to OVC and their families in about 50 villages around Guiglo, Blolequin, and Duekoue.

Life-skills and reproductive-health education will target youth, especially girls and young women. Sensitization and advocacy activities will contribute to mitigating and reducing HIV-related stigmatization, gender inequity, and sexual violence. Activities will be coordinated with the National OVC Program (PNOEV); the ministries of Health, Education, and the Fight Against AIDS; the World Food Program for nutrition support; district and local authorities; and other EP partners. At least 200 caregivers will be trained in provision of quality OVC care.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,500	☐
Number of providers/caregivers trained in caring for OVC	200	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Horizon
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	12218
Planned Funds:	$ 200,000.00
Activity Narrative:	Funding will be used to improve quality and scale of OVC programs through participation in the OVC QAI process, including technical assistance to review strategies, programming, and M&E systems.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Target Populations:

Orphans and vulnerable children
Program managers
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: PATH
Prime Partner: PATH
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12219
Planned Funds: $ 400,000.00
Activity Narrative: Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been less than systematic in many EP-supported programs. Plus-up funds are requested to develop and implement strategies for improving the quality and targeted provision of nutrition support to selected patients receiving ART and palliative care as well as to OVC (ages 0-18 years), pregnant women, and infants of sero-positive mothers.

Strategies will include, as appropriate, infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services; nutritional assessment, counseling, and support as an integrated part of clinical care and treatment of PLWHA, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished patients; linkages to food aid and to social services that can assist in the assessment and support of household food security; necessary training for health workers and OVC caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care. Funded activities will include detailed evaluations and nutritional assessments to define and develop appropriate protocols for OVC.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Target Populations:

Community leaders
Orphans and vulnerable children
Program managers
Caregivers (of OVC and PLWHAs)
Public health care workers

Key Legislative Issues

Wrap Arounds

Food

Table 3.3.09: Program Planning Overview

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

Total Planned Funding for Program Area: $ 3,896,750.00

Program Area Context:

Background

The 2005 AIDS Indicator Survey (AIS) has provided critical information permitting better targeting of prevention, care, and treatment efforts. Within an adult HIV prevalence of 4.7%, the data describes a generalized epidemic marked by important gender differences (6.4% of women vs. 2.9% of men) and low access to PMTCT and CT services. Only 11% of women and 8% of men reported ever having had an HIV test with receipt of their results, and only 7% of women had accessed PMTCT services during antenatal care.

As the key entry point to lifesaving HIV treatment and an effective tool for primary and secondary prevention, HIV counseling and testing (CT) remains significantly underused in Cote d'Ivoire. Accelerated expansion of quality CT services is a national and Emergency Plan (EP) priority for FY07 and a critical component of the scale-up of HIV/AIDS prevention, care, and treatment.

To reach FY07 treatment targets, aggressive expansion of routine provider-initiated CT at TB and other medical services is needed to identify persons living with advanced HIV disease and eligible for ART. PMTCT services are projected to identify 4% of adults eligible for ARV, while PMTCT-plus services (which include ARV treatment) should identify a much greater proportion of children in need of care and treatment.

Other community-based CT services are designed to complement routine health-facility-based CT services and provide accessible CT to target groups such as youth, couples, men, and high-risk or vulnerable subpopulations. While routine CT services initially emphasize identification of clients with advanced HIV disease in need of care, community-based CT emphasize both prevention and care opportunities.

FY06 Response and Achievements

In FY06, major progress is being made in extending routine provider-initiated CT in clinical settings, including at sites offering TB, PMTCT, and inpatient and outpatient services (respiratory, general medicine, pediatrics, obstetrics and gynecology, dermatology/STI). With leadership from the national HIV program, the national CT policy, guidelines, and job aids are being adapted to integrate routine CT approaches. This represents a major policy advance with a shift from "opt-in" approaches with labor-intensive pretest counseling to a routine integrated "opt-out" approach.

As of June 2006, 64 clinic sites had integrated routine CT services, and uptake continued to improve steadily from low initial rates under the opt-in model. The national TB program provides strong leadership and proposes routine CT at all of its nine specialist and 56 integrated TB facilities as part of a comprehensive approach to integrated HIV/TB services, along with further expansion and decentralization of services. Integration of CT at all TB sites is achievable in FY07.

A further EP-supported innovation is a joint community- and clinic-based approach to HIV-TB services, in which a community-outreach component promotes CT for TB clients and their family members (including children), promotes adherence, and provides other support. Initial results show that this appears to be positively impacting quality of care and identification of new prevention and care opportunities.

Innovative community-based models have been highly successful in CI by leveraging resources from multiple sources, such as a building and support staff from the local mayor or general council, HIV tests and professional staff from the national government, funds for equipment and renovations from an external donor, and technical assistance to assure training supervision, quality assurance, and monitoring and evaluation.

FY07 Priorities

Expanding Quality and Scope of Services. Expansion of services will continue along three axes: (1) integrated routine CT at health facilities and community-based CT services that provide specialized and "friendly" services to high-risk populations (sex workers, military) and other vulnerable groups (youth, men, couples); (2) mobile CT in rural areas and in the North, where access to CT is limited; and (3) sensitization and mobilization of HIV-positive clients detected through CT, TB, or HIV care services to encourage their families, including children, to be tested.

The national program will maintain and expand the quality and scope of services and increase client uptake at 230 currently EP-supported sites. In FY07, it is anticipated that 234,000 people will get CT with receipt of test results at 246 sites (222 at clinics and 24 at community-based centers).

To staff expanded high-quality CT services, human-resource initiatives will continue with targeted recruitment of staff for underserved areas and training and support for both health-professional CT providers and non-health-professional counselors. A new twinning partnership between a national institution and the NGO Liverpool VCT of Kenya will work to institutionalize quality short-course CT, including couples counseling. This twinning will provide South-South capacity building and increase the sustainability of CT services.

Targeted BCC Approaches to Increase Demand for Services. EP partners will collaborate to develop BCC tools and interventions to enable communities to engage in productive dialogue about HIV risk, behavior, prevention, and testing. An aggressive and decentralized multimedia CT-promotion campaign will be linked to promotion of "positive living" and "staying negative." The EP will engage national role models such as Miss Cote d'Ivoire and Ivorian soccer stars to participate in BCC campaigns.

Standardization of M&E Approaches. A key strategy will be to standardize CT monitoring and evaluation approaches and use data for decision-making at the central and decentralized levels by building on work by Measure Evaluation and MOH. Barriers to accessing CT for specific subpopulations (men, couples, youth, high-risk populations, children, etc.) and barriers to post-test care will be assessed. A further cross-cutting priority will be to evaluate costs associated with the different models of service delivery, with a view toward sustainability and scale-up of quality services.

One critical policy issue is the complexity of the national rapid testing algorithm, which includes expensive discriminatory tests (HIV-1 and HIV-2) that require centrifugation, a cold chain, and referrals to tertiary facilities for tiebreaker tests. With support from the EP, the national HIV program will review the rapid testing algorithm to update the national policy. This is crucial to allow expanded CT, especially innovative outreach such as mobile units and home testing.

Coordination

The USG, the major donor/partner supporting HIV prevention activities in the country, pursues complementary and coordination with other partners focusing on condom provision, child protection, sexual violence, reproductive health, and gender issues, including UNICEF, KfW, and UNFPA. Key institutional partners include the ministries of AIDS, Education, Social Affairs, Health, and Youth, as well as PLWHA networks. Coordination with partners on the BCC committee and other forums is improving.

Sustainability

The USG continues to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries to manage and be accountable for implementing activities and achieving intended results.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	251
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	305,582
Number of individuals trained in counseling and testing according to national and international standards	1,365

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9933
Planned Funds:	$ 350,000.00

Activity Narrative: This activity complements ANADER activities in AB (9932), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9930), OVC (# 9934), and ARV Services (#9927).

This activity is part of a broad four–year project launched in FY05 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, much of it functionally illiterate. The project is expanding access to HIV/AIDS prevention, care, and treatment and improving links to health, social, and education services, accompanying expansion of these services as national programs scale up. The implementing consortium brings together and applies the expertise of:
. The National Agency for Support to Rural Development (ANADER) for rural community mobilization and HIV prevention based on participatory risk-mapping and village HIV/AIDS action committees
. The Network of Media Professionals and Artists Fighting Against HIV/AIDS (REPMASCI) for BCC, including training, local radio, and use of its lexicon to communicate about HIV/AIDS in 16 local languages
. PSI-CI for HIV counseling and testing activities, including training and CT promotion, and procurement for palliative care
. ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment

MSD Interpharma and the HIV/AIDS Alliance are providing technical assistance.

In the program area of CT, EP-funded partners ACONDA and EGPAF are integrating CT, HIV/TB, and PMTCT services at health facilities; HIV/AIDS Alliance is supporting local authorities to establish sustainable community CT centers; PSI and FHI are providing CT and other services to the uniformed services, truckers, and sex workers; and CARE International, with Global Fund support, is expanding access to CT services in underserved areas of the North and West. ANADER's CT activities complement these activities by extending CT services and promotion to rural areas while strengthening a referral network linking CT services to HIV prevention, PMTCT, palliative care, and treatment services.

The project provides mobile outreach CT and basic health and support services at 24 village sites (each with several surrounding villages) per region, in collaboration with the Ministry of Health, and trains health workers at rural health centers in CT service delivery, including pre- and post-test counseling, couples counseling (discordant and accordant), family counseling, and referral services. Community counselors are trained to conduct community-mobilization, uptake-promotion, and stigma-reduction activities (using existing tools, such as a documentary film on PLWHA testimonials); to identify, visit, and follow up newly diagnosed PLWHA to reduce the number of clients "lost from view" and promote a « family-centered » approach to CT with referrals to treatment and care (HIV, TB, STI, etc.) at local and district health centers; and to provide CT services in conjunction with ANADER's mobile units.

Each mobile unit serves two regions and is staffed by a driver/screener, a laboratory technician provided by the MOH, and two counselors, who are joined at each stop by the village site's three trained community counselors. Besides CT services, unit staff provide TB screening, deliver palliative-care kits for HIV-positive clients and their families, and work to educate about HIV prevention and PMTCT services, to facilitate links to palliative care and ARV, and to help ensure adherence to ARV.

Quality is assured through supervisory visits and training by ACONDA and PSI. Quality assurance for HIV tests is provided by the RETRO-CI laboratory in collaboration with PNPEC and local health authorities. Project activities are coordinated through village, district, regional, and national forums, in consultation with relevant ministries and other EP partners.

In 2006, CT activities conducted with FY05 and FY06 funds include:
1. Identification of 96 village sites for intervention.
2. Creation and strengthening of community HIV/AIDS action committees in all 96 villages through HIV/AIDS risk-mapping and provision of sensitization kits (one per committee), each comprising three bicycles, 10 T-shirts and caps, a carton of male condoms, three wooden penises, a megaphone, and posters.

3. Community sensitization on CT through local radio spots and educational programs using REPMASCI's HIV/AIDS lexicon in Adjoukrou, Dioula, Baoulé, and Kroumen (local languages), as well as video/film projections on CT in all villages.
4. Training in counseling and testing and CT promotion for 288 community counselors (three per site), four ANADER counselors, and eight health-district counselors in counseling and testing.
5. Training of eight laboratory technicians for two mobile CT units.
6. Establishment, equipping, and training for 20 integrated CT service outlets at rural health centers.
7. Equipping, staffing, and operating two mobile CT units.
8. Provision of CT services according to national and international standards to 9,792 people through the two mobile units.

FY07 funds will be used to continue and strengthen FY06 activities in four regions (Lagunes, Bas-Sassandra, Moyen Comoé, and Zanzan) and to extend these activities into two new regions (Fromager and Haut-Sassandra). Activities will draw on baseline assessments in FY06 and the MOH/PSI-supported evaluation of CT services in 2005 and will work mainly in the emphasis areas of development of network/linkages/referral systems, community mobilization/participation, and training and on the key legislative issue of stigma/discrimination. FY07 activities will include adding one mobile unit to provide CT services in the two new regions. Peer-support groups will encourage members to disclose their status, conduct anti-stigmatization activities, share insights on PWLHA-specific issues, and create additional support groups. FY07-funded CT activities will support 33 service outlets (including 10 new fixed sites and one new mobile unit in FY07), provide CT training for 260 people, and provide CT services for 15,360 people through the mobile units.

Other activities with FY07 funds will include:
1. Identification of 48 village sites for intervention in the two new regions.
2. Community mobilization and CT sensitization kits for all 48 villages.
3. Equipping of one additional mobile CT unit.
4. Training by ACONDA in CT service delivery for 40 health workers at rural health centers with integrated CT services (four per center).
5. Training by PSI in CT promotion and referral for 76 health workers at health centers without CT services (two per center)
6. Training by PSI in CT service delivery, promotion, and referral for 144 community counselors (three per village site).
7. Community-awareness campaigns conducted by village AIDS action committees in local languages to promote CT for individuals, couples, and pregnant women.
8. Psychosocial support for PLWHA and their families and facilitation of peer support groups by community counselors and nurses.
9. HIV counseling and testing for 15,360 people through three mobile units.

ANADER will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health, and Social Affairs.

Activities will strive to build capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability. Training of community counselors (members of village HIV/AIDS action committees) and rural health center staff are designed to enable communities to carry on CT activities after EP funding for the project has ceased.

Continued Associated Activity Information

Activity ID:	5482
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Agency of Rural Development
Mechanism:	U62/CCU025120-01 ANADER
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	3	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	15,360	☐
Number of individuals trained in counseling and testing according to national and international standards	260	☐

Target Populations:

Adults
Disabled populations
Most at risk populations
HIV/AIDS-affected families
Infants
Program managers
Local government bodies
Rural
Children and youth (non-OVC)
Widows/widowers
Laboratory workers
Other Health Care Worker
Laboratory workers
Other Health Care Workers

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner:	Alliance Nationale Contre le SIDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9940
Planned Funds:	$ 1,000,000.00

Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), OVC (#9939),Basic Health Care and Support (#9935), TB/HIV (#9936), PMTCT (#9928), ARV Services (#10071), and SI (#9942).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs, will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

With FY06 funds, ANS-CI supported the expansion of 20 stand-alone youth- and couple-friendly voluntary HIV counseling and testing (CT) centers and two VCT mobile clinics within the southern part of the country. The 22 allocated grants were dedicated to training sessions, physical rehabilitation of VCT centers, and small equipments and items for testing laboratories.

In 2006 the expansion of CT services was be based on the HIV/AIDS Alliance's work with the office of the Mayor of Port Bouet, the Mayor's Alliance against HIV/AIDS in Cote d'Ivoire, the national HIV care and treatment program (PNPEC/MOH), JHPIEGO, and other stakeholders to develop a national initiative and a sub-granting model to support the replication of the best-practice model of the Port-Bouet VCT center and community support space (evaluated in 2005). This model involves the leveraging of resources from multiple sources, including the local mayor or general council (to provide a building, amenities, and support staff), the national government (to provide HIV tests and professional health and/or social worker staff), an external donor (to provide leveraging funds for equipment and minor renovations), and a technical provider (to assure training supervision, quality assurance, and monitoring and evaluation).

ANS-CI has established a written memorandum of understanding (MOU) with the Ministry of Health (MOH) defining the roles and responsibilities of the various parties in accordance with national policy and regulations and will assume the role of overall coordination, management, and monitoring of the sub-grants.

FY07 funds, ANS-CI will support the expansion, strengthening, and replication of the successful Port Bouet model. With the ANS-CI granting mechanism fully operational in FY07, the amount and size of grants will increase significantly. In collaboration with the MOH and EGPAF, ANS-CI will provide 24 continuing grants of approximately $40,000 each to VCT centers (22 from FY06 + 2 additional), conditional on their 2006 performance. These grants will be used to promote VCT services, and income-generating activities, such as an Internet café and library (in partnership with an Internet provider). To promote VCT activities, ANS-CI will strengthen the collaboration between the VCT centers and the Ministry of Education through members of "Clubs de Santé". As in 2006, with USG support, JHPIEGO will continue to provide technical assistance to hold training supervision and refresher courses on quality of VCT services.

The existing projects will explicitly enhance links with related health and social services in the geographic area and will promote coordination at all levels through the district, regional, and national HIV and other coordination forums. Regular monitoring reports will be provided to the relevant bodies and donors. ANS-CI expects that in FY07, funded activities will provide CT services to approximately 30,000 people. 185 people will be provided advanced refresher training in and 15 others will attend a basic training course on providing CT services.

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

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	24	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	30,000	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Adults
Community-based organizations
Family planning clients
Infants
National AIDS control program staff
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Increasing women's access to income and productive resources

Stigma and discrimination

Wrap Arounds

Microfinance/Microcredit

Education

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Rapid Expansion North West: RFA #AAA070 North &West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9943
Planned Funds:	$ 400,000.00

Activity Narrative: This activity complements CARE activities in AB (#9941), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9945), OVC (#9938), and Other/Policy & Systems (#9946).

This project, awarded EP funding in September 2005, contributes to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of culturally appropriate HIV/AIDS prevention and care interventions that target underserved populations in northern and western Côte d'Ivoire, where health-care services have been severely disrupted since the civil conflict split the country in 2002.

CARE received a 2004 grant from the GFATM to support an emergency HIV prevention program in 24 areas controlled by the Forces Nouvelles, in partnership with PSI and AIMAS. A second two-year phase was recently approved by the CCM and GFATM for FY06 and FY07. CARE used FY04 EP funds to develop PLWHA/OVC community-care projects in partnership with five NGO/CBO/FBOs. As lead implementer of Global Fund- and EP-supported activities in northern and western CI, CARE works to ensure coherence in programming and delivery of services in the main target areas of Bouaké, Korhogo, and Man. CARE is gradually scaling up project activities to three satellite sites in each central site, in coordination with local district health teams.

With GFATM funding, integrated CT services have been established at health centers in Man, Bouaké, Korhogo, and Odienné. EP-funded partners EGPAF and ACONDA are integrating CT and HIV/TB services at health facilities; HIV/AIDS Alliance is supporting local authorities to establish sustainable community CT centers; PSI and FHI are providing CT and other services to the uniformed services, truckers, and sex workers; and ANADER is increasing awareness and access among rural populations. Planned FY07 activities will complement and build on CARE's GFATM activities and those of other EP partners to achieve geographic and service-delivery coverage in the North and West while helping to establish a referral network linking CT promotion and service delivery to HIV prevention, care, and treatment services.

FY07 CT activities will draw on baseline assessments, including those conducted with FY05 funds and the MOH/PSI-supported evaluation of CT services in 2005. The project will continue to ensure the provision of quality CT services at six health sites (two per hub in Man, Bouake, and Korhogo) and add five new CT sites by providing sub-grants and technical assistance to local partners who provide direct services, including pre- and post-test counseling, couples counseling (discordant and accordant), family counseling, and referral services. A sub-grant/support-services manager will be hired.

Quality will be assured through supervisory visits and training by JHPIEGO and CARE field staff for the 35 counselors trained in FY05 and the 30 people selected for a training of trainers in counseling in FY06. Quality assurance for HIV tests will be provided by the RETRO-CI laboratory in collaboration with PNPEC and local health authorities.

CARE will use the two principal approaches available on the national front: stand-alone community-based CT centers offering targeted CT services (including youth-, couples-, and men-friendly services) and the integrated model with CT services systematically offered within standard health-care settings (such as in PMTCT, TB, STI, and HIV care and treatment services at local hospitals). The project will reinforce or create linkages with other partners such as EGPAF, Global Fund, and Clinton Foundation and will work to integrate CT into the existing minimum package of health-care services while emphasizing the need for STI, TB, and prenatal care.

CARE will prioritize the promotion of CT service utilization and serostatus knowledge as well as the follow-up of seropositive clients. The project will work to reach out to more rural communities to ensure that prevention and treatment services are available to whole families and that counselors are trained in using "the family approach." With expanded FY07 funding, CARE will develop an innovative approach for ensuring that community counselors identify and visit people newly diagnosed as HIV-positive to dramatically reduce the percentage of clients "lost from view."

CARE will work closely with RIP+ (network of people living with HIV) to organize post-test peer-support groups. Group members will be encouraged to disclose their status, conduct

anti-stigmatization activities, share insights on PWLHA-specific issues, and create new support groups.

CARE will also encourage partners to create "twinning" relationships with organizations conducting similar work in other countries, such as Rwanda or Uganda. At least two international trips will allow key project staff and partner representatives to learn from successful community-based CT approaches, such as house-to-house testing, mobile service provision, and the linking of CT with care and prevention services at one site.

To address the lack of qualified laboratory technicians in the North, CARE will advocate a policy change to allow young technicians to use their "bridge year" (between schooling and integration into the public health-care system) to gain experience in the CT labs in the North. A second innovation for which CARE will advocate is the training of health personnel (such as nurses and matrons) to conduct HIV counseling and rapid testing services.

Working mainly in the emphasis areas of local organizational capacity development and infrastructure, and on the key legislative issues of stigma/discrimination and wraparounds, FY07-funded CT activities will train 90 people in CT provision and provide CT services for 10,000 people. Activities will include:
1. Provide sub-grants and technical assistance to local institutions/NGOs to reinforce six existing CT sites and add five new CT sites.
2. Reinforce training of 60 social workers and community counselors in community mobilization for the promotion of CT uptake.
3. Reinforce training of 60 health personnel and community counselors to provide counseling and psychosocial services, with a focus on couples and family counseling.
4. Provide TA and supplies to support 10,000 on-site HIV tests.
5. Provide pre- and post-test counseling to 10,000 persons tested, with psychosocial support for those who test positive.
6. Train 30 additional health personnel, community counselors, nurses, and matrons in the provision of quality CT services.
7. Work with regional HIV/AIDS networks to conduct 36 mobilization activities promoting the use of CT services, especially for families, couples, and groups.
8. Establish mobile teams for at least three CT centers, to expand service coverage to rural health centers in target areas.
9. Provide a sub-grant to RIP+ to train NGOs to organize post-test peer-support groups
10. Establish quality-assurance systems for HIV testing with national reference lab.
11. Ensure the continued implementation of project-specific M&E activities within an integrated national M&E system.

To build sustainability, CARE incorporates some flexibility into its partnerships with local NGOs so as to avoid dependency and encourage autonomy. A strong accent is placed on training, training of trainers, and supportive supervision so that necessary technical and management skills are imparted to local partner staff, who will be able to support other organizations in the future. CARE is also emphasizing the development of project-writing and financial-management skills so that partners can apply directly for and manage funding in the near future. Institutional capacity is being supported through infrastructure rehabilitation and equipment purchases.

Continued Associated Activity Information

Activity ID:	5047
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	CARE International
Mechanism:	Rapid expansion North West: RFA # AAA070 North & West of CI
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	11	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	90	☐

Indirect Targets

Pourcentage of clients receiving counseling who report a high level of satisfaction with the services received: 90°

Target Populations:

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

Coverage Areas

18 Montagnes

Savanes

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	EGPAF Rapid Expansion (country supp)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10062
Planned Funds:	$ 550,000.00

Activity Narrative: This activity complements EGPAF's activities in ARV Services (#9721, #10068), Basic Health Care (#10336), HIV/TB (#10057), SI (#10074), and Other/Policy & Systems (#10337).

Since 2005, the EP has funded by Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist the Ministry of Health (MOH) in supporting and expanding quality HIV counseling and testing (CT) services in Cote d'Ivoire while building on and complementing other programs supported by the EP, Global Fund, UNICEF and others. The EP has supported EGPAF in developing a holistic, family-centered approach to HIV prevention, care, and treatment within the health sector.

The MOH and the USG team have asked EGPAF to support the integration of routine provider-initiated CT as part of comprehensive HIV services at health centers. This program area has the dual goals of detecting patients with HIV in need of care, especially those in need of ARV treatment, and reinforcing provider-delivered behavior-change interventions for primary and secondary prevention of sexual and mother-to-child HIV transmission. This activity complements other EP-supported CT initiatives targeting high-risk populations (sex workers, uniformed services, and truckers/mobile populations) and the general community, especially youth and couples, with outreach to rural and underserved populations and promotion of CT to increase demand and combat stigma in collaboration with PLWHA networks.

All of EGPAF's 57 current service sites support onsite HIV testing. By June 2006, 204 health workers (physicians, nurses, social workers, and lab technicians) at these sites had been trained in CT using trainers and a temporary adapted curriculum developed by the national CT technical working group. A total of 6,658 inpatients and outpatients had received CT, and 3,332 had initiated ART provided by EGPAF. The number tested is an underestimation, because the registries used for data collection at the HIV care centers did not include HIV testing in clinical settings. Less than 5% of supported sites are currently reporting data for CT. Based on this assumption, and counting the 12,451 pregnant women who received their HIV results through PMTCT centers, EGPAF may be on track to reach its projected target of 40,000 persons tested by the end of FY06.

The biggest challenges that EGPAF faced in FY06 were: a) a lack of adapted training materials for CT in clinical settings, b) a lack of integration of CT in clinical-setting indicators in existing tools, c) resistance from TB health-care providers to adopting systematic routine HIV testing, and d) the absence of a CT specialist on the EGPAF technical team. EGPAF is working to address all of these issues. First, EGPAF has started a demonstration project at the university hospital (CHU) in Treichville based on the findings and recommendation of a situational analysis. Second, EGPAF will participate in a national dialogue on the integration of CT in clinical settings into the CT policy, guidelines, and training curriculum. Third, EGPAF will advocate strongly for the evaluation of alternative rapid tests for rural areas without electricity. Finally, EGPAF has begun to recruit a skilled CT expert.

In close collaboration with the national TB control program, FY06 funds are being used to support two new TB centers in Abidjan and one in San Pedro, as well as 13 secondary TB diagnosis and treatment centers. This strategy will result in provision of HAART to at least 300-500 additional TB/HIV co-infected patients per site, since 47% of TB patients are also HIV-infected. Collaborations between CBOs and TB services will be expanded to household level with promotion of adherence, HIV CT, and TB diagnosis for family members. Referrals from the HIV/AIDS Alliance CI, CARE International, and ANADER programs will help identify other adults and children requiring treatment and support. Innovative approaches will be used to reach out to family members of HIV-infected people, building on successful approaches used in CI (Bouake) and Uganda. EGPAF is also on track to integrate CT services in at least three family-planning services in the North (Bouake, Korhogo, and Man) with a new sub-grantee to be identified through a competitive process.

With FY06 funds and based on lessons learned from demonstration sites, new sub-grantees (including health-professional associations) will work to integrate routine HIV testing in all old PMTCT sites in the regions Lagunes, Moyen Comoe, Bas-Sassandra, Agneby, and Haut-Sassandra. Involvement of the health-professional associations will allow rapid documentation of the process and development of simplified CT protocols for

implementation at all non-CHU hospitals where EGPAF is supporting HIV treatment and PMTCT interventions. This will contribute to training 350 health professionals and community counselors and help achieve the goal of providing CT services to 40,000 clients by the end of September 2007.

FY07 funds will permit EGPAF to pursue its district-driven implementation strategy for CT integration, which involves the district team and local CBO/FBOs at all stages, from planning to M&E. CT services will be integrated in primary-level health facilities, large PMTCT service-delivery sites, and family-planning clinics, with functional referral and counter-referral links to available HIV care services in the district, to reach 60,000 clients by March 2008. Priority will be given to hospitals with large inpatient caseloads and access to HIV and TB care and treatment services. In all, EGPAF expects to support 142 CT sites with FY07 funds.

With the expected end of the country's military and civil crisis, special emphasis will be put on resuming interrupted CT services at four major TB centers and, through faith-based and community-run clinics, in a number of underserved districts.

With FY07 funding, EGPAF will work closely with national authorities, the USG team, and the new SCMS program to establish a functional supply chain for CT commodities. EGPAF will also work with the MOH training department, JHPIEGO, professional associations, and NGOs to benefit from their skills and experience in training, supervision, and integration of routine testing in decentralized health services.

Two ongoing structured family-centered approaches in Abengourou and Bouake will be strengthened and documented to feed the national dialogue on revising the national CT policy and guidelines and to produce a replicable model that can be used to expand family-based CT services. In addition, the NGO Renaissance Sante Bouake's home-based CT services in Yamoussoukro appear to be effective in reaching underserved rural populations, and this approach will be documented and expanded to all of Bouaké.

EGPAF-supported sites are being reinforced with improved commodities and data management, in partnership with the SCMS project. EGPAF sites are also boosting their own logistical capabilities through the purchase of necessary equipment (computers, data-management tools, and vehicles for commodities distribution). EGPAF is also complementing the work of the HIV/AIDS Alliance CI, the MOH in partnership with the 20:20 Project, and FHI in building community-level or decentralized capacity, mobilizing resources, and empowering communities to mobilize wraparound resources to improve the sustainability and complementarity of HIV services.

Continued Associated Activity Information

Activity ID:	5045
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	EGPAF Rapid expansion (country supp)
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	142	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	173,660	☐
Number of individuals trained in counseling and testing according to national and international standards	520	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	ACONDA CoAg
Prime Partner:	ACONDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10063
Planned Funds:	$ 150,000.00

Activity Narrative: This activity complements ACONDA activities in Basic Health Care and Support (#10053), HIV/TB (#10338), ARV Services (#10070), and SI (#10075).

Since its creation in 2002, the Ivorian NGO of health professionals called ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA's personnel has more than a decade of experience in HIV clinical and applied research, with a sustained focus on counseling and testing. ACONDA defines a holistic approach to care and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (with provision of ART, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with local PLWHA and community organizations. ACONDA is also committed to improving the management of information to improve service delivery and promote sustainable quality services to reduce HIV-related morbidity and mortality in Cote d'Ivoire.

ACONDA has been successful in mobilizing resources and developing its own organization to support expanded service delivery and research activities. ACONDA has created numerous technical and financial partnerships (with the MOH, ISPED/University of Bordeaux, GIP-ESTHER, Columbia University, GlaxoSmithKline Foundation, NGO Sidaction, and the Clinton Foundation). Since 2004, ACONDA has been a sub-partner under the five-year EP cooperative agreement called Project HEART, led by the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF) and the University of Bordeaux/ISPED.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 12,500 patients, including 1,365 children (11%), by March 2007. With ACONDA's contributions, Project HEART's five-year service-delivery goals were exceeded in the first 18 months. This substantial growth not only led to rapid growth in ACONDA's organizational capacity for service delivery but was also accompanied by reinforced capacity in management and financial systems, with substantial assistance from U Bordeaux/ISPED. In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services. ACONDA will use FY06 funds to further strengthen its financial and management systems to ensure that it has the capacity to manage EP funds directly while maintaining strong partnerships with technical partner ISPED, EGPAF, and other collaborating partners.

Counseling and testing services are the doorway for HIV-infected individuals into ACONDA's comprehensive service program. In Cote d'Ivoire, approximately 29% of routine CT clinic patients are infected with HIV.

In FY06, ACONDA integrated CT services at 42 clinics, where it provided counseling and testing to 18,894 people. In FY07, ACONDA expects to expand the number of people who are counseled and tested, because it will provide CT services at 10 additional sites, and testing will be provider-initiated. Furthermore, each HIV-positive adult receiving a test will be counseled and asked whether their children or families can also be tested, and when a child tests positive, the parents will be asked to have tests done for all siblings. In collaboration with the rural development agency ANADER, ACONDA will also pilot community-based counseling services that are delivered via mobile testing units in rural areas. In all, ACONDA expects to provide counseling and test results for 35,784 people and to direct approximately 10,368 people who are seropositive to the appropriate services within its program.

Most of ACONDA's 42 CT sites were operated in FY06 in collaboration with EGPAF (two were operated with non-USG partners). With direct funding in FY07, ACONDA will establish 10 new programs in district hospitals, possibly including some in the northern part of the country. ACONDA will furnish the new sites with the appropriate equipment and will hire two counselors for each site. Counselors will be trained to provide peer-to-peer counseling to HIV-positive and HIV-negative individuals. The counselors will be able to provide effective education on the benefits of abstinence, fidelity and condom usage. The counselors will also play a key role in having people bring in their family members for testing.

ACONDA will also provide training to 215 community advisers and health providers within

the community and will work closely with CBOs and NGOs to provide them with technical assistance. Local NGOs and CBOs will be given sub-grants, in conjunction with Alliance CI, to provide psychosocial support and community-based C&T. This will generate innovative ways of reaching out to greater numbers of people with CT services in communities. These organizations also help ACONDA leverage additional funding, because the reach that ACONDA has through these partnerships is attractive to many donors.

New sites will be provided with tools for record-keeping, and the staff will receive training to use these tools. Staff at the new sites, and new staff at existing sites, will be brought up to speed on national guidelines. After these 10 new district hospitals are fully functional, CT services will be expanded to local health centers.

This program will also be linked with stand-alone CT services operated by other organizations or the government. ACONDA will accept all referrals for counseling, psychosocial support, clinical prevention, prevention education, care, and treatment services.

ACONDA and EGPAF will coordinate as the ACONDA program splits off to become an independent prime partner under the EP, and they will coordinate the scale-up of their programs with the MOH in strategic geographic areas.

ACONDA will work to strengthen its monitoring and evaluation system and to support an integrated national M&E system. It will adhere to national standards, will remain an active member of the CT and other technical consultative forums, and will provide input to improve national policies according to evidence-based practices. ACONDA will also remain an active member of the national commodities coordination committee for HIV-related commodities.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	52	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	35,784	☐
Number of individuals trained in counseling and testing according to national and international standards	215	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Technicians laboratorians
Project staff
Widows/widowers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	PSI CI Uniformed services VCT Promotion
Prime Partner:	Population Services International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10064
Planned Funds:	$ 450,000.00

Activity Narrative: This CT activity (#10064). complements those described in AB (#10307) Condoms and Other Prevention (#10049), and Basic Health Care and Support (#10055)

The EP continues to targeted populations most at risk or vulnerable to HIV acquisition and transmission in order to effect HIV transmission dynamics and provide care to those most in need. In Cote d'Ivoire, with the prolonged political and military crisis, the EP team targeted uniformed services and their sexual partners for special attention. Since Sep 2002, there has been active mobilization and deployment of various uniformed services (national army, gendarmes and police) as well as rebel forces and the potential emergence of militia forces. Increased mobility with separation from spouse(s), economic disparities with the surrounding population, and crisis-related shifts in perceptions (e.g. gender and violence norms, less concern about the long term etc) are likely to contribute to heightened sexual risk behaviors among these populations. Access to information, counseling and HIV testing, and health care is limited overall but particularly so for uniformed services on active deployment. In addition, children have been victims of the conflict. A national disarmament, demobilization and reinsertion program has been planned for both child and adult soldiers and rebel forces.

As such, in Sep 2005, PSI and its partners (AIMAS, CARITAS, ESPOIR FANCI and JHPIEGO) applied successfully to implement the EP project to expand HIV prevention, counseling and HIV testing and care interventions targeting the uniformed services, ex-combatants and their partners in Cote d'Ivoire .

The use of HIV voluntary counselling and testing (VCT) in Cote d'Ivoire remains insufficient, despite the expansion of routine provider initiated counselling and testing at health centres and expanded community based CT centers. Some regions and all rural areas are grossly underserved and VCT uptake remains low. The 2006-2010 HIV/AIDS national strategic plan identifies counseling and testing as a priority area. It aims at increasing voluntary testing from 85 to 460 sites by 2010, and increasing the rate of voluntary testing from 6% to 25% by 2010.
Among the armed and security forces, despite significant interest in CT uptake remains low. In a 2004 PSI survey among the Army of Cote d'Ivoire 81.6 % of respondents stated that they had the intention to get HIV tested yet fewer than 30% had done so. The main reason cited for not seeking a test was the lack of medications for treatment of PLWH/A (65.9 %).
PSI was granted Emergency Plan (EP) funding in September 2005 and charged with improving access to, and uptake of, quality counseling and voluntary HIV testing services provided to the armed forces, ex-combatants and their sexual partners, in accordance with national standards and approved guidelines. A double strategy has been selected: fixed VCT services integrated at 3 military health structures (existing VCT centre at the Military Hospital of Abidjan, and integration of new VCT services in Daloa and Korhogo), and mobile VCT services through establishment of 2 mobile units.

With EP FY06 funds, intervention sites were selected which will receive visits by the mobile units, that is 40 adult military camps (20 in the Northern zone controlled by the Force Nouvelle, and 20 others in the Southern Government controlled zone) as well as 15 "Centers for Transit and Orientation" (CTO) for child soldiers (as part of the larger national programs). By March 2007, 165 peer counsellors will be trained to deliver individual and couples counseling using adapted modules from CDC. Service delivery will commence at the two new static centers (Daloa and Korhogo) and continue at the Military Hospital of Abidjan (HMA) VCT centre. The activities of mobile units and those of the integrated centres of Daloa (western part, loyal army area) and Korhogo (northern part, rebel-held territory) are designed to deliver counseling and testing to 15,800 people among the target groups by March 2007. For quality control, blood samples will be sent to an approved referral laboratory.
A mapping exercise by region is also being completed to define referral which will help PSI supported sites to refer HIV positive people to services related to their specific needs (HIV treatment, PMTCT, psychological management, nutritional management, OEV for examples) in their geographic region.
For the 2007 fiscal year, the project proposes to build on these accomplishments. The mobile VCT units will serve 50 military camps (40 old plus 10 added in 07) where the mobile units provide services to the armed and security forces, ex combatants and their partners and families, as well as the 15 CTO. PSI will expand the use of mobile VCT

services to other sites frequented by uniformed services including the police. PSI will also add 5 new static sites and evaluate the feasibility of equipping the two mobile units with a portable CD4 counter in order to add CD4 screening for HIV positive clients on site and better triage referrals of HIV positives individuals in need of ARV treatment. The BCC campaign initiated in 2006 (including individual and couple VCT promotion) will be revised on the basis of initial evaluations to improve impact.
Major activities in the VCT service delivery area will include the following:
1. Establish 5 new integrated VCT centres in 5 military health centres chosen with the approval of the Ministry of Defense and the project partners at Bondoukou, Dimbokro, Yamoussoukro, Man and Seguela;
2. Complete a needs assessment of 10 new adults sites (military camps) that could be visited by mobile VCT units;
3. Train 50 people in counselling and testing according to the procedures approved by the Ministry of health, including 8 military supervisors in counselling and 2 military supervisors in testing.
4. Equip two units/centers with equipment to measure CD4 cell counts;
5. Providing counselling and testing services at 8 fixed sites (Abidjan, Daloa, Korhogo, Bondoukou, Dimbokro, Yamoussoukro, Man and Seguela) and 65 sites to be visited by the 2 mobile VCT units (40 former sites chosen in 2005- 2006, 10 new additional adult sites and 15 CTO, of which 5 at Bouaké, 5 at Guiglo, 1 at Logoualé, 1 at Man and 2 at Korhogo);
6. Strengthening the national referral network through the establishment and the regular updating of the repertory of referral community and health centres;
7. Constant internal quarterly external supervisions of VCT activities on project sites; and
8. Monitor and evaluate all the counselling and testing activities.
The project will promote sustainability through the creation of a pool of military counsellors, laboratory technicians, and a team of supervisors which will continue their activities well after the project is completed. It will help the Ministry of Defense to involve, strengthen and regional focal points by strengthening the Military Hospital of Abidjan. Seven operational centres will be installed in the Military Hospital along with 2 mobile VCT units that will return under the Ministry of Defense on completion of the project. The integrated centres which will be set up in the north of Cote d'Ivoire (under New Forces New Armed control) will return under the Ministry of Defense once the army is reunified. The project will ensure monitoring of the Ministry of Defense consolidated HIV plan as well as the sustainability plan validated in 2006, specifically for all aspects regarding HIV VCT.

Continued Associated Activity Information

Activity ID:	4580
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Population Services International
Mechanism:	Rapid expansion uniformed services
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	10	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	35,778	☐
Number of individuals trained in counseling and testing according to national and international standards	50	☐

Target Populations:

Adults
Community-based organizations
Faith-based organizations
International counterpart organizations
Military personnel
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Teachers
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Other

Coverage Areas

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CoAg FHI/ITM (HVP) #U62/CCU324473
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10065
Planned Funds: $ 300,000.00

Activity Narrative: This activity complements FHI activities in Condoms and Other Prevention (#10050), OVC (#10060), Palliative Care (#10056), and Other/Policy & Systems (#10078).

Through the Highly Vulnerable Populations project (PAPO-HV), FHI and its partners have supported the strengthening and expansion of HIV counseling and testing (C&T) services targeting sex workers and their partners in 2006 in 3 initial sites: Abidjan/Yopougon operated by the NGO Côte d'Ivoire Prospérité (CIP), Abidjan/Biétry operated by the NGO Espace Confiance and San Pedro operated by the NGO APROSAM. In addition, FHI has supported during 2006, the extension of HIV counselling and testing services in two new sites: Gagnoa (NGO CIP) and Yamoussoukro (NGO ASAPSU). Voluntary counselling and testing is part of the minimal package offered to clients as outpatients at PAPO-HV centers. Rapid testing is done, and clients get their results the same day. However some clients prefer to come back for their result. To date, 1708 HVP have received C&T and have received their test results. At the end of COP2006, we expect 4000 HVP to be counselled and to have received their test results.

With COP07 funds, FHI will build on ongoing programs with technical and financial support while continuing to provide sub-grants to the 7 implementing NGOs. In FY07, FHI will expand PAPO-HV to two (2) new communities through strategically selected sub-partners. The technical support FHI will provide to new partners includes strengthening new service providers and reviewing progress and providing supportive supervision.

PAPO-HV leveraged additional funding for this program from the Belgian Development Cooperation (BC) for 2007. This funding supports the design and production of a training curriculum for community health workers for approximately USD $50,000; plus part of the salary for a technical advisor.

The Project PAPO-HV will collaborate with other EP partners such as Alliance National Côte d'Ivoire (ANCI) for the strengthening of NGOs and to assist NGOs in managing the mobile units for CT services. Mobile CT units will operate in a CT van (ANCI will provide the van in November 2006 to two NGOs: Espace Confiance and APROSAM). Mobile units are supposed to reach the hard-to-reach HVP in remote areas in Abidjan and San Pedro regions. PAPO-HV will collaborate with the regional AWARE-HIV project to improve regional coordination by integrating the "Clinique de Confiance" as a regional training center for prevention and care activities targeting sex workers.

Specifically, in FY07 FHI will:
1. Continue technical support to the four existing NGOs, that implement C&T activities in five existing services sites: Abidjan/Biétry (NGO Espace Confiance), Abidjan/Yopougon (NGO CIP), San Pedro (NGO APROSAM), Gagnoa (NGO CIP) and Yamoussoukro (NGO ASAPSU) and in two new sites which will be selected with COP06 funding (making a total of 7 sites).

2. Through a competitive mechanism, FHI will support two new sites to be selected in FY 07 for the implementation of C&T services for sex workers, according to pre-established criteria and in collaboration with the Ministry of the Fight Against AIDS (MLS), the Ministry of Public Health/National Program for Care and Treatment (PNPEC) and other partners. FHI will support C&T activities in the selected sites, through subgrants with two, newly identified NGOs

3. In collaboration with Alliance-CI, FHI will provide technical assistance for the integration of mobile C&T services in the package of services to SW who are difficult to reach in Abidjan (NGO Espace Confiance) and in San Pedro (ONG APROSAM). The aim is to expand geographical coverage of intervention and to improve access to services.

4. Strengthen support to promotion of C&T services for HVP during outreach activities in the field conducted by 110 peer health educators and community workers and during health education and prevention activities at 9 clinic sites..

5. Support 9 NGOs to adopt innovative C&T strategies for HVP, including couple, family and community counseling

6. Strengthen the internal and external referral system of PLWA to the appropriate

services including: care and support groups, ARV treatment and OVC services,

7. Continue standardization of C&T practices at existing sites through dissemination of standardized tools; which were elaborated at the national level, under the supervision of the PNPEC.

8. Continue to strengthen the operational management of 9 NGOs. and existing associations through strengthening administrative and financial management, budgeting, leadership, Monitoring and Evaluation and mobilization of the resources. More specifically, FHI will continue to support the elaboration of a Quality Assurance System (QAS) which started in 2006, in collaboration with other partners (National Program for Care and Treatment, PSI, JHPIEGO and RETRO-CI), in order to better evaluate the quality of health care services. The QAS will be part of the current program management system. In 2007 FHI will train health staff and Monitoring and Evaluation focal points in the two new sites to the use of these QAS tools before providing these tools to them. Quality evaluation activities will be performed periodically in the 5 existing sites according to national guidelines in order to improve quality of C&T services.

9. Continue the support (started in 2006) to Espace Confiance, in collaboration with JHPIEGO, EGPAF, RETRO-CI and the regional AWARE project, to create a national and regional training center for health care providers working in settings dedicated to the prevention and care of STI/HIV among sex workers. More specifically, in 2007, promotion activities of the Clinique de Confiance will take place; national and regional key players and program managers will be approached to conduct a needs assessment and to draw participants' lists; finally Espace Confiance will train these participants according to a pre-established training plan.

10. Increase coordination among NGOs and associations by strengthening efforts and provide technical assistance to national government's working groups, particularly the Sex Work and HIV/AIDS working group within the MLS.

11. Conduct a baseline assessment of HIV prevalence among a representative sample of 420 sex worker visiting new service sites in FY07.

12. Conduct an assessment of the HIV prevalence among 400 sex workers coming for the first time to the 9 different C&T service sites.

13. Address stigma and sexual violence by providing HVP friendly services, staff with non judgmental attitudes and by conducting BCC activities with 12,000 other HVP (partners, clients, bar owners).

14. Support revision, after evaluation, of an extension plan of the project PAPO-HV. This plan was elaborated in 2006, in collaboration with all key partners, and includes geographical extension to zones under control of the New Forces as well as extension of the target population to occasional sex workers. A revised plan will allow reorienting interventions, including primary health services for HIV infected people, and expanding them in the whole country.

15. Support annual evaluation of a plan for sustainability or project activities. PAPO-HV is guided since 2006 by a comprehensive sustainability strategy aiming at reaching the goals of the project, while also preparing local partners to gradually assume organisational and technical management. The annual evaluation of that plan (by all key partners) will help FHI monitor its progress.

16. Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.

Continued Associated Activity Information

Activity ID:	5046
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Family Health International
Mechanism:	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473

Funding Source: GHAI
Planned Funds: $ 150,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	10 - 50
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	9	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,000	☐
Number of individuals trained in counseling and testing according to national and international standards	30	☐

Target Populations:

Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Most at risk populations
Discordant couples
Men who have sex with men
Non-governmental organizations/private voluntary organizations
Program managers
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	IHA Twinning Center TWINNING Project Liverpool
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10066
Planned Funds:	$ 170,000.00

Activity Narrative: The AIHA Twinning Center's new CT project, awarded PEPFAR funding in September 2006, is designed to twin the technical expertise of a leading Kenyan NGO and the local infrastructure of sub-grantees to strengthen HIV CT services in Cote d'Ivoire.

The project, a partnership between Liverpool VCT (LVCT) of Nairobi and a CI entity or entities to be designated by the USG team in consultation with CI stakeholders, proposes to support quality-assured scale-up of comprehensive CT services through technical assistance to the local partner, other local NGO/CBO/FBOs, technical ministries, and other PEPFAR partners for training, supervision, evaluation, policy and standards development, accreditation, and quality assurance. The Twinning Center will provide a sub-grant, administrative support, and supervision for the partnership and may draw on ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau) of France or ICAD (Interagency Coalition on AIDS and Development) of Canada for technical assistance in French.

LVCT, established in 1998, has partnered with the government of Kenya in scaling up CT services in resource-poor settings and has been central to the development of standards and guidelines for CT as well as the legal bases for registration, licensure, and accreditation of CT sites. Of the nearly 800 CT sites in Kenya, LVCT has helped to establish more than 400; of those, 150 have "graduated" to be managed by the Kenyan government, CBOs, or FBOs. For the remaining 250 sites, LVCT provides staff, basic training, refresher training, supervision, and quality-assurance guidance. LVCT has also trained more than 70% of all CT counselors in Kenya. Through its strong targeted-evaluation program, LVCT contributes to evidence-based policy formulation and programming. LVCT has also spearheaded gender-equitable provision of HIV/AIDS prevention, care, and treatment services with particular emphasis on improving access to services for groups with special needs, including victims of sexual violence, the deaf, and men who have sex with men. It is anticipated that this partnership will support similar efforts in Cote d'Ivoire.

Based on LVCT's track record and local needs and opportunities, in accordance with PEPFAR and national strategic plans and in coordination with the USG team and national authorities, this partnership will use FY07 funds to increase the speed and quality of CT scale-up through:
. Technical assistance and training for PEPFAR partners and others in CT provision and promotion
. Technical assistance and training in supervision and quality assurance
. Review of CT policies, guidelines, and standards

Working mainly in the emphasis areas of local organizational capacity development, quality assurance and supportive supervision, and policy and guidelines, and on the key legislative issues of twinning and stigma/discrimination, FY07-funded activities will work with the MOH and EP partners such as ANS-CI, CARE, ANADER, EGPAF and ACONDA and their CBO/FBO implementing partners to help improve quality of CT services (reaching at least 30,000 persons) and will train at least 60 people in providing CT services.

The partnership will work with the Ministry of Health, other relevant ministries, PEPFAR partners, and stakeholders to enhance links with related health and social services in the geographic area and to promote coordination at all levels through district, regional, and national HIV and other coordination forums.

The partnership will implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders. Partnership activities will strive to mobilize and build capacity among local NGO/CBO/FBOs to achieve local ownership and sustainability.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	60	☐

Target Populations:

National AIDS control program staff
Program managers
Technicians laboratorians
Project staff
Laboratory workers
Laboratory workers

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Moyen-Comoé

Savanes

Vallée du Bandama

Worodougou

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10348
Planned Funds: $ 96,750.00
Activity Narrative: With FY07 funds, the USG technical staff will continue to work closely with the interagency management team and HQ technical staff to provide technical assistance for the design, implementation, and evaluation of HIV counseling and testing interventions. USG technical assistance contributes to the strengthening of national guidelines and adoption of routine testing policies at health facilities. USG staff consults with the national VCT technical working group, expert HIV laboratory committee, and other technical forums to assure the quality of decentralized HIV counseling and testing services. USG staff are providing ongoing technical assistance for the inspection and supervision of HIV testing services performed at peripheral sites. Specifically, USG staff will provide assistance in implementing the simple rapid testing algorithm and introduce a new approach based on t whole blood finger-prick. These efforts are conducted in consultation with the Ministry for the Fight Against AIDS; other technical ministries (Health, Education, Family and Social Affairs); nongovernmental organizations, multinationals, bilateral organizations (UNAIDS and other UN agencies); and PEPFAR-funded partners (such as EGPAF, Care International, FHI, International HIV/AIDS Alliance, JHPIEGO, and ANADER).

Ongoing specific activities will include technical assistance to the MOH and other partners to improve the quality and monitoring of counseling and testing through evaluation of existing counseling and testing services. In conjunction with Liverpool, JHPIEGO and other partners, USG staff will provide technical assistance for the integration of HIV testing at health-care service sites. USG staff will provide technical assistance to strengthen training for professional health workers, professional counselors, lay counselors, and labs technicians. This training will improve linkages to care and treatment services for people who test HIV–positive

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, and monitoring and evaluation of laboratory personnel and facilities.

Continued Associated Activity Information

Activity ID: 5166
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC & RETRO-CI (Base)
Funding Source: GAP
Planned Funds: $ 79,067.00

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

Targets

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

Target Populations:

National AIDS control program staff
Technicians laboratorians
Project staff
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Laboratory workers
Other Health Care Workers

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10531
Planned Funds:	$ 80,000.00

Activity Narrative: This activity relates to activities in Condoms and Other Prevention (#10299, 10304), ARV Services (#10071, 10302). and to CARE International activities in AB (#9941), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9945), CT (#9943), OVC (#9938), and Other/Policy & Systems (#9946).

As part of the Project CARA, "Access to Prevention, care and treatment of HIV/AIDS in underserved regions of North and West Cote d'Ivoire (CARA).", lead by CARE International, JHPIEGO has drawn on it's EP funded training and quality improvement portfolio to provide technical assistance to CBO/FBO implementing partners.

Although to date this assistance has been provided under a subaward from CARE, for reasons of cost-and administrative-effectiveness, activities in FY07 are proposed to be implemented under the UTAP award.

To date, JHPIEGO has carried out training activities under CARA that included: participation in needs assessments and advocacy, organizing two training workshops in STI management for 40 persons, one training workshop for 20 people in VCT, and two training workshops in opportunistic infection management for 40 people. Activities planned with FY06 funds include: Four trainings of trainers in HIV counseling and testing, palliative care, and care of orphans and vulnerable children.

With FY 07 funds, JHPIEGO will work with CARE to conduct a training needs assessment, to identify priority training needs, reviewing existing gaps or weaknesses among staff and partners. This will be conducted during the first 2 months of FY 2007. This needs assessment will take into consideration any document needs of local implementing partners, identifying national standards and policies documents, treatment protocols, or other items that are required by each organization to ensure that appropriate reference materials are available.

On the basis of this assessment, JHPIEGO will lead a workshop to validate the findings from the assessment, and to decide upon a training action plan that will be developed, proposed, and validated, with dates, with all local and institutional partners. This will allow CARE, JHPIEGO and consortium partners, to plan trainings through the life of Project CARA including in 2007. Training of at least 40 persons will be planned with FY07 CARA funds and JHPIEGO TA following this assessment.

JHPIEGO will then also provide additional technical assistance to all trained project staff through supervisory visits. The major focus will be on VCT but other domains will also be included. These visits will vary in content, depending upon the type of training received by participants. When a participant has been trained as a trainer, efforts to coordinate with CARE in order to observe trainings being led by a newly "trained" trainer, will be made. An evaluation will be conducted during this visit, reviewing the quality of the training methods used as well as the correctness of the technical information provided. A discussion will be held during the visit, and written recommendations will be provided to both the trained trainer, as well as CARE within 2 weeks after the visit.

Supervisory visits to trained health care workers, and other care providers will also be conducted in coordination with local CARA staff and/or the district health team, during which the technical knowledge retained by the participant, as well as the application of correct procedures and standards presented in trainings held in 2006, will be assessed. Transfer of competence of supervision skills to local staff will also be developed through this process. Every effort will be made to observe the participant in the action of providing assistance in the domain for which s/he was trained (example counseling clients), in order to better assess capacities and skills.

The evaluation will be combined with verbal exchanges with the participant, during which immediate feedback will be given. A written report with recommendations will be provided to both the participant, and CARE, within 2 weeks after the visit.

JHPIEGO will continue to participate in the consortium management group (CMG) made of all partners involved in the implementation of the CARA project. This will involve attendance at each of the monthly meetings, as well as the quarterly coordination meetings in the field.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	40	☐

Target Populations:

National AIDS control program staff
Program managers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
Private health care workers
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Other

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	12212
Planned Funds:	$ 200,000.00
Activity Narrative:	In FY07, JHU/CCP will expand its behavior-change communication for HIV prevention with a focus on girls and women, rural populations, PLWHA, discordant couples, and religious and traditional communities. FY07-funded activities will include HIV-prevention messages that promote uptake of HIV testing; positive prevention for PLWHA, including discordant couples; and social inclusion of people affected and infected by HIV. Along with the ministries for AIDS and Education and CARE International, CCP will organize a caravan to raise awareness of HIV counseling and testing among youth, using role models such as artists and/or Miss Cote d'Ivoire 2006 to encourage young people to get tested. With the approval of plus-up funds, JHU/CCP will increase its efforts to promote HIV testing by working in direct collaboration with the MLS to support a national HIV counseling and testing campaign to promote a national testing weekend, with a particular emphasis on religious venues (i.e. churches and mosques) as testing sites. The MLS and JHU/CCP will coordinate with community-based EP partners (Alliance, CARE, PSI, ANADER, HOPE Worldwide, RIP+, etc.) as well as facility-based partners (ACONDA and EGPAF) to increase visibility of HIV testing throughout the country.

Target Populations:

Adults
Family planning clients
Infants
International counterpart organizations
People living with HIV/AIDS
Pregnant women
Local government bodies
Children and youth (non-OVC)
Host country government workers
Public health care workers

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CoAg Ministry of AIDS #U62/CCU024313
Prime Partner: Ministry of AIDS, Côte d'Ivoire
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12213
Planned Funds: $ 150,000.00
Activity Narrative: The Ministry for the Fight Against AIDS (MLS) in Cote d'Ivoire is charged with coordinating a multisectoral comprehensive and effective national response to HIV/AIDS, including all aspects of prevention, care, and treatment. The MLS plays a key role in bringing together stakeholders to define national policy and strategies to prevent HIV transmission and to coordinate and monitor the national response (through its departments of Social Mobilization, Technical Assistance and Planning, and Monitoring and Evaluation). With FY07 funds, the MLS, in conjunction with technical assistance partner JHU/CCP, collaborating ministries, NGO/FBO/CBO representatives, and other stakeholders, will build on FY04-06 achievements to improve access, quality, and coverage of evidence-based behavioral change communication (BCC) interventions, including targeted and age-appropriate messages to delay sexual debut, promote fidelity within marriage, promote partner reduction, and address negative gender and discriminatory attitudes undermining healthy sexuality.

With the approval of plus-up funds, the MLS will significantly increase its efforts to promote HIV counseling and testing by working in direct collaboration with JHU/CCP to coordinate a national counseling and testing campaign to promote a national testing weekend, with a special emphasis on religious venues (i.e. churches and mosques) as testing sites. The MLS and JHU/CCP will coordinate with community-based EP partners (Alliance, CARE, PSI, ANADER, HOPE Worldwide, etc.) as well as facility-based partners (ACONDA and EGPAF) to increase visibility of HIV testing throughout the country.

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

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.10: Program Planning Overview

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

Total Planned Funding for Program Area: $ 17,475,000.00

Program Area Context:

Background
Despite its political crisis, Cote d'Ivoire has established systems allowing a significant number of people to access treatment. Support from the Global Fund (GF) and EP will allow CI to take its ART program to scale, but the influx of patients has already strained the supply chain. The procurement of ARV drugs is managed within the Ministry of Health (MOH) by the National Public Health Pharmacy (PSP), the National Drug Regulatory Authority, and the National Public Health Laboratory (LNSP). The platform these authorities have put in place needs significant strengthening before it can support a fully integrated and streamlined drug-management system.

The national goal is to reach 68,000 patients in need of ART in 2007, with a significant Emergency Plan (EP) contribution of 40,982. The enrollment of 18,234 patients on ART (June 2006) by EP partners was made possible by the pooling of government and donor technical leadership and resources to buy ARVs. The cornerstone of the national treatment strategy was a pooled ARV procurement that all stakeholders bought into. The USG and its partners were primarily responsible for buying all second-line and pediatric ART formulations (typically branded, due to FDA regulations), while the GOCI, the GF, or other donors were responsible for buying WHO pre-qualified first-line ARVs. All partners were allowed access to the pooled stocks of first- and second-line drugs, which were centrally managed by the PSP.

While the PSP has substantial infrastructure and experience, it lacks the capacity to coordinate the large volume of orders, process accurate forecasts, and track commodities within its distribution system, and it has minimal quality-testing measures for the products that it manages.

FY06 Response

In FY06, the drug-procurement scheme was modified in response to several challenges. The GF treatment program was not able to ensure a continuous supply of first-line ARV drugs for the central pool, and the PSP continued to face challenges in securing commodities stocks at its central warehouse. Steps taken by the EP and its partners include consolidating all EP ARV, OI, and lab-supply procurements under a single USG-managed procurement partner (the Partnership for Supply Chain Management Systems (SCMS)) and agreeing to focus on securing their drug stocks by providing additional support for the PSP and more closely monitoring the flow of commodities bought with EP funds. The EP also decided that first-line ARV drugs for treatment partners must be purchased with EP funds. This may have the effect of reducing the number of ART patients that EP partners can treat, since funds will now go toward both first- and second-line drugs.

To improve the PSP's ability to coordinate and plan, a central HIV commodities management committee was formed under the direction of the PSP general director. The committee comprises about 10 members from the MOH and stakeholders, including the USG and its partners.

The GOCI and EP partners also worked hard to standardize and simplify treatment regimens. Historically, treatment programs in CI were individualistic and research-oriented, which gave rise to more than 50 treatment regimens, making it difficult for the PSP to manage central procurement. The FY06 standardization efforts will make the regimens easier and less costly to administer and will simplify the list of commodities to be procured.

EP partners played a key role in improving forecasting and quantification capabilities at the PSP. EP funds supported the installment and supervision of commodities-tracking software at all nationally supported sites, improving the availability of reliable data for decision-making. Site-specific commodities and ARV use data have been better integrated and analyzed together with new electronic patient records to provide a more complete clinical and management picture of the programs.

The biggest challenge for the EP and its partners has been responding to changes in other programs. Joint procurement coordination has made all partners in CI highly interdependent. The EP faces the dilemma of working within the coordination effort while ensuring a secured supply of HIV commodities when other partners are unable to provide their contribution to the pooled PSP stocks.

FY07 Priorities

Responding to Changing Procurement Needs. SCMS will work closely with the PSP and other care and treatment partners on the specifications of all commodities to be procured. The PSP will be responsible for all procured goods upon delivery at the central PSP warehouse in Abidjan. While the goods are intended solely for EP-supported projects, they may be lent out to non-PEPFAR projects in extreme cases. The EP will also support a national quantification exercise to provide a long-term perspective on HIV commodities procurement and ensure the stability of all EP-funded service-delivery programs, including palliative care.

Maintaining the Integrity and Improving the Capacity of the Procurement Coordination Structure. To avoid splintering the joint procurement led by the MOH and PSP, the EP and its partners will continue to work closely with the PSP, providing additional technical assistance, infrastructure improvements, and system upgrades. The central HIV commodities management committee will work to improve forecasting and quantification for all HIV-related drugs and commodities. EP partners will participate in quarterly assessments of the national forecast, assist the PSP in using the new commodities-tracking tool at the central warehouse, provide additional guidance for specific members of the commodities management committee, and help coordinate the timely submission of EP requirements that feed into the central forecast.

Commodities and Procurement Systems Strengthening. The EP will continue to improve the government's freight-forwarding, drug-importation, and distribution systems. Capitalizing on the capabilities of several key partners, the EP will support an assessment of these systems for HIV-related commodities. Findings will feed into the standard operating procedures for the EP central procurement agent. To assist the PSP in improving its distribution from the PSP warehouse, the EP will facilitate South-South collaboration between the PSP and a South African freight and logistics group, which will provide technical assistance and training to improve the PSP fleet and distribution system.

EP partners will continue to focus on improving commodities-information management. Technical assistance will strengthen the institutional capacity of the PSP, health districts, and target facilities to ensure adequate management of commodities. The EP will also build national capacity to monitor the quality of drugs and HIV commodities. Partners with quality assurance testing expertise will help build the capacity of the National Public Health Reference Laboratory (LNSP) to monitor the quality of ARV drugs procured through non-EP channels. For the time being, the quality of drugs procured by the EP will be monitored at an SCMS regional warehouse before they arrive in country.

Cote d'Ivoire recently received approval for a large supply of non-ARV drugs. First-line TB drug supplies will be provided for national coverage, and second-line and pediatric TB drugs might also be available. The EP will work with the PSP to enable the bolstered TB effort to wrap around ongoing HIV care and treatment programs.

Sustainability
The USG continues to promote sustainability by transferring technical, financial, management, and M&E skills from international organizations to Ivorian government agencies and local CBOs, NGOs, FBOs.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	10187
Planned Funds:	$ 17,475,000.00

Activity Narrative: Despite its complex political crisis, CI continues to make rapid progress in scaling up comprehensive HIV treatment services. The national HIV program seeks to rapidly scale up quality comprehensive services and has embraced the EP five-year target of 77,000 persons under ARV by end 2008. As of end June 2006, 23,698 persons had initiated ART with direct support from an EP partner, and 18,234 were in active ART follow–up. As of end December 2005, 1,633 patients were under ART at sites where GF was the only major source of support. After delays in approval of the second phase of the GF HIV project, an active data-collection process is underway at all sites to verify or (at GF-only sites) collect data. In the first nine months of 2006, the EP was the only major funding source for the national program's HIV treatment services and commodities. By end March 2007, it is projected that the EP will support 75 sites and 34,200 patients on ART, with client accrual of more than 1,500 per month.

In FY06, SCMS was assigned as the primary procuring agent for PEPFAR-funded commodities and was also funded as the principal TA provider for commodities forecasting and management under the EP. Service delivery partners, such as EGPAF, either discontinued or limited their commodities purchases to emergency orders to fill unforeseen small gaps. SCMS procured ARVs, laboratory reagents and supplies, OI drugs and standardized packages for palliative care and OVC support, and equipment for the EP existing and scale-up sites. Following the MOH directive to coordinate antiretroviral procurement to maximize efficiency and numbers of patients treated, the EP and the GF are following a cooperative procurement and management strategy for ARVs and other essential HIV-related commodities, led by the national authorities. Originally, under this agreement the EP was primarily responsible for buying the majority of 2nd line and pediatric ARV formulations, plus around five percent of all first line ARVs for all MOH-accredited treatment sites in the country. This was the most cost-effective portion given current FDA approved medications and USG procurement regulations. The GF procured all first-line ARVs for the sites.

Due to recurring difficulties with GF procurements, SCMS and other EP partners, notably EGPAF, procured substantial amounts of these products through several emergency orders throughout FY06. With the interdependent nature of the program, this placed all EP-supported sites at risk of stocking-out of crucial products. It also diverted programmed funds from other essential activities. To avoid this situation in the future, SCMS is assisting the MOH in improving coordination and monitoring, to minimize unplanned procurements.

During FY06, SCMS technical assistance enhanced the institutional capacity of the PSP, health districts and target service facilities by ensuring adequate management of HIV/AIDS products and other health commodities. The program strengthened the PSP commodities management unit to support the health district depots and pharmacies in managing their commodities. More Specifically, in collaboration with the MOH and other partners, SCMS:
1. Reviewed and disseminated key commodity management tools (computerized and paper-based) and standard operating procedures (SOPs) for district and facility levels.
2. Provided ongoing supervision and quality control at all sites.
3. Strengthened capacity of the PSP to supervise commodity management at peripheral sites and to monitor use of ARV and HIV/AIDS related commodities, including commodity needs forecasting and procurement management.
4. Trained and supervised pharmacists and stock managers in commodity management at peripheral treatment sites, VCT centers and MTCT facilities.
5. Provided TA to Global Fund and recipients in effective commodities management and facilitated regular coordination of joint procurement planning and tracking by the PSP.

FY07 funds will continue strong technical and management support to the PSP leadership and coordination role in the National HIV/AIDS Program. SCMS will ensure that all new scale-up sites are fully functional and technically supported in using the SIMPLE I tracking software, and that all sites are able to produce accurate monthly commodity reports. SCMS aims to make this routine for each site by the end of FY07; and hopes to turn the management of this process over to the PSP in the future. To improve available data, SCMS will provide additional management tools that have been tailored for forecasting, procurement and management at the facility, district and national level. This forecasting and tracking will be closely tied to the electronic patient record to monitor use of drugs compared to actual prescriptive practices, as well as enabling more practical tracking of drug expiration and specific costs. SCMS will continue to provide TA to the GF and

sub-recipients as key partners in the national program and seek continual improvements in data and decision quality and coordination.

In FY07, SCMS will maintain up to date information on USG-approved drugs, commodities and manufacturers, including generic products, and advise the EP country team and MOH on evolving purchase options and cost analysis of key program components. SCMS will also advise the MOH and partners on current pharmaceutical market developments, manufacturing capacity and issues effecting delivery of essential products.

Exact needs projections of each drug and product will be negotiated with the MOH, GF and other partners in support of the overall target of 49,280 ARV patients, as well as other service targets for March 2008.

With the approval of additional plus-up funds, SCMS will expand to procure for an additional 10 new treatment sites in the North, which will provide ART to 3,000 additional patients and strengthen continuum-of-care activities in hard-to-reach settings. In addition, due to the continued blockage of the Global Fund Round 2 Phase 2 HIV/AIDS grant, PEPFAR is obligated to provide additional commodities, notably ARVs, to ensure that GF-supported patients continue to receive treatment without interruption. SCMS will expand to procure for lab commodities, including reagents and test kits, for an additional 10 new treatment sites in the underserved North, which will provide ART to 3,000 additional patients and strengthen continuum-of-care activities in hard-to-reach settings. In addition, due to the continued blockage of the Global Fund Round 2 Phase 2 HIV/AIDS grant, the EP is obligated to provide additional commodities, notably lab supplies and test kits, to ensure continued treatment services at 42 GF-supported sites.

Continued Associated Activity Information

Activity ID:	4572
USG Agency:	U.S. Agency for International Development
Prime Partner:	Partnership for Supply Chain Management
Mechanism:	Working Commodities Fund
Funding Source:	GHAI
Planned Funds:	$ 2,440,000.00

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

Target Populations:

Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

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

Total Planned Funding for Program Area: $ 15,565,648.00

Program Area Context:

Background

The 2005 AIDS Indicator Survey (AIS) has provided critical information permitting better targeting of care and treatment efforts. Within an adult HIV prevalence of 4.7%, the data describes a generalized epidemic marked by important gender differences (6.4% of women vs. 2.9% of men) and low access to PMTCT and CT services. Only 11% of women and 8% of men reported ever having had an HIV test with receipt of their results, and only 7% of women had accessed PMTCT services during antenatal care.

While projections of HIV infections and need for care and treatment among women and children are not expected to change substantially, the new data on male prevalence will lower previous estimates of HIV-infected adults (770,000) and of those in need of ARV treatment.

Despite its complex political crisis, CI continues to make rapid progress in scaling up comprehensive HIV treatment services. The national HIV program seeks to rapidly scale up quality comprehensive services and has embraced the EP five-year target of 77,000 persons under ARV by end 2008. As of end June 2006, 23,698 persons had initiated ART with direct support from an EP partner, and 18,234 were in active ART follow–up. As of end December 2005, 1,633 patients were under ART at sites where GF was the only major source of support. After delays in approval of the second phase of the GF HIV project, an active data-collection process is underway at all sites to verify or (at GF-only sites) collect data. In the first nine months of 2006, the EP was the only major funding source for the national program's HIV treatment services and commodities. By end March 2007, it is projected that the EP will support 75 sites and 34,200 patients on ART, with client accrual of more than 1,500 per month.

A national exercise is also underway to review the scale-up plan and requantify commodity needs. It may be necessary to revise EP targets for FY06 down, from 34,200 to 32,000 patients under treatment, if commodities are insufficient.

In September ACONDA, a national health-professional NGO, graduated from subpartner status to become a new EP care and treatment prime partner. The approach of both EGPAF and ACONDA is to provide comprehensive, family-centered, child-friendly services and to maximize prevention and care opportunities. Integration of TB and HIV services remains a priority.

FY06 Response

As of August 2006, the national care and treatment program listed 91 accredited ART sites, of which 57 received direct EP support. Given GF delays, the functionality of the remainder is under review.

A number of implementing FBO/NGO/CBOs were funded through a performance-based competitive sub-granting process to begin to address barriers such as motivation of personnel and human-resource deficits, especially in the North. The EP supports the implementation of a network model with linked services at the regional, district, and decentralized levels. District pilot models are used to develop and evaluate a comprehensive approach complementing continuum-of-care services and community mobilization. In FY06, activities promoted referrals to clinical care for PLWHA at the district level. Complementary support from non-EP-funded partners, including UNDP (ARVs) and WFP (nutrition), promoted provision of continuum-of-care services.

The clinical treatment package includes ARVs, cotrimoxazole, lab services, and limited OI prevention and care. In 2006, palliative-care standards on OI, pain, and symptom management were better defined, and early infant diagnosis and positive prevention were introduced. Improved data management and use include longitudinal follow-up and ARV-resistance evaluations.

The EP provided technical and financial assistance to develop national ARV adult and pediatric training materials, to train trainers in service delivery, to support TOTs for ARV providers, and to develop treatment performance standards.

Partners led the process of developing a strategic framework for communication around HIV treatment through the BCC technical working group. This framework facilitated the development of BCC materials designed to promote interpersonal communication, raise awareness in target audiences, address stigma, and promote available HIV services.

FY07 Priorities

Increase Geographic and Population Coverage. Rapid expansion of treatment services will continue in order to reach 55,800 patients at 123 sites, with emphasis on extending geographic coverage through creative outreach, particularly to the underserved North and West and to rural areas. Performance-based competitive sub-grants will help to develop a network of high-performing HIV/AIDS clinics with progressively lower cost per patient. Scale-up will be matched by an emphasis on strengthening the M&E system.

Increase Performance for Adult Patients and Uptake of Pediatric HIV Treatment. Building on FY06 activities, the EP will focus on providing high-quality care to ART patients, with greater access to services, availability of commodities, and systematic accreditation and site openings. A key objective will be to improve coordination, planning, supervision, and training at site and district levels. Promotion of pediatric treatment will be a major sustained focus. HIV-infected children will be identified through early infant diagnosis, links to OVC programs, and CT outreach to families. To ensure quality, EP partners will assist in the development and implementation of performance standards for all clinic-based services. Training, supportive supervision, career progression, and expanded peer and community services will be used to address human-capacity barriers and improve quality of care.

Gender Sensitivity and Quality of Care. The feminization of the epidemic will require greater gender awareness to all aspects of access to care and mitigation, including HIV disclosure, since a disproportionate number of HIV-infected women live in sero-discordant relationships. Strategies will include positive-prevention interventions, especially for discordant couples, and stigma-reduction campaigns with an expanded role for peer support and peer advocacy.

Promote a Comprehensive Service Network. Based on the San Pedro pilot funded in FY06, the EP will replicate the comprehensive service network model, including public-private partnerships, by promoting linkages among ART, PMTCT, and CT services, with a wraparound community-mobilization component. Nurses at rural health centers will be trained to follow up ART and provide psychological support under the supervision of the district health team. Activities will cover links to existing health, social, and education services.

Communication Strategies to Increase Treatment Adherence and Decrease Stigma. Communication interventions will focus on reducing stigma that surrounds HIV/AIDS while increasing the demand for services. Community counselors and peer-support groups will promote adherence to treatment and treatment literacy. Partners will assess the effectiveness of counselors trained in 2006, address HIV-related stigma in rural communities, and link clients to community-based services with integrated HIV and TB services.

Coordination
When possible, the USG provides complementary programming with other donors and partners, such as UNDP for ARV procurement and WFP for food aid for PLWHA. The EP will continue to coordinate clinical services with community-based partners to improve the quality of services and reach a greater portion of the population in need.

Sustainability
The USG continues to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries to manage and be accountable for implementing activities and achieving intended results.

Program Area Target:

Number of service outlets providing antiretroviral therapy	123
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	55,800
Number of individuals receiving antiretroviral therapy by the end of the reporting period	50,220
Number of individuals newly initiating antiretroviral therapy during the reporting period	24,500
Total number of health workers trained to deliver ART services, according to national and/or international standards	552

Table 3.3.11: Activities by Funding Mechanism

Mechanism: EGPAF Track 1 ARV (Level funds)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9721
Planned Funds: $ 6,722,257.00
Activity Narrative: See accompanying application in same section with country funds. Additional country funds will be added to the central funds available to ensure appropriate scale up and achievement of intended targets.

With Emergency Plan (EP) support, Project HEART has rapidly established an innovative family-centered approach to provide comprehensive, decentralized, HIV treatment services in Côte d'Ivoire. Since May 2004 HIV treatment and support services have been established in 57 sites in 22 districts. As of June 2006, there were over 52,787 enrolled in HIV/AIDS care, with 18,235 on ART (with 23,698 ever receiving drugs at this period). The program is on track to meet the ambitious goal of opening 72 sites treating 34,200 ART patients by the end of March 2007, far exceeding the original 5 year target of the initial award.

The program will continue to expand in 2007, with one significant change. The Ivorian NGO Aconda, a major sub-grantee in the first 3 years of the project, will "graduate" to receive funding directly from the EP. This clearly demonstrates the capacity building and skill transfer by Project HEART. As such, 20 sites and approximately 14,000 patients supported by Aconda will no longer be receiving direct EGPAF support. Therefore, EGPAF's overall targets will decrease, while the overall EP targets continue to increase and remain on goal.

The objective of the Track 1 funding is to support and provide complementary country funding for continued treatment of the 20,200 patients anticipated by end of March 2007 at the 52 EGPAF-supported sites, enroll 10,200 new patients at those sites, and enroll 4,000 new patients at 20 new sites to be opened in 2007.

Continued Associated Activity Information

Activity ID: 5495
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: EGPAF Track 1 (level funds)
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy	75	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	33,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	29,700	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	0	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	270	☐

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	U62/CCU025120-01 ANADER
Prime Partner:	National Agency of Rural Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9927
Planned Funds:	$ 85,000.00

Activity Narrative: This activity complements ANADER activities in AB (9932), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9930), CT (#9933), and OVC (# 9934).

This activity is part of a broad four–year project launched in FY05 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, much of it functionally illiterate. The project is expanding access to HIV/AIDS prevention, care, and treatment and improving links to health, social, and education services, accompanying expansion of these services as national programs scale up. The implementing consortium brings together and applies the expertise of:
. The National Agency for Support to Rural Development (ANADER) for rural community mobilization and HIV prevention based on participatory risk-mapping and village HIV/AIDS action committees
. The Network of Media Professionals and Artists Fighting Against HIV/AIDS (REPMASCI) for BCC, including training, local radio, and use of its lexicon to communicate about HIV/AIDS in 16 local languages
. PSI-CI for HIV counseling and testing activities, including training and CT promotion, and procurement for palliative care
. ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment

MSD Interpharma and the HIV/AIDS Alliance are providing technical assistance.

In the program area of ARV Services, FY07 funds will be used to continue and strengthen FY06 activities in four regions (Lagunes, Bas-Sassandra, Moyen Comoé, and Zanzan) and to extend these activities into two new regions (Fromager and Haut-Sassandra). These activities, designed to expand treatment access and treatment literacy into rural areas, will develop and promote referral to comprehensive clinical care for PLWHA at the district level, including EGPAF/ACONDA-supported sites and community CT and support centers created with EP support.

ARV Services activities planned with FY07 funds will complement and build on other EP-funded efforts, including Ministry of the Fight Against AIDS (MLS) and JHU-CCP activities to develop effective BCC materials and approaches and mobilize faith-based communities and opinion leaders; HIV/AIDS Alliance support for CBO/FBOs and PLWHA; and Ministry of Health (MOH) and EGPAF/ACONDA support for expanded HAART, palliative care, and CT.

Referrals are made to district general hospitals and other public/private health–care centers that are adequately equipped to provide HIV/AIDS care, including ART. Clients who test HIV-positive at rural health centers (five with integrated CT per region) are referred to the nearest accredited health facility for treatment, including ART. Clients who test HIV-positive through ANADER's mobile CT units are referred to the nearest rural health center, which in turn refers them to an appropriate health facility for care and treatment. Nurses at rural health centers with integrated CT are trained to follow up ART treatment and provide psychological support to PLWHA under the supervision of the district health team. Community counselors are also trained to provide psychological support and follow up ART.

Community counselors and peer-support groups ensure adherence to treatment, contribute to referral activities, and promote treatment literacy. The project creates links to services by public providers, NGOs and FBOs supported by EP, Global Fund, EGPAF, ACONDA, AIBEF, and others.

In 2006, ARV Services activities conducted with FY05 and FY06 funds include:
1. Participatory assessment of stigma and treatment literacy and prioritization of needs involving PLWHA, conducted in partnership with RIP+ (network of PLWHA) and drawing on data from other sources, including the 2005 national AIDS Indicator Survey.
2. Training of 80 health workers at rural health centers with integrated CT (four per center) according to national and international standards.
3. Training of 96 community counselors (one per village site) using local languages, in partnership with REPMASCI.
4. Promotion of adherence to treatment and secondary prevention with establishment of links to available services.

5. Referral of 1,988 clients to accredited health services, including ART.

ARV Services activities in FY07 will be informed by quantitative and qualitative assessments in FY06 and the 2005 national AIDS Indicator Survey and work mainly in the emphasis areas of development of network/linkages/referral systems and training. Expanded FY07 funding will allow strengthening the referral system for clients who test HIV-positive through ANADER's mobile units by training nurses at the rural health centers without integrated CT (19 centers per region) to make referrals, follow up ART treatment, and provide psychosocial support.

FY07-funded activities will include:
1. Participatory assessment of stigma and treatment literacy and prioritization of needs involving PLWHA in the two new regions, conducted in partnership with RIP+ and drawing on data from other sources, including the 2005 national AIDS Indicator Survey.
2. Training of 116 health workers in the two new regions, including 40 in rural health centers with integrated CT (four per center) and 76 in rural health centers without CT (two per center) according to national and international standards.
3. Training of 96 community counselors (two per village site) using local languages, in partnership with REPMASCI.
4. Promotion of adherence to treatment and secondary prevention with establishment of links to available services.
5. Referral of 3,586 clients to accredited health services, including ART.

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

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

Continued Associated Activity Information

Activity ID:	5485
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Agency of Rural Development
Mechanism:	U62/CCU025120-01 ANADER
Funding Source:	GHAI
Planned Funds:	$ 75,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Project staff
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism: EGPAF Rapid Expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10068
Planned Funds: $ 2,770,000.00
Activity Narrative: Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been less than systematic in many EP-supported programs. Plus-up funds will be used to develop and implement strategies for improving the quality and targeted provision of nutrition support to selected patients receiving ART and palliative care as well as to OVC, pregnant women, and infants of sero-positive mothers.

Strategies will include, as appropriate, infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services; nutritional assessment, counseling, and support as an integrated part of clinical care and treatment of PLWHA, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished patients; linkages to food aid and to social services that can assist in the assessment and support of household food security; necessary training for health workers and OVC caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care. Funded activities will include detailed evaluations and nutritional assessments to define and develop appropriate protocols for patients on ART and pregnant mothers.

Continued Associated Activity Information

Activity ID: 4592
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: EGPAF Rapid expansion (country supp)
Funding Source: GHAI
Planned Funds: $ 2,150,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy	75	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	33,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	29,700	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	14,200	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	270	☐

Target Populations:

Community leaders
HIV/AIDS-affected families
People living with HIV/AIDS
Program managers
Project staff
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Food

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	ACONDA CoAg
Prime Partner:	ACONDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10070
Planned Funds:	$ 1,850,000.00

Activity Narrative: This activity complements ACONDA activities in CT (#10063), Basic Health Care and Support (#10053), HIV/TB (#10338), and SI (#10075).

Since its creation in 2002, the Ivorian NGO of health professionals called ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA's personnel has more than a decade of experience in HIV clinical and applied research, with a sustained focus on antiretroviral treatment. ACONDA defines a holistic approach to care and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (with provision of ART, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with local PLWHA and community organizations. ACONDA is also committed to ongoing applied research to improve service delivery and promote sustainable quality services to reduce HIV-related morbidity and mortality in Cote d'Ivoire.

ACONDA has been successful in mobilizing resources and developing its own organization to support expanded service delivery and research activities. ACONDA has created numerous technical and financial partnerships (with the MOH, ISPED/University of Bordeaux, GIP-ESTHER, Columbia University, GlaxoSmithKline Foundation, NGO Sidaction, and the Clinton Foundation). Since 2004, ACONDA has been a sub-partner under the five-year EP cooperative agreement called Project HEART, led by the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF) and the University of Bordeaux/ISPED.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 12,500 patients, including 1,375 children (11%), by March 2007. With ACONDA's contributions, Project HEART exceeded its five-year service-delivery goals in the first 18 months. This substantial growth not only led to rapid growth in ACONDA's organizational capacity for service delivery but was also accompanied by reinforced capacity in management and financial systems, with substantial assistance from U Bordeaux/ISPED. In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services. ACONDA will use FY06 funds to further strengthen its financial and management systems to ensure that it has the capacity to manage EP funds directly while maintaining strong partnerships with technical partner ISPED, EGPAF, and other collaborating partners.

Through its holistic program, ACONDA has cared for 12,500 people on ART with EP support. It continues to bring patients into its program for the full range of comprehensive care, treatment, and prevention services. In FY07, ACONDA will provide ART to approximately 22,800 patients, including 2,280 pediatric patients. These patients will be able to access services at any one of ACONDA's 38 sites supported with FY06 funds, along with 10 new sites that will be supported with FY07 funds.

ACONDA will ensure that HIV-positive individuals undergo clinical and biological assessments (CD4 count measurement) to determine clinical staging and eligibility for ART initiation. Patients who are eligible will be put on ART according to the national ART guidelines. The patients will be followed up after three months and then every six months to monitor side-effects and assess adherence and efficiency of treatment (using CD4 count increase).

ACONDA's treatment program will build on its holistic model while focusing on treatment eligibility, efficacy, and adherence issues. Treatment support will begin with short educational courses at clinical sites for patients who have been prescribed ARV treatment. Next, a pharmacist or drug dispenser will provide informal case management and treatment adherence counseling. In addition, children will be provided special child-friendly treatment adherence counseling by trained specialists. ACONDA's home-based care program will provide additional adherence support for patients in their homes and through community-based family-support programs. Finally, patients will be able to join support groups that will meet regularly and provide an additional means to support treatment adherence.

Infants who are diagnosed early with HIV infection will also be assessed for ART initiation and will be provided with a complete package of care. ACONDA will identify local foods

that can be substituted in the diets of pediatric patients who are being weaned off breast milk, and counselors will provide information to patients on diet changes.

CBOs, NGOs, and other institutions providing specific interventions will be identified and given grants, in conjunction with Alliance CI, to help ACONDA support patients in their communities. During home visits, these sub-grantees will provide palliative care, psychological support, adherence support, nutritional counseling, mosquito bed nets, and even some micro financial support through income-generating activities. These sub-partner organizations will also help develop community-mobilization activities and will network with health-center teams to provide linkages among clinical HIV care, community support, and wraparound services.

ACONDA will work to strengthen its monitoring and evaluation system and to support an integrated national M&E system. ACONDA's software, MONISTAC, will be adapted for use as the national patient monitoring and management system. ACONDA will adhere to national treatment standards, will remain an active member of treatment and other technical consultative forums, and will provide input to improve national policies according to evidence-based practices.. ACONDA will also remain an active member of the national commodities coordination committee for HIV-related commodities.

Additional Background on ART-Related Training
In FY07, ACONDA will train 282 providers in ART. It will strengthen the expertise of its clinicians with the following:
1. Training for new clinicians to provide a solid foundation of knowledge, followed by adherence and treatment regimen training. After this, weekly training will be offered to the clinicians during the first month. The training will transition to monthly follow-up and training until the clinicians are fully trained on all treatment regimens.
2. Clinical specialists will provide technical assistance monthly to the newly trained clinicians for case follow-up and monitoring of treatment complications.
3. Monthly meetings will be organized to provide clinicians and other staff the opportunity to exchange information on the services they are providing. This will provide clinicians an opportunity to air their concerns.
4. ACONDA will train staff on early diagnosis of pediatric HIV through PCR.
5. Practical training on ART will be done at CEPREF (ACONDA's health center). Methodological support will be included to follow up on procedures and other recommendations.

ACONDA will also be working with the government of Cote d'Ivoire on national guidelines on ART management.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy	48	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	22,800	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	20,520	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	10,300	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	282	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
people living in village
Health social workers
Project staff
Caregivers (of OVC and PLWHAs)
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner:	Alliance Nationale Contre le SIDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10071
Planned Funds:	$ 130,000.00

Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), OVC (#9939), CT (#9940), Basic Health Care and Support (#9935), TB/HIV (#9936), PMTCT (#9928), and SI (#9942).

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

With FY07 funds, ANS-CI will continue and expand its support for NGOs promoting treatment literacy and home- and community-based care, including promotion of adherence to ARV treatment, positive living, and secondary prevention.

In FY06, the HIV/AIDS Alliance worked with JHU/CCP, FHI, and PNPEC to develop tools for treatment literacy and home-based care and to create a national pool of trainers with adequate training tools and implement plans.

With FY07 funds, ANS-CI will assist key stakeholders in replicating and disseminating tools developed in FY06 and will continue to strengthen CBO networks and local coordination bodies to improve communication and coordination and to promote continuum of care services.

Based on a performance evaluation of their previous work in FY06, the 20 NGOs supported will receive sub-grants of approximately $5,000 each to continue promoting treatment literacy and home- and community-based activities, including promotion of adherence to ARV treatment, positive living, and secondary prevention. With additional funds, ANS-CI will extend the sub-grants to 10 new NGOs to conduct similar activities nationwide. All NGOs receiving sub-grants for treatment literacy will be linked to NGOs receiving sub-grants for palliative care. The sub-grants will serve 7,500 PLWHA.

In FY07, more than 50 people will be trained in program and financial management, monitoring and evaluation, and/or community- and home-based care provision, and 120 people trained in FY06 will receive refresher courses.

Drawing on the Alliance's experience, ANS-CI will provide technical assistance to help PNPEC, PLWHA groups such as RIP+ and COSCI, FBO networks and other stakeholders in implementing a comprehensive monitoring and evaluation plan for community-based activities, updated guidelines for community care (including palliative care and treatment literacy), and a CBO/FBO small-grants program. It will provide technical and management assistance to ensure that local stakeholders receive sufficient information and assistance to access funding opportunities supported by PEPFAR and other donors.

ANS-CI will work to link community mobilization, treatment literacy, and support services with related services nationwide, will promote coordination at all levels through district, regional, and national HIV and other coordination forums, and will ensure that M&E reports are provided to the relevant bodies.

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

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
National Health program and staff
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10072
Planned Funds: $ 150,000.00

Activity Narrative: This activity relates to activities in Condoms and Other Prevention (#10299, 10304) and ARV Services (#10071, 10302).

With EP support since 2004, JHPIEGO continues to provide technical and logistic assistance to build human capacity in support of quality HIV service delivery in Côte d'Ivoire. Major achievements have included development and validation of PMTCT, CT and HIV treatment comprehensive training materials drawing on national and international materials and adapted to the Côte d'Ivoire context.

With FY06 funds, and in close collaboration with the MOH, WHO and EP implementing partners, JHPIEGO is in the process of: (1) introducing HIV content into preservice education at 5 national training institutions requiring an institution specific integration plan; (2) building local capacity in competency-based training by conducting an advanced training skills (ATS) course for 20 advanced trainers; (3) implementing a MOH based Training Information Monitoring System; (4) improving quality of PMTCT/CT services at 20 sites through a standards-based participatory management and recognition (SBM-R) approach; and (5) providing a senior-level consultant in HIV related planning and coordination to the Ministry of Health.

Under the first of these objectives (introducing HIV content into preservice curricula), JHPIEGO has implemented or is implementing in FY06 the following activities, consistent with its approach to preservice strengthening:
- Development and validation of PMTCT, CT and Care and Treatment curricula which can be applied in inservice and preservice settings (completed)
- Workshops with the schools to determine in which part of the student curriculum the PMTCT, CT and Care and Treatment content will be inserted (completed)
- Training of faculty in PMTCT, CT and care and treatment content and in teaching skills (ongoing)
- Follow-up visits of the trained faculty and the schools to determine if the content is indeed being taught and if appropriate teaching methods are being used, and also to trouble-shoot any issues with the schools as they integrate the learning packages into the student curricula (scheduled for FY06)
- Strengthening sites where students received their clinical training. Please note that in FY06 the SBM-R sites to be selected will to the extent possible be preservice clinical training sites. (scheduled for FY06)

In the last year of the current CDC University Technical Assistance Projects award, JHPIEGO plans to focus on the completion of the integration of the HIV curricula at key preservice institutions, including institutional capacity building, with development of advanced and master trainer skills to promote ongoing curricula revisions and improved use of adult learning techniques. These efforts are expected to have a substantial downstream benefit, with all medical, nursing and paramedical students graduating with the skills to immediately support HIV service delivery. Substantial other benefits due to the importance of academic leaders as opinion and policy leaders in their fields are also anticipated. A particular focus will include the decentralized institutions such as INFAS Korhogo and Bouake.

While this section focuses on Treatment Services, there are complementary activities in PMTCT (ID number XX) as well as other prevention (ID number XX). Crosscutting activities of effective teaching skills training, site strengthening and followup supervision, are split between Treatment and PMTCT but contribute to both components.

Other activities have been successfully integrated or will be expanded with support from other EP partners, demonstrating JHPIEGO's commitment to sustainability and transfer of competence. For example, the Training Information Monitoring System will continue to be reinforced through its use by key EP public and NGO partners and its inclusion in the new MOH award focusing on decentralized HIV services. Utilizing supervision based upon performance standards and participatory methods, promotion of service quality will be transitioned and expanded through the MOH project, coupled with their TA partner (Abt Associates), and EP implementing partners EGPAF and ACONDA. Abt Associates will also engage a senior consultant to the MOH to support expanded planning and coordination.

With FY07 funds, JHPIEGO will continue the process of integrating the Treatment training

modules into preservice education at three national training institutions (Faculty of Medicine, Institut National de Formation des Agents de Santé or INFAS, and Institut National de Formation Social or INFS), to ensure full integration of the Treatment curricula for the 2007 academic year, beginning in July 2007, through the following activities:

1. Train a critical mass of staff to integrate Treatment (and other CT and PMTCT) modules into overall curricula (60 to add to the 40 already trained for a total of 100) in accordance with the integration plan for each of the three (Faculty of Medicine, INFAS, INFS) institutions through Effective Teaching Skills training, to expand the pool of senior Treatment trainers (from 20 trained in FY06 to 40 total). Recently translated and implemented in francophone Africa, the Effective Teaching Skills course emphasizes the transfer of key teaching skills including training needs assessment, design and update of curricula and courses, skills and competency development, clinical practice management, and skills assessment and monitoring. Designed especially for preservice faculty and clinical preceptors, this course combines the critical skills from the Clinical Training Skills, Advanced Training Skills, and Instructional Design courses, providing a cost-effective intervention for strengthening preservice institutions. Staff from the institutions outside Abidjan (e.g. INFAS Korhogo and Bouake will be specifically targeted to build decentralized capacity).

2. As noted earlier, clinical training sites will be selected based upon their use by identified preservice institutions. In 07, JHPIEGO will advocate with the EP partners who take over SBM-R to ensure that the preservice clinical training sites continue to be improved.

3. JHPIEGO will follow up on the faculty as they teach Treatment content in the schools' curricula. Based on findings, JHPIEGO will trouble-shoot issues with the schools as they integrate the learning packages into the student curricula.

4. JHPIEGO will seek to capitalize upon existing meetings held by the schools to advocate that they carry out regular curricula review and updates.

5. To address any gaps in faculty and preceptor knowledge, ART Technical Updates will be conducted for appropriate institution teaching staff.

6. To promote sharing of experiences between institutions and the MOH, the inter-institution coordination committee will continue to be supported throughout the preservice strengthening efforts.

Continued Associated Activity Information

Activity ID:	5845
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	☐

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10302
Planned Funds:	$ 200,000.00

Activity Narrative: This activity complements JHU/CCP activities in AB (#10295), Condoms and Other Prevention (#10299), and Other/Policy & Systems (#10080).

This activity is designed to improve communication and counseling skills of clinic-based health service providers and community counselors in support of effectively provided and used HIV treatment and care.

A literature review by HCP in 2005 found important gaps limiting the communication required to support effective and high-quality ARV treatment, including low-quality patient/provider materials and poor access to them; a lack of training in interpersonal communication and counseling (IPC/C), particularly with regard to ART adherence; a need to include treatment counseling in hotline services; inadequate client feedback on the quality of care; and a lack of self-management/client-empowerment materials.

In 2006, CCP conducted a needs assessment on ART information, ART-adherence information, and IPC/C for PLWHA and their caregivers in Cote d'Ivoire. Interviews with ART service providers, PLWHA and their caregivers, and institutions responsible for care and support of families living with HIV/AIDS revealed a great need for information, for improved interpersonal communication skills, and for tools for both service providers and PLWHA and their families.

In FY06, CCP facilitated the development of a strategic communication framework for HIV treatment and care and support, in collaboration with the Ministry of Health and the national HIV/AIDS care and treatment program (PNPEC), RIP+ (a network of PLWHA), HIV/AIDS Alliance, EGPAF, and other EP partners. A behavior change communication (BCC) strategy document was developed in which key priority areas were identified and various strategic approaches were proposed. Priority areas for communication about HIV treatment and care and support include ARV treatment, PMTCT, counseling and testing, PLWHA psychosocial and nutritional care, OVC services, and opportunistic infections and TB. The strategic framework was validated by PNPEC and other national and international partners involved in HIV treatment and care and support in Côte d'Ivoire. New BCC messages and materials were subsequently developed to promote HIV treatment and care and support services among key target audiences, including women of childbearing age, PLWHA, youth, and the general public.

Building on this body of work, CCP in FY07 will collaborate with MOH/PNPEC and EP implementing partners FHI, EGPAF, ACONDA-VS, Alliance CI, and JHPIEGO to develop and implement communication interventions aimed at building demand for quality HIV services and improving HIV care services through better interpersonal communication and counseling at clinic and community levels. Activities will support and promote quality improvement of HIV-care services in order to sustain increased use of those services.

Working mainly in the emphasis areas of training, quality assurance and supportive supervision, and IEC, activities will provide training for 150 health-service providers (plus 2,000 indirect) and reach 20,000 PLWHA with treatment-literacy promotion (for adherence to ARV, positive living, and secondary prevention). Specific FY07 activities will include:

• Putting in place a quality-improvement and accreditation program for key HIV treatment, care and support services (ART, PMTCT, CT), in collaboration with MOH/PNPEC, JHPIEGO, and EGPAF. This program will address quality of services in clinics and in the community while linking both in decision-making and in a continuum of care. Elements of this program will include:
- A qualitative assessment to obtain communities' and service providers' perceptions of quality of care: What brings them satisfaction in community and clinic-based care? What would encourage them to use and continue using services?
- Improved interpersonal communication and counseling skills of clinic-based and community counselors. In collaboration with EP partners PNPEC, RIP+, FHI, EGPAF, ACONDA, CARE International, PSI, Hope Worldwide, and others, CCP will develop a curriculum and conduct a minimum of three training-of-trainers sessions for 90 health service providers and community counselors in the areas of ART, PMTCT, CT, and care for PWLHA.
- Tools to help health service providers and community counselors to improve their performance. Such tools will include job aids (service-delivery algorithms, checklists, flip

charts) and client-communication materials (pamphlets, cards).
- Support and burn-out prevention for health service providers and community counselors through a community radio diary initiative that allows them to talk about their day-to-day work. This will also be an opportunity to promote providers and their services, recognize their hard work, give them satisfaction in their work, and encourage them to maintain quality services.
- Documentation of improved quality at sites through a quarterly supervision and certification process that will be recognized by authorities and promoted through mass media the following year.

• Improve community counselors' interpersonal communication skills in support of ART adherence by assessing the performance quality of the 48 community counselors trained in 2006. Assessments will look at their effectiveness in increasing awareness of available services, improving ART adherence, and increasing referrals of PWLHA. Periodic program assessments will involve supervision and appropriate action to maintain quality. Two refresher training sessions for 60 counselors will be conducted.

Continued Associated Activity Information

Activity ID:	5050
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10350
Planned Funds: $ 658,391.00
Activity Narrative: With fiscal year 2007 funds, USG technical staff will provide technical assistance, laboratory services and HIV reference laboratory functions in support of all prevention, care and treatment services with direct Emergency Plan (EP) support and will continue to work closely with integrated management team and HQ technical staff to provide technical assistance and coordination in the area of HIV/AIDS care and treatment, including assisting national programs with the development, implementation and evaluation of care and treatment services in Cote d'Ivoire. These efforts are conducted in consultation with the Ministry for the fight against AIDS, other technical ministries (Health, Education, Solidarity), non-governmental organizations (NGOs), multinationals, and bilateral organizations.

Laboratory services provided by USG technical staff include provision of comprehensive biologic monitoring for screening and follow-up of persons receiving ART, technical assistance to the MOH (PSP and national HIV and TB care programs) to improve laboratories' commodities management system, procurement and distribution of substantial laboratory and other supplies to support laboratory services, and management of the national database of persons screened and taking ART at public sites, with progressive transfer of service–delivery functions to the national laboratory system.

In addition, USG assists host government, non-governmental organizations and donor partners (e.g. UNICEF, UNAIDS, UNDP), and EP-funded partners (CARE, FHI, JHPIEGO, ANADER, HOPE Worldwide, Alliance CI, the Ministry responsible for the fight against AIDS, and other technical Ministries) in continued cooperation and coordination of care and treatment. USG staff provides direction to collaborators on USG policies, strategies, priorities, guidelines, and reporting requirements related to ART services.

USG staff provides advice to country partners on the matters of medical and scientific policy and practices associated with program management and operational support for care and treatment services. USG staff substantially contributes to the planning and implementation of policies to ensure the ongoing development of programs to improve health care management and delivery systems of the national public health activities of Cote d'Ivoire. USG staff provides advice and guidance regarding internal and external public health programmatic design, procedures, protocols, and studies as well as technical and administrative policies among various levels of stakeholders. USG staff supports coordination and provides technical assistance to reinforce public-private partnerships efforts to expend an effective and comprehensive HIV/AIDS response in the workplace, including facilitating the coordination and jointed actions related to HIV/AIDS among and between companies, between public and private sectors. In coordination with UNAIDS, ILO, and other bilateral technical cooperation institutions, this activity will support innovative public/private/NGO partnerships to promote HIV/AIDS sustainable and quality health services with expanded coverage, including care and treatment to family members of workers and surrounding communities.

Continued Associated Activity Information

Activity ID: 5168
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: CDC & RETRO-CI (Base)
Funding Source: GAP
Planned Funds: $ 1,004,379.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: URC
Prime Partner: University Research Company
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 16041
Planned Funds: $ 500,000.00
Activity Narrative: Plus-up funding will be used to complete an evaluation of the quality of continuum-of-care services at all national ART sites.This will include evaluating palliative care, PMTCT, CT, TB, and pediatric-treatment services to improve the overall quality of the family-centered treatment approach.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Target Populations:

agencies/organizations/partners
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 16042
Planned Funds: $ 2,500,000.00
Activity Narrative: "The International Center for AIDS Care and Treatment Programs at Columbia University Mailman School of Public Health (ICAP-CU) proposes to support the Ivorian Ministry of Health (MOH) to expand HIV/AIDS prevention, care, and treatment to 10 facilities in underserved regions of the country. Sites will be supported to provide an integrated package of prevention, care, and treatment services, including provider-initiated counseling and testing (CT), PMTCT, HIV care, antiretroviral therapy (ART), and TB/HIV integration. As this is a new program, the first five months will focus on critical start-up activities, such as hiring staff, establishing an office, developing agreements with the Government of Côte d'Ivoire, and identifying and preparing sites. Nonetheless, ICAP-CU anticipates promptly initiating services and enrolling patients at five of the 10 target facilities before the end of the fiscal year, with the remaining five sites to be launched in the first quarter of FY08. As ICAP-CU has yet to engage in detailed discussions in Côte d'Ivoire, this proposal reflects preliminary plans that we anticipate will be further developed and enriched over time in collaboration with CDC-CI and the Ivorian MOH."

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake		☑
Estimated number of individuals reached in mass media campaigns		☑
Number of service outlets providing antiretroviral therapy	5	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	750	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period	250	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	100	☐

Table 3.3.12: Program Planning Overview

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

Total Planned Funding for Program Area: $ 2,280,555.00

Program Area Context:

Despite the crisis that has divided the country since 2002, Cote d'Ivoire still boasts a substantial technical cadre and well-developed infrastructure.

The national public laboratory system has three levels: the reference level with laboratories at the 4 University teaching hospitals, five specialized institutes including the National Public Health Reference laboratory (LNSP), the National Blood Bank (CNTS) and research centers; the intermediate level with 17 regional hospital and 68 district hospital laboratories; and peripheral level health centers with basic laboratory services. Private laboratories also provide laboratory services with nominal supervision and quality control by national authorities. Of the 1,300 health structures authorized to provide laboratory services less than 300 are operational, few provide all the services that they are mandated to provide and HIV testing and CD4 laboratory services were limited to Abidjan until 2004.

The reference level service package includes HIV and CD4 tests, biochemistry, hematology, TB and other OIs tests and may include viral load tests. Most regional labs at the intermediate level now provide HIV and CD4 testing, basic hematology (CBC), biochemistry and TB tests. The testing capacities at the district and peripheral level is extremely heterogenous. Links between the laboratories are weak and the supervisory system is poor. No EQA policy has yet been adopted.

There is an enormous challenge to provide decentralized quality laboratory services to match the rapid pace of scale up of HIV services. This is especially severe in some zones with dire human capacity constraints.

Former research labs (RETRO-CI and CEDReS) continue to perform most of the reference HIV testing, surveillance and assisting with the evaluation of new HIV test kits, algorithms and alternative blood collection methods. Of note, the LNSP does not do ARV drug quality assurance testing after drugs are registered with regulatory authorities.

Côte d'Ivoire also receives support from the Global Fund HIV and TB projects (UNDP is principal beneficiary) which has provided substantial equipment acquisition for laboratories continued into the 2nd project phase (2006-2008). WHO provides ongoing technical assistance from their offices as part of various HIV and health system initiatives. Clinton Foundation is also engaging in support of paediatric treatment with potential for an important laboratory component. The Global Drug Facility appears to provide some promise for TB related consumables for 2007. Axios provides Determine rapid test donations in support of the PMTCT program.

The prolonged politico-military crisis with changes in the government and restructuration of the MOH and national HIV care and treatment program has had a retarding influence on policy development, coordination and planning. With the establishment of new leadership at the MOH and national care and treatment program and the creation of a national laboratory commission these issues appear largely resolved moving into FY07.

The EP partners, Projet RETRO-CI, APHL, EGPAF, ACONDA and SCMS work in close collaboration with the USG team and the MOH to plan and implement EP supported laboratory activities.

With FY06 funds, quality laboratory services were provided at EP supported sites through a standardized package with trainings, laboratory needs assessment, assistance in initial testing and by periodic on-site supervision by trained staff.

Complementing substantial assistance as part of the Global Fund HIV and TB projects, EP partners currently support 22 of the 36 laboratories with the capacity to perform HIV and CD4 tests in country and

plan to support 11 more with FY06 funds. Of the 22, 7 laboratories are located at the reference level including LNSP, CEDReS and RETRO-CI, 13 at the intermediate level and 1 at the peripheral level. With FY06 funds, EP partners plan to support 7 additional at the referral level and 4 at the peripheral level. A pool of trained supervisors is being expanded at central and decentralized levels. A standardized supervision guide and laboratory assessment checklist has been developed. Improved commodities management at EP supported sites with strengthening of procurement, forecasting and stock management at central and peripheral levels is also underway.

EP partner Projet RETRO-CI provided HIV testing to complete the 1st national AIDS Indicator survey and regular national antenatal surveillance surveys. APHL and RETRO-CI hosted several other activities aimed at improving HIV and CD4 testing (including development of training and supervision materials and national and international trainings), the evaluation of CD4 machines, HIV testing protocols and simple test algorithms, setting up a network for inter-laboratory partnership, and putting in place norms and standards definitions to help compliance with international standards.

Various evaluations were performed to evaluate human capacity in the health sector: a national survey including public and private sector (Abt Associates); an evaluation of INFAS (APHL); and a review of existing laboratory training curricula (APHL, JHPIEGO).

COP 07 priorities include:

Expanded reference laboratory capacity within the LNSP and laboratory network through quality management training, development of Proficiency Testing and establishment of a national external quality assessment program for HIV testing.

Expanded human capacity through the creation of a national pool of decentralized trainers/supervisors and service providers. Integration of the laboratory technician curricula in preservice and inservice training at INFAS with a TOT approach to cover: HIV testing, biological monitoring of HIV infected patients (CD4 count), commodities management, record-keeping and quality assurance and biosafety as part of good laboratory management. Expansion of HIV testing by trained personnel outside traditional laboratory professionals will also be evaluated.

Direct support to service delivery with the ongoing decentralization of laboratory services with good laboratory practices at more than 200 PMTCT and VCT sites and laboratories serving more than 100 HIV and TB treatment centers.

Key strategic information activities will include longitudinal patient monitoring using biomarkers, antenatal seroprevalence surveys, HIV drug resistance as a part of the HIV treatment program evaluation, and evaluations of new test kits and HIV-related technologies. A number of pilot studies will be conducted to evaluate the feasibility and suitability of Dried Blood Spots (DBS) for DNA PCR for early infant diagnosis as part of the national program. Targeted evaluations (pending ethical approval) are proposed including rapid HIV tests on finger-prick whole blood, adapted rapid tests to improve detection of HIV and/or TB, and suitability and accuracy of DBS sampling method for genotypic testing.

SCMS will become the primary procuring agent for EP laboratory reagents and supplies. Quality assurance will be done for OI and ARV drugs through SCMS partner Northwestern University in South Africa. APHL and RETRO-CI will assist with technical specifications for equipment, commodities and maintenance. The online SCMS database of lab supplies will make ordering easier. SCMS will integrate lab supplies into commodity management tools and provide TA on the use of these tools. All existing treatment sites will be rapidly equipped, trained and supported to be able to generate regular, accurate commodities use, stock and needs reports using improved management tools.

The USG will work closely with its partners and other stakeholders to improve planning and coordination and sustainability through all of it's activities to promote networking, decentralize and integrate HIV services, build human capacity, and identify and use simplified adapted technologies.

Program Area Target:

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	33
Number of individuals trained in the provision of laboratory-related activities	560

Table 3.3.12: Activities by Funding Mechanism

Mechanism: APHL Lab Systems
Prime Partner: American Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10073
Planned Funds: $ 0.00

Activity Narrative: Since 2002, the Association of Public Health Laboratories (APHL) has worked with CDC/Projet RETRO-CI to provide technical assistance (TA) partner for the laboratory component of USG supported HIV prevention, care and treatment activities in Côte d'Ivoire. APHL works in close collaboration with the Ministry of Health (MSHP), CDC/RETRO-CI, and EP implementing partners (Supply Chain Management System (procurement), Abt Associates (human capacity), the EGPAF and other service delivery partners).

APHL provides support to: the National Reference Public Health Laboratory (NRL/LNSP), the Public Health Pharmacy, the National HIV and TB programs, the National Institute responsible for training laboratory technicians (INFAS) and the national network of laboratories. APHL's goal is to build national capacity for the delivery of quality decentralized HIV laboratory services in support of HIV/AIDS prevention, care and treatment efforts including related targeted evaluation and surveillance activities. There are anticipated fringe benefits in terms of improved quality assurance and good laboratory management practices.

APHL has collaborated with CDC/Projet RETRO-CI and the national network of laboratories to provide technical expertise to enhance the quality and scope of laboratory services as part of the EP funded Prevention, Care and Treatment activities. Through intermittent trips from a lead consultant and 3 other consultants, APHL has supported laboratory networking, training and the promotion of quality laboratory services.

With 2004-2006 funds and the support of a lead consultant and 3 other consultants, in collaboration with RETRO-CI, MSHP and the national network of laboratories, APHL has achieved the following:

- The translation, adaptation and validation of French language training tools for CD4 testing and Quality System (QS) Management (10 training modules)
- Training of 52 laboratory staff on flow cytometry (CD4 testing) including nine senior trainers trained for 3 weeks in the Canadian National HIV Immunology Laboratory, followed by training in Cote d'Ivoire taught by these senior trainers with the support of APHL expert trainers
- Training of 28 senior national laboratory specialists on Quality Systems Management. One RETRO-CI staff member, received international on site training on Laboratory Quality Management at the Michigan State Laboratory
- Assessment of needs of the (NRL/LNSP) and at the National Laboratory technicians' training school (INFAS) to increase capacities for testing and for training, respectively to improve the quality and the laboratory network capacity for testing and monitoring of HIV/AIDS patients
- Strengthened services at 35 laboratories by initiating an external HIV and CD4 quality testing assessment (EQA) program and laboratory inspection program. APHL consultants provided technical assistance in this area, and supported the development of supervision and EQA (CD4) guides and 2 protocols for the evaluation of Rapid HIV tests and CD4 instruments. APHL assisted in development of an equipment procurement list for the reinforcement of the National Training School (INFAS) and 9 laboratories at the reference level including the National Reference Laboratory (NRL/LNSP)
- Provided technical assistance to MSHP, the Ministry of AIDS and Projet RETRO-CI for the completion of the 2005-2006 annual antenatal surveillance and the AIDS Indicator surveys including bilingual review of protocols, reports and submissions for ethical review approvals

APHL is on target to complete COP06 activities by March 2007 including technical assistance to:

. SCMS to complete the procurement of items (communication and training tools and laboratory equipment) for the reinforcement of the National Training School (INFAS), 9 laboratories at the reference level including the NRL/LNSP, and service delivery laboratories in charge of biological monitoring of patients under ART
. MSHP to improve HIV related commodities management, including inventory and maintenance of laboratory associated equipment, tests and other consumables
. MSHP for the evaluation of HIV rapid tests to adopt simpler testing algorithms in order to reach the entire population and the evaluation of CD4 instruments: compact flow

cytometers and Pan-Leucogating enumeration of CD4+ T-cells
. NRL/LNSP and laboratory network with establishment of a national quality assurance system for HIV/CD4 laboratory services including participation in an external quality assessment (EQA) program
. National network with ongoing training to establish a national pool of trainer/supervisors on QS including a pool of 75 decentralized district level laboratory supervisors/inspectors and 25 master trainers
. INFAS with integration of training materials in the pre-service and continuing education curricula for laboratory technicians
. MSHP to finalize a MOU with the Canadian National HIV Immunology Laboratory for the CD4 EQA program and a work-plan for implementation of the EQA program

APHL faces several major challenges including the political instability and the re-organization of the MSHP with difficulty in having access to MSHP counterparts. Coordinating the lab portfolio in Cote D'Ivoire in terms of trainings, QA and procurement, as well as managing collaborative projects between the various in-country partners is also challenging without an in country presence. APHL proposes to engage a local focal point or subcontract to an incountry organisation to assist coordination and provide support to the short term consultants providing targeted support.

With FY07 EP funds, in collaboration with MSHP and EP partners, APHL will:
1. Provide technical assistance on laboratory management training (LNSP, PNPEC), development of national policies for procurement of laboratory equipment and reagents (SCMS, PSP), supervision (LNSP, PNPEC), as well as implementation of an EQA program (LNSP)
2. Support laboratory quality system implementation through laboratory related training and supervision with a focus on technical and supervisory/managerial domains including quality laboratory practice for staff from the national laboratory network. 150 laboratorians (laboratorians with 5 year training and technicians with 3 year training from selected regions supported by EP partners) will be trained in laboratory management.
3. Provide in- service training on HIV molecular testing and CD4 testing to 10 faculty members from INFAS
4. Provide in- service training of 100 laboratory service delivery staff and pre-service training for 25 INFAS students related to HIV (rapid and ELISA) testing, CD4 testing and/or laboratory management in support of EP sites
5. Provide in- service training 75 laboratory trainees from the National Training School (INFAS) in national pre-service training courses on HIV rapid and ELISA testing. All the trainees will be trained on one year basis; the trainees in year 3 (approximately one third) will be able to perform testing as soon as they have been graduated and support testing activities in the field
6. 100 expert laboratory trainers will be supported to provide training and supervision/mentorship as part of activities above.

Continued Associated Activity Information

Activity ID:	4560
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Public Health Laboratories
Mechanism:	APHL, Lab Systems
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
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 laboratory-related activities		☑

Target Populations:

Technicians laboratorians
Project staff
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	CDC-RETRO-CI GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10135
Planned Funds:	$ 980,555.00

Activity Narrative: Projet RETRO-CI, the CDC-MOH collaborative USG-funded project, will continue to support the MOH National Reference Public Health Laboratory, Public Health Pharmacy (PSP), and national HIV and TB programs to provide HIV reference laboratory functions and laboratory services in support of the national HIV program. Its support will focus on EP-funded HIV services as well as HIV-prevalence and resistance surveillance and other studies, including evaluation of adapted laboratory tests and techniques. A major and expanding activity is progressive transfer of competence to create a decentralized national laboratory network providing quality HIV services centered on the National Reference Laboratory. This activity will complement technical assistance from the EP-funded U.S. Association of Public Health Laboratories and HQ staff.

This support continues the multi-year process of building national capacity at central, decentralized, regional, district, and site levels to ensure good laboratory practices, provide quality diagnostic and follow-up HIV laboratory services, and support national surveillance, studies, and evaluations. Projet RETRO-CI has played a critical role in provision of laboratory services in support of the national PMTCT, CT, and HIV treatment programs since 1998. Thus the expanding capacity-building role has had to occur at the same time as expanding service delivery to accompany the rapid expansion and decentralization of HIV services.

With FY06 funds, Projet RETRO-CI has actively supported onsite quality laboratory services in EP-funded CT and PMTCT sites and more comprehensive services for clinical monitoring at district and regional hospital laboratories. Projet RETRO-CI staff have played a key role in the support of existing sites and the establishment of new sites through trainings, laboratory needs assessment, assistance in initial testing, external quality assessment by periodic onsite supervision and quality control. In order to ensure adequate material and reagent supplies at all CT and PMTCT sites, RETRO-CI has provided technical assistance to implementing partners and to PSP and SCMS for forecasting, procurement management, and management at sites.

RETRO-CI has supported the laboratory specimen collection, testing, and analysis from the 2005-2006 annual sentinel surveillance study (5,000 blood specimens) as well as the first-ever national AIDS Indicator Survey of 5,060 households (8,600 dried blood spot specimens). Together with APHL, the clinical laboratory has hosted and coordinated the national evaluation of compact flow cytometers and Pan-Leucogating strategy for the enumeration of CD4+ T lymphocyte cells. In order to simplify the national HIV testing algorithm to expand and decentralize CT and PMTCT services, a retrospective evaluation of the performance of simplified rapid HIV tests will be completed.

Building on previous work and consistent with the recommendations of the first EP Core Team consultation visit in Cote d'Ivoire (Feb 2006), substantial work is being done at the central level in collaboration with APHL to promote inter-laboratory partnership and networking within a national laboratory reference system, including organization and regulation of laboratory activities; definition of guidelines, norms, and standards in compliance with international standards (ISO); and integration of the 12 principal quality-system essentials in the overall laboratory management and evaluation.

With FY07 funds, in collaboration with CDC/HHS HQ staff and APHL, the RETRO-CI laboratory will:
- Conduct an internal audit to revise and update its laboratory procedures in conformity with international quality standards (ISO) and advance in the laboratory-accreditation process, reinforcing areas needing improvement.

In collaboration with APHL and CDC/HHS HQ staff as well as MOH (LNSP, PNPEC, PNLT) and the laboratory network and EP partners, RETRO-CI will :
- Provide technical assistance to update policies and strategies to assist the national program, regional and district officers, and CT and PMTCT site and laboratory managers to implement quality control and supervision, including standardized supervision guides and laboratory assessment checklists.
- Collaborate closely with the MOH and EP -unded partners to assure good laboratory practices, quality assurance, and biosafety requirements at more than 100 PMTCT sites, 100 CT sites, and 33 laboratories linked to ARV treatment centers. This activity will be reorganized to support the expansion of sites with the creation of a pool of trained

decentralized supervisors at the regional and district levels.
- Participate as part of the national pool of expert trainers in training of trainers and initial and continuing training of laboratory technicians and scientists.
- Provide TA to the MOH to develop training materials and train health-care providers (nurses, physicians, midwives, laboratory technicians) on quality whole blood collection on filter paper dried blood spot (DBS) for infant HIV diagnosis.
- Provide TA to build appropriate reference testing capabilities and facilities within the National Reference Laboratory (LNSP), including planning and implementation of the national external quality assessment scheme for HIV testing.
- Provide TA to improve training capabilities and facilities at the national institute responsible for training laboratory technicians (INFAS). Preservice training materials will be revised and redesigned to integrate teaching to cover: HIV testing, biological monitoring of HIV-infected patients (CD4 count), commodities management, record-keeping, all aspects of the quality system, and biosafety.

RETRO-CI will also support the laboratory component of strategic information activities, including:
- HIV testing and data analysis of the 2006 national antenatal sero-prevalence survey.
- Sentinel surveillance of transmitted and emerging HIV drug resistance as part of the treatment program evaluation.
- A pilot study to evaluate the feasibility and suitability of DBS for DNA PCR for early infant diagnosis. Subsequently the technology will be transferred to other central laboratories in order to decentralize and expand the national early infant screening capacity.

The following targeted operational studies with interest in programmatic activities will be carried out:
- Onsite Phase I prospective evaluation of rapid HIV tests on finger-prick whole blood and Phase II studies of two test algorithms at selected sites with quality control using DBS.
- Evaluation of adapted rapid tests for the detection of HIV and/or TB.
- Evaluation of the suitability and accuracy of use of DBS for genotypic testing.
- Field evaluation at EGPAF-supported treatment centers of the performance of Guava compact flow cytometer for the determination of CD4 percentages in children under 12 years.

All laboratory supplies will be purchased through SCMS, and RETRO-CI staff will provide assistance in ensuring that specifications and onsite management and forecasting are optimized.

The plus up funds will enable RETRO-CI to support 17 additional sites, train 30 additional individuals, adn perform 3,000 routine DNA PCR tests for early infant diagnosis of HIV in support of the national PMTCT program.

Continued Associated Activity Information

Activity ID:	5170
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	CDC & RETRO-CI (Base)
Funding Source:	GAP
Planned Funds:	$ 948,607.00

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

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	28,000	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	50	☐
Number of individuals trained in the provision of laboratory-related activities	390	☐

Indirect Targets

Number of tests performed at USG-supported laboratories by type is pending further joint planning with MOH given Global Fund 2nd phase project has just been approved and national VCT, PMTCT and treatment projections are being revised for 2006-2008.

The number provided is the number of tests performed at CDC supported Projet RETO-CI laboratory. Further breakdown by type of test are available on request.

Target Populations:

Adults
Family planning clients
Infants
People living with HIV/AIDS
Program managers
Teachers
USG headquarters staff
Technicians laboratorians
Project staff
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Public health care workers
Doctors
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10191
Planned Funds:	$ 800,000.00

Activity Narrative: Since May 2005, the EP/Cote d'Ivoire program has rapidly scaled up care and treatment across the country, from 24 to 72 treatment sites and an estimated 34,200 people receiving ART as of March 2007, all of whom require regular laboratory monitoring to ensure quality treatment. As of June 2006, there were over 52,757 enrolled in HIV/AIDS care, with 23,500 ever receiving ART and 18,235 on ART. As the program continues to expanded, it will be critical to ensure accurate and frequently updated commodities forecasts and to improve real-time stock management at facility and central levels.

In FY06, SCMS transitioned into the primary procuring agent for EP-funded commodities and principle TA provider for commodity forecasting and management in Cote d'Ivoire. EP service delivery partners, including the APHL and CDC direct interventions, have either discontinued or limited their commodities purchases to emergency orders to fill unforeseen small gaps. SCMS procured ARVs, laboratory reagents and supplies, OI drugs and standardized packages for palliative care and OVC support, and equipment for EP existing and scale-up sites. Following an MOH directive to coordinate procurement to maximize efficiency and numbers of patients treated, EP and GF are following a cooperative procurement and management strategy for essential HIV-related commodities with the national authorities and the GF Principle Recipient, UNDP. The Government of Cote d'Ivoire also purchases small amounts of commodities with its own funds for this national "virtual pipeline".

This approach is monitored through an evolving joint implementation plan and a joint procurement plan including all commodities for MOH-accredited treatment and service delivery sites in the country. Due to recurring difficulties by the GF to deliver critical products to the National Program on time, SCMS and other EP partners have also procured these products through several emergency orders throughout the year. With the interdependence nature of the program, this has placed all EP-supported patients and site at risk of stock-outs and gaps in appropriate clinical monitoring of treatment, as well as diverting programmed funds from other essential activities.

As a crucial component of treatment scale-up, the program has ensured adequate laboratory monitoring for patients receiving ARV and OI treatment at each EP-supported site. During 2006, in collaboration with the RETRO-CI project and other partners, SCMS provided equipment and supplies to expand VCT services from 55 to 72 sites, OI treatment from 24 to 72 sites, and increased lab capacity in 12 new ART sites.

During FY06, SCMS technical assistance enhanced the institutional capacity of PSP-CI, health districts and target service facilities to ensure adequate management of HIV/AIDS products and other health commodities. SCMS also strengthened the PSP commodities management unit, to better forecast and manage essential lab supplies for all services sites in the National Program. More specifically, in collaboration with the MOH and other partners, SCMS:
1. Integrated rapid test kits and other lab supplies into all commodity management tools (computerized and paper-based) and standard operating procedures (SOPs) for district and facility levels. Maintained a database of all lab equipment provided by SCMS to assist in planning regular maintenance.
2. Strengthened capacity of the PSP to supervise commodity management at peripheral sites and to monitor use of lab monitoring and related commodities, including commodity needs forecasting and procurement management.
5. Trained and supervised pharmacists and stock managers in commodity management at peripheral treatment sites, VCT centers and MTCT facilities.
7. Provided TA to GF and recipients in effective commodities management and facilitated regular coordination of joint procurement planning and tracking by the PSP.

FY07 funds will continue strong technical and management support to the PSP leadership and coordination role in the National HIV/AIDS Program. SCMS will ensure that all new scale-up sites are fully functional and technically supported in commodities tracking software, and that all sites are able to provide accurate monthly commodity reports. This will be routine by the end of FY07. To improve decision making, SCMS will develop or adapt and roll out additional management tools for forecasting, procurement and management at the facility, district and national level. SCMS will continue to provide TA to the GF and sub-recipients as key partners in the National Program and seek continual improvements in data and decision quality and coordination.

SCMS will use FY07 funds to ensure that all existing treatment sites, including those primarily supported by the EP, and those supported by the GF, are able to: generate regular, accurate commodities needs reports, using improved management tools. SCMS will ensure that all new sites are rapidly equipped, trained and supported to use these commodity management tools and produce regular reports. SCMS will also provide TA and collaborate with the MOH and GF to maintain updated, joint national commodities procurement and management plans for lab testing materials and reagents. These plans will include other essential patient monitoring commodities as well.

SCMS will act as the central USG procurement agent for rapid test kits, lab testing materials and reagents and other essential commodities for adequate patient monitoring at EP-supported sites. SCMS will procure lab equipment and supplies for 18 new ART sites, 216 new OI treatment facilities and 18 new VCT services in coordination with the RETRO-CI project and other technical laboratory partners. SCMS aims to install infrastructure and equipment, while reinforcing capacity by providing the necessary training and supervision. Specific needs projections will be negotiated with the MOH, GF and other partners in support of the overall target of 49,280 ARV patients, as well as other service targets for March 2008.

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

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
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 laboratory-related activities		☑

Target Populations:

Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC/Lab Coalition
Prime Partner: CDC International Lab Coalition
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12214
Planned Funds: $ 300,000.00
Activity Narrative: TBD was changed to EGPAF and was added to EGPAF HTXS in the previous reprogramming round.

Funds are being transferred to a more appropriate partner to implement comparable activities. The reallocation is based on guidance from the Laboratory Technical Working Group, which will be communicating further with the in-country team and CDC Lab Coalition partners to define scopes of work, including identifying appropriate laboratory cooperative agreement partners and funding levels.

With FY07 EP funds, in collaboration with the Ministry of Health and other EP partners, the CDC Lab coalition will:
1. Provide technical assistance for laboratory management training (PNPEC, LNSP), training of trainers for laboratory-related activities (HIV testing, CD4 technologies), and training in EQA implementation.
2. Provide technical assistance for development of a national laboratory strategic plan integrating services related to diseases of public health importance (HIV, TB, and malaria).
3. Provide technical assistance for elaboration of training tools and guides for HIV testing and CD4 counts and elaboration of standardized tools and guides for laboratory assessment and supervision.
4. Provide technical assistance to implement an EQA program for HIV serology (LNSP) and CD4 counts (RETRO-CI) at all laboratories providing HIV testing (> 100) and CD4 enumeration (>35).
5. Support implementation of a finger-prick-based algorithm at the national level with a view to scaling up VCT and PMTCT services and extending HIV testing to hard-to-reach settings.
6. Provide technical assistance to customize the WHO protocol and develop a national protocol for monitoring of HIV drug resistance emerging during ARV therapy and related program factors.
7. Support efforts to build capacity at the national reference laboratory (LNSP) to improve reference testing capabilities for HIV diagnosis and implement a QA program.
8. Provide technical assistance through cooperative-agreement partners (ASCP, CLSI) to support accreditation of the RETRO-CI laboratory with a view to supporting the national laboratory network in moving toward an accreditation process.
9. Support training of national experts in biosafety, especially in maintenance and certification of biological safety cabinets (BSC) and biosafety level standards.
10. Support development of a national policy on procurement of equipment and reagents (SCMS, PSP).
As part of the above activities, at least 260 health workers will be trained, including:
- 75 lab technicians and scientists, in laboratory management
- 10 trainers in laboratory management and laboratory-related activities (HIV, CD4)
- 110 lab techs in EQA
- 2 lab techs in biosafety
- 60 lab techs in HIV finger-prick-based testing algorithm
- 3 scientists at the national reference laboratory

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	0	☐
Number of individuals trained in the provision of laboratory-related activities	260	☐

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC/Lab Coalition
Prime Partner: CDC International Lab Coalition
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12215
Planned Funds: $ 200,000.00
Activity Narrative: Funding will be used to support and improve the quality of clinical lab activities, including quality assurance to strengthen lab capacity by providing technical assistance to national stakeholders and on-site supervision at more than 100 CT and PMTCT service-delivery sites.

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

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

Total Planned Funding for Program Area: $ 4,571,060.00

Program Area Context:

Background

Strategic information is a fundamental priority of the Emergency Plan (EP) portfolio in Cote d'Ivoire. The USG team recognizes the impact of good data management and the critical need to improve the sustainability of all HIV programs by developing M&E operational plans, designing national databases with stakeholder input, standardizing and strengthening data collection and surveillance, and improving data use for decision-making.

The quality of SI is particularly critical in the CI government's move to decentralize decision-making and services, including HIV/AIDS and other health services. District and local authorities, faced with deciding how to allocate scarce resources among competing health priorities, need information, data-collection and -management tools, and training.
An assessment of the HIV/AIDS National Plan 2002-2004 found a debilitating lack of SI guidance and skills at the decentralized level. As part of the new National HIV/AIDS Strategic Plan 2006-2010, ministry SI units aim to upgrade routine data-collection systems for HIV/AIDS interventions, improve the surveillance and evaluation systems, harmonize HIV/AIDS-related epidemiological surveys and studies, and coordinate HIV/AIDS M&E.

EP support is designed to build an effective, sustainable SI infrastructure by strengthening capacities at the local, district, regional, and central levels. The EP supports technical assistance to build the data-management capacities of NGO/CBO/FBO partners and of the key government agencies active in the HIV/AIDS response: the Ministry of the Fight Against AIDS (MLS), which is responsible for overall coordination and M&E, including a national HIV/AIDS database; the Ministry of Health (MOH), responsible for HIV/AIDS data in the health sector; the National OVC Program (PNOEV), which coordinates all OVC activities and related M&E; and the Public Health Pharmacy (PSP), responsible for drug and commodities forecasting, tracking, and management.

Through partners such as Measure Evaluation, EP support has helped develop tools and training to strengthen data collection and processing at decentralized levels, improve coordination among partners, and build sustainable HIV/AIDS data-management systems at the national level.

FY06 Response
The EP places a major emphasis on building the capacity of the MLS through M&E training and implementation of a national M&E database that will support data retrieval and exchange among the various partners involved in HIV/AIDS activities. In its responsibility for community-based HIV/AIDS information, the MLS is being supported by EP partner HIV/AIDS Alliance Côte d'Ivoire in collecting and processing data through decentralized district health teams, applying innovative solutions such as the use of telecommunications software to relay data.

EP support for the MOH has sought to develop and strengthen the ministry's facility-based health information system as part of a strategic information plan in support of HIV/AIDS activities in the health sector. Partners have worked collaboratively to improve the quality of information collected at each level by providing training and equipment purchases, harmonizing indicators, developing data-collection tools for community-level use, developing training manuals, and participating in the national AIDS Indicator Survey. FY06 funds have supported technical assistance to adapt WHO patient longitudinal monitoring data-collection tools based on the national HIV/AIDS indicators, which were revised in January 2006 to take into account the information needs of the various partners in HIV/AIDS activities (MLS, WHO, UNAIDS, Global Fund, EP). Project RETRO-CI has led the effort to improve the collection and use of strategic information. In FY06, RETRO-CI provided technical support to the MOH by working on the National Antenatal HIV Surveillance Survey, analyzing the data from the survey, and disseminating the

findings. RETRO-CI also worked on a collaborative service provision assessment by the MOH, WHO, Abt Associates, and other EP partners.

EP assistance continued to strengthen the M&E systems of the PNOEV, through training and links to the larger M&E system managed at the MLS, and of the PSP, through improved commodities tracking software, drug forecasts, and stock management practices.

With FY06 support, 470 staff members from the various ministries were trained in improved data collection and program management.

FY07 Priorities

In FY07, the progressive transfer of capacity to the national government will continue at both central and decentralized levels. Support to the ministries will be expanded to broaden the national impact at all facility- and community-based HIV/AIDS services. The USG will focus on the following strategic priority areas:

Targeted Technical Assistance for Ministries Active in the HIV/AIDS Response. EP partners will provide assistance for MOH trainings to strengthen the capacity of its decentralized M&E committees, with supervisory follow-up visits to ensure the proper collection and management of data. EP partners will work with other large donors (UNAIDS, Global Fund) to complete implementation of the MLS-supported national M&E database, strengthening the ministry's capacity to make data-based decisions on HIV/AIDS programming and to measure progress on the national strategy. Strengthening of the PNOEV's community-based M&E system will include the evaluation and modification of data-collection tools and updated training for OVC program data managers.

Improved Data Collection and Use for Decision-Making: RETRO-CI will assist the MOH to conduct the 2007 national antenatal HIV surveillance survey and implement longitudinal surveillance of patients in ARV treatment. The USG and its partners will help develop an electronic ART monitoring tool and scale up the Training Information Management System (TIMS) nationally. USG support will also help integrate all health program indicators into the national HMIS and develop a community-level tool for data collection.

Strengthened Systems for Coordination and Commodities Management: In FY07, the EP, its partners, WHO, UNAIDS, Global Fund, and MOH will conduct monthly SI meetings to coordinate activities. Key items in FY07 will include training on HIV/AIDS patient-monitoring tools and patient longitudinal monitoring data-collection tools, development of electronic medical records software for ART-patient tracking, and development of a plan for using Global Information System software to monitor the coverage of HIV clinical services and community-based interventions. EP partners will create a consolidated M&E plan for improved coordination and coverage of services. The EP will support improved coordination of commodities management. In collaboration with the PSP, SCMS will ensure that all treatment sites (EP- and GF-supported) are equipped, trained, and supported to generate regular, accurate commodities use, stock, and needs reports.

Sustainability
The USG continues to promote sustainability by building the capacity of Ivorian government agencies and indigenous organizations to mobilize resources and implement evidence-based programs, including capacity to collect, process, analyze, and use data effectively. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBO/NGO/FBOs and ministries to manage activities and be accountable for achieving and documenting results. Through training, infrastructure strengthening, and advocacy in support of decentralized SI capacity, the EP is building sustainable data-management systems for the delivery of quality HIV/AIDS prevention, care, and treatment.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	191
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,652

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CoAg PS000633-01 Alliance National CI Expansion of Community-Led
Prime Partner: Alliance Nationale Contre le SIDA
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9942
Planned Funds: $ 140,000.00
Activity Narrative: This activity complements Alliance activities in AB (#9929), Condoms and Other Prevention (#9931), OVC (#9939), CT (#9940), Basic Health Care and Support (#9935), TB/HIV (#9936), PMTCT (#9928), and ARV Services (#10071).

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance with EP funds in order to serve as the linking organization between donors/partners and civil society organizations working at the community level. HIV/AIDS Alliance, who previously implemented these programs, will continue in their new capacity as a Technical assistance partner to provide ongoing support to build the capacity of the ANS-CI and mobilize additional resources.

With FY05 and FY06 funds, ANS-CI has provided technical support to NGO, CBO, FBO including network of organizations fighting against AIDS (COSCI) and the network of people living with HIV/AIDS (RIP+) to implement a comprehensive monitoring and evaluation plan for community-based HIV mobilization activities. With EP funds, ANS-CI has provided assistance to the MLS to develop monitoring for community activities at the district level through 4 Districts AIDS Committees.

With FY07 funds, ANS-CI will continue to strengthen the national response in M&E activities at community level in collaboration with national authorities, EP partners and other stakeholders. This will be built on lessons learned in working in conjunction with the MLS and civil society networks in 2006, which included the development and extension of a M&E unit at the community level through Districts AIDS Committees. On the basis of the assessment of M&E requirements for community-based HIV-care interventions, ANS-CI will disseminate materials and relevant training tool kits and support the database of VCT activities to expand M&E capabilities at the community level through regular supervision of the selected 66 institutions. This will improve the quality of data collection and analysis for proper decision-making at the central and service-delivery levels.

ANS-CI will continue providing technical assistance to Ministry of AIDS for the decentralization for the national community activities database at the district level. This technical assistance will complement databases from other partners, such as FHI, in support of a single functional national M&E system.

In addition, ANS-CI will continue their collaboration with EP funded Voxiva, a consortium member of SCMS, to improve their database to allow sub grantees to directly report M&E indicator data electronically via either cell phones or the Internet. These enhancements to the Alliance database will cocntinue to build additional flexibility, timeliness, and data quality checks into the current ANS-CI system through the integration of cell phone and Internet technologies. The MLS, the USG, ANS-CI and their sub grantees all benefit from the improvements in the system.

With sub-grantees, ANS-CI will continue to support NGOs in producing quarterly reports describing the results of national HIV/AIDS community-based care for dissemination to national and international partners and stakeholders. All M&E activities are supported directly by an M&E unit based at the ANS-CI office and supervised by the director. ANS-CI will continue to work in constant collaboration with other EP and national partners, to achieve a coordinated and efficient response to M&E requirements.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	66	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	175	☐

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Program managers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	EGPAF Rapid Expansion (country supp)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10074
Planned Funds:	$ 600,000.00

Activity Narrative: This activity complements EGPAF's activities in ARV Services (#9721, #10068), Basic Health Care (#10336), HIV/TB (#10057), CT (#10062), and Other/Policy & Systems (#10337).

The EGPAF International Family AIDS Initiative comprises programs in PMTCT and in care and treatment. EGPAF's care and treatment program has been growing at an exceptional rate. As of June 2006, 57 comprehensive care and treatment sites had provided ART to 23,698 people, and EGPAF is on track to reach its FY06 goal of 34,200 people on ART at 72 sites.

ACONDA's graduation from main implementing sub-partner to EP prime partner will impact EGPAF's projected targets for FY07, with an initial reduction to 55 EGPAF-supported sites and a treatment cohort of 33,000 PLWA in place of 46,200. However, expansion of sites, partners, and geographic coverage will continue rapidly in 2007, as will growth in "pre-ARV care" cohorts and expanded routine HIV testing and counseling at all supported HIV care facilities.

EGPAF's PMTCT reinforcement and expansion program, started in 2005, has resulted in more than 507 providers trained for PMTCT services, 50,813 pregnant women provided with HIV counseling and testing, and 3,292 HIV-infected pregnant women provided with ARV prophylaxis through 67 PMTCT sites (June 2006). FY06 and FY07 funds will be used to reinforce existing sites (95 by June 2007, with 57,000 women tested) and expand to 120 sites serving 100,000 pregnant women by the end of March 2008.

One of the hallmarks of EGPAF's PMTCT program and care and treatment program (including CT in clinical settings) is the heterogeneity of the sites supported. EGPAF supports many different approaches and models in Côte d'Ivoire. Despite encouraging results, M&E and data management remain a constant challenge for all sites and districts except those supported by ACONDA and CIRBA, which have well-performing computerized data-management tools that keep comprehensive dossiers on all patients (ART or not) registered in the program. Most of the sites currently use national paper tools, including registries. The quality of the data collected suffers from serious constraints, including the following:

a) Absence of specific indicators linked to CT in clinical settings
b) Absence of indicators related to the longitudinal follow-up of mothers and children from PMTCT
c) Lack of standardized patient medical records
d) Difficulties in tracking referrals and counter-referrals
e) Loss to follow-up because of geographic mobility
f) Lack of tools to collect information regarding lab activities related to HIV services
g) Insufficient resources allocated to supervision and performance management
h) Limited staff dedicated to M&E at district and site levels
i) Lack of communication tools (Internet, fax machines)
j) Insufficient data flow between sites and the central level and donors

EGPAF is working hard, in collaboration the MOH, JHPIEGO, and Measure Evaluation/JSI, to address these weaknesses through technical and logistic support. EGPAF has provided computers to pharmacies, labs, and districts, with software (from MSH) for drug management and temporary Excel spreadsheets to collect data while waiting for finalization of the standardized approaches to be used in HIV care and PMTCT sites. A training plan related to standards of performance for quality of care is being implemented in partnership with JHPIEGO, which also focuses on formative and post-training supervision. JHPIEGO's Training Information Management System software will be used to manage data related to training. Assessment of the quality of care provided at HIV sites has also begun with TA from EGPAF subcontractor JSI/Boston.

FY07 funds will permit EGPAF to consolidate activities started in 2005 and 2006 to implement timely M&E systems with data use at different levels. The objective is a robust, easy-to-use patient-management system that includes monitoring of drug prescriptions to ensure compliance with national therapeutic guidelines and software that supports quality care and effective monitoring at the individual level.

FY07 activities will train 250 people in strategic information. Activities will include:

1. Provide software and equipment to HIV care and PMTCT sites according to national standards.
2. Provide adequate logistic support related to communication (Internet connection, fax machine, cell phone card), transport (motorbikes), and M&E tools (registries and other materials) at district level, with progressive expansion to sites depending on their size.
3. Procure and install computers and accessories at newly enrolled districts and sites, including new labs, pharmacies, and M&E units.
4. Strengthen Wide Area Network infrastructure at the University Hospital (CHU) of Treichville, with possible extension to Cocody teaching hospital.
5. Promote the use of smart and other patient IDs as a starting point to establish a unique identifier number for a patient or family unit.
6. Initiate a pilot electronic patient-record management system at Treichville university hospital with technical assistance from the University of California-San Francisco, an EGPAF contractor.
7. Build M&E staff capacity at the facility and district levels by training 250 staff members and providing them with essential equipment.
8. Work with other partners and the MOH to develop/adapt software and other M&E and supervision tools/materials to be installed at all EGPAF-supported sites.
9. Perform program evaluations (described in the ARV Services, HIV/TB and PMTCT sections) to improve the quality of services at EGPAF-supported sites.

Smaller sites will use national or WHO-adapted registers; intermediate sites will use software and computers; larger tertiary-level sites will use Wide Area Network infrastructure, including computers and software.

EGPAF will work closely with other key national and international M&E stakeholders within the Ministry of Health (DIPE), the Ministry of the Fight Against AIDS (DPPSE), JSI/Measure Evaluation, and the USG country team, including Projet RETRO-CI. EGPAF contractor ISPED-Bordeaux will be asked to play a greater transversal role in supporting the national data-management system while providing specific technical assistance as needed at district and site levels.

Continued Associated Activity Information

Activity ID:	5053
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	EGPAF Rapid expansion (country supp)
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	28	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	ACONDA CoAg
Prime Partner:	ACONDA
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10075
Planned Funds:	$ 200,000.00

Activity Narrative: This activity complements ACONDA activities in CT (#10063), Basic Health Care and Support (#10053), HIV/TB (#10338), and ARV Services (#10070).

Since its creation in 2002, the Ivorian NGO of health professionals called ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA's personnel has more than a decade of experience in HIV clinical and applied research, with a sustained focus on monitoring and evaluating its program. ACONDA defines a holistic approach to care and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (with provision of ART, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with local PLWHA and community organizations. ACONDA is also committed to improving the management of information to improve service delivery and promote sustainable quality services to reduce HIV-related morbidity and mortality in Cote d'Ivoire.

ACONDA has been successful in mobilizing resources and developing its own organization to support expanded service delivery and research activities. ACONDA has created numerous technical and financial partnerships (with the MOH, ISPED/University of Bordeaux, GIP-ESTHER, Columbia University, GlaxoSmithKline Foundation, NGO Sidaction, and the Clinton Foundation). Since 2004, ACONDA has been a sub-partner under the five-year EP cooperative agreement called Project HEART, led by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the University of Bordeaux/ISPED.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 12500 patients, including 1,375 children (11%), by March 2007. With ACONDA's contributions, Project HEART's five-year service-delivery goals were exceeded in the first 18 months. This substantial growth not only led to rapid growth in ACONDA's organizational capacity for service delivery but was also accompanied by reinforced capacity in management and financial systems, with substantial assistance from U Bordeaux/ISPED. In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services. ACONDA will use FY06 funds to further strengthen its financial and management systems to ensure that it has the capacity to manage EP funds directly while maintaining strong partnerships with technical partner ISPED, EGPAF, and other collaborating partners.

The main objective of ACONDA's M&E strategy is to use all relevant tools and procedures to ensure that patients can be effectively managed within the comprehensive-care system. ACONDA has been using a data-management system at all of its sites for the past three years. The system, based on a 10-year history of providing services and doing research in Cote d'Ivoire, was designed to optimize the capability of sites to follow patients closely. ACONDA assigns one focal point to each of the district hospitals where it works, who in turn trains others and provides regular supportive supervision to keep checks on the data that is recorded. In FY06, ACONDA trained 36 data clerks (called AMDs), three focal points, and three nurses who specialize in epidemiology (called CSEs). Through its data-management system, ACONDA monitors patient tracking information as well as information that is needed by the EP, EGPAF, ISPED, the national care and treatment program (PNPEC) and the MOH (DIPE).

The data-management system will be made available to the 10 district hospitals in which in which ACONDA will add HIV/AIDS activities in FY07. In many cases, this will require ACONDA to provide computers, other equipment, and training that will allow the new sites to use the system. In addition to rolling this system out to the new sites, ACONDA will strengthen monitoring activities at its 38 existing ART sites by providing refresher training and monthly supervision. In all, ACONDA's FY07 activities will train 480 people in strategic information and provide 48 local organizations with technical assistance for strategic-information activities. ACONDA will also implement the following activities:
1. Other management tools will be designed or modified for each district based on data-management needs. These tools will allow service sites to better monitor patients and manage registers, forms, and drug stocks.
2. District teams will be formed and will be responsible for ensuring data recording, data transfer to the district team location, electronic recording and processing, and reports editing. ACONDA will provide strong support to the district teams to enable them to

supervise this effort. The district teams will prepare monthly reports that include information related to all aspects (quantitative and qualitative) of ACONDA's program. Reports will be sent to the regional level and to PNPEC, to feed into national data-collection efforts.
3. A network will be set up between ACONDA and the district teams.
4. Technical support for data analysis will be provided by the University of Bordeaux.
5. A team (made of AMD–CSE focal points, who serve on the district teams) will be trained to better manage data. The training will be provided by the ACONDA M&E team in a five-day session followed by a 10-day practicum.
6. A quarterly workshop will be held with the M&E team and field staff to talk about practical issues in the field and appropriate solutions.
7. An annual meeting will be organized to review M&E activities at all sites.
8. The ACONDA SI team will attend specific workshops, conferences, or classes that bolster their technical capacity.

ACONDA will feed into national data-collection systems for drug and supply-chain management. The patient-management system that is currently used at its sites will be interfaced with the system that the Partnership for Supply Chain Management Systems will be sharing with all care and treatment programs in Cote d'Ivoire in FY07. In addition, the PMMS ACONDA software has been selected for use at the national level, and ACONDA will assist the national program to develop additional measures as necessary.

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	48	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	480	☐

Target Populations:

Project staff
agencies/organizations/partners
Other Health Care Worker
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Measure Evaluation: UNC/JSI
Prime Partner:	University of North Carolina, Carolina Population Center
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10076
Planned Funds:	$ 0.00

Activity Narrative: MEASURE Evaluation JSI (ME-JSI) provides the government of Côte d'Ivoire and implementing partners with technical and material assistance in standardizing and strengthening the collection, management, utilization, and dissemination of HIV/AIDS monitoring and indicator data. The Ministry of the Fight Against AIDS (MLS) has overall responsibility for planning, coordination, and monitoring and evaluation of the national multisectoral and decentralized response. The Ministry of Health's (MOH) Department of Information Planning, Monitoring and Evaluation (DIPE) has primary responsibility for HIV/AIDS data within the health sector. Other sectoral ministries, such as Family and Social Affairs (MFAS), Education, and Defense, are responsible for sector-specific HIV/AIDS data collection and use. ME-JSI's support to the MLS, MOH, and MFAS is primarily aimed at building capacity at the national, regional, and district levels and in civil society for improving the quality of collected information and of data use for decision-making.

FY06 activities, expected results, and planned FY07 activities are described in the following two sections.

I. Technical Assistance to the MOH

With FY06 funds, ME-JSI has provided technical assistance to the MOH to adapt the WHO HIV/AIDS patient longitudinal monitoring data-collection tools based on revised national HIV/AIDS indicators. A training of trainers was conducted with a pool of 18 health workers, data managers, central-level staff, and other EP partners. For the integrated HMIS, restitution of the pilot phase was completed, and the data collections have been validated.

1- Integration of HIV/AIDS Information System Into the National HMIS
National HIV/AIDS indicators were revised in January 2006 to take into account information needs of the various partners involved in HIV/AIDS activities (MOH, WHO, UNAIDS, Global Fund, EP). Appropriate data-collection tools were developed in collaboration with other partners. In FY07, ME-JSI will work closely with the USG team, WHO, UNAIDS, Global Fund, and the MOH to carry out the following specific tasks:
• Ensure strong coordination and monthly meetings among EP partners and MOH directorates (DIPE, PNPEC, PSP, and PNLT) that will lead the development of an M&E plan for HIV/AIDS activities and data-management tools for better information sharing and timely EP reporting.
• Develop a training and dissemination plan for the HIV/AIDS patient monitoring tools, in collaboration with other partners.
• Continue to train staff of health facilities in the use of these tools; 50 health workers will be trained in the use of HIV/AIDS patient longitudinal monitoring data-collection tools (patient file, registers, monthly and quarterly reports, cohort-analysis form) in collaboration with DIPE, PNPEC, PSP, and other stakeholders (UNAIDS, WHO, Global Fund).
• Assist in the development or adaptation, in collaboration with ACONDA, EGPAF, and CDC/RETRO-CI, of electronic medical-records software for ART patient tracking (e.g. EpiInfo, CareWare), to be chosen by the health authorities in agreement with the USG team. ME/JSI will also assist with the use of Geographic Information Systems software, such as HealthMapper, to monitor the coverage of PMTCT and care and treatment sites, as well as community-based interventions.
• Organize training sessions for data managers in the use of HIV/AIDS data-management software (electronic medical-record software and other computer applications chosen by the government of Cote d'Ivoire in collaboration with the USG and other stakeholders).
• Scale up the implementation of HIV/AIDS data-collection tools (for counselling and testing, PMTCT, and care and treatment) to all private and public sites, in accordance with the national scale-up plan.
• Strengthen bidirectional data transfer among levels within MOH by providing Internet connection to five districts and two regions.
• Provide six computers to six HIV/AIDS sites (three care and treatment, two PTMCT, and one CT) in collaboration with EGPAF.
• Maintain and improve the decision-support module of the EP indicator monitoring system (CIPMS) software.
• Facilitate participation in the CESAG M&E workshop by one staff member with relevant responsibility for supporting the PNPEC.

• Provide a high-speed Internet connection to the PNPEC.
• Assist the MOH in conducting supportive and formative supervision on HIV/AIDS data management at the district level.
• Select a "cabinet" to assess the feasibility of Internet connection at the facility level and, in consultation with the CDC/HQ SI team, implement recommendations in at least one region.
• Conduct a rapid evaluation of the use of HIV/AIDS patient longitudinal monitoring data-collection tools.

II. Technical Assistance to the MLS and the Ministry of Family and Social Affairs

The MLS is charged with coordinating the overall fight against HIV/AIDS in Cote d'Ivoire, including its M&E strategy. The MLS is specifically responsible for community-based (non-facility-based) HIV/AIDS data collection and processing. The NGO Alliance Côte d'Ivoire, an EP implementing partner, supports the MLS in collecting and managing community-based program data, including for HIV prevention, care, and treatment-literacy programs.

1- Implementation of the National M&E Plan
In July 2006, the MLS developed a five-year strategic plan, with technical assistance from ME-JSI regarding M&E and definition of intervention areas. With FY07 funds, ME/JSI will carry out the following tasks:
• Assist the MLS in conducting supportive and formative supervision and M&E training for the decentralized committees' M&E staff.
• In collaboration with the MOH, UNAIDS, and Global Fund, finalize data-management software to support data retrieval and exchange between the various databases of the MLS and its partners involved in HIV/AIDS activities. The resulting database will exchange and retrieve data from SIGvision, CRIS, and Alliance CI software and will serve as the national M&E database for community interventions.
• Install and train at least four MLS staff and partners in the use of this software.
• Support participation in the CESAG M&E workshop by one new DPPSE/MLS staff member.
• Hire an information technology officer.
• Provide computer equipment to improve the timeliness and completeness of HIV/AIDS data.

2- Strengthening of the OVC Community-Based Information System
The USG funds Alliance CI to manage community-based program reporting carried out by NGOs, CBOs, and FBOs. Côte d'Ivoire also has a national OVC program (PNOEV), under the Ministry of Family and Social Affairs, which is in charge of coordinating all OVC activities in the country. In collaboration with FHI, ME/JSI provides technical assistance to the PNOEV to implement an OVC M&E system linked to the overall MLS-supported M&E system. With FY07 funds, ME-JSI will carry out the following tasks:
• Assist the PNOEV in conducting a midterm evaluation of data-collection tools.
• Assist in the training of PNOEV partners in both M&E and the use of data-collection tools.

Continued Associated Activity Information

Activity ID:	4574
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina, Carolina Population Center
Mechanism:	Measure Evaluation
Funding Source:	GHAI
Planned Funds:	$ 700,000.00

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10192
Planned Funds:	$ 110,000.00

Activity Narrative: Since May 2005, the Emergency Plan Cote d'Ivoire program has rapidly scaled up care and treatment across the country, from 17 to 72 treatment sites and an estimated 34,200 people receiving ART as of March 200. Palliative care coverage expanded from 7228 to 38605 patients. As of June 2006, there were over 52,757 enrolled in HIV/AIDS care. As the program expands, maintaining accurate real-time information on both the available stocks and projected needs of all essential commodities is critical to maintaining uninterrupted services. Data required to ensure the overall supply chain are simple, and available at various levels of the program. However, a concerted effort is needed to ensure this information is gathered and analyzed regularly, and shared with all partners involved in commodities procurement and management, essentially EP, Global Fund through UNDP and the MOH. The Supply Chain Management Systems Partnership (SCMS) is providing the USG with a one-stop shop for technical assistance and procurement services. Therefore, the USG team will ensure that SCMS has the appropriate SI expertise available in-country, the right technology and tools tailored for the country context, and the appropriate level of investment in improving information management.

Following an MOH directive to coordinate procurement, the EP and the GF Fund have formed a cooperative procurement and management strategy for essential HIV-related commodities with the national authorities and the GF Principle Recipient, the UNDP. The Government of Cote d'Ivoire has purchased small amounts of commodities with its own funds for this national "virtual pipeline". This approach is now being monitored through an evolving joint implementation plan and a joint procurement plan. This plan includes all commodities for MOH-accredited treatment and service delivery sites in the country. All partners are participating in this joint exercise in good faith, but much work remains to be done to ensure smooth operation. Due to recurring difficulties by the GF to deliver critical products to the National Program on time and the prior lack of information sharing on GF order delays, SCMS and other EP partners had to procure critical products through emergency orders. It is clear however, that even with improved information sharing between stakeholders, more sophisticated systems for feeding information up on commodity needs are needed. Otherwise, with the interdependent nature of the program, poor forecasts or a lack of the appropriate information could create stock-outs or shortages.

To improve this situation, SCMS has focused on improving commodity information management and transparent coordination of supplies and needs of all partners in the national HIV/AIDS program. SCMS installed and supervised commodities tracking software at 21 of the planned March/08 all ART sites supported by the EP and Global Fund. SCMS created enormous improvements in the availability of reliable data for decision making, needs projections, and stock management at all levels of the national program. Site-specific commodity and ARV use data are being integrated and analyzed together with new electronic patient records to provide a more complete clinical and management picture of the care and treatment program. SCMS technical assistance is also enhancing the institutional capacity of the PSP (the central medical stores and director of the joint procurement plan in Cote d'Ivoire), health districts, and target facilities. SCMS is ensuring the adequate management of HIV/AIDS products and other health commodities at all levels. The project installed the Orion warehouse management system at the PSP to help the Government manage the movements and security of all HIV-related (and other) commodities processed through the central warehouse. The ongoing TA to the PSP has strengthened its ability to forecast and manage commodities to identify and correct supply problems before they occur. SCMS also provided TA to the GF to help improve commodities planning and management, and facilitated regular coordination of joint procurement planning and tracking by the PSP.

For several years, the MOH and partners have been working to develop an integrated facility-based health information system (HIS) as part of a strategic information plan in support of the national AIDS program. Many partners are supporting specific components of this effort, including RETRO-CI, MEASURE-Evaluation, and EGPAF in collaboration with the MOH-DIPE (the Directorate of Information, Planning, and Evaluation) and the PNPEC (the National HIV/AIDS Care Program). SCMS will collaborate with these partners to prevent duplication, and to ensure complementarity. Strong elements of the required information management systems already exist, including IT hardware and networks in most EP and GF-support sites. For instance, one local treatment partner, ACONDA, is implementing a computerized patient record system at all of its 17 sites with

comprehensive records for all patients registered in the program (whether on ART or not). To gather accurate forecasting data for ACONDA, the HIS, and the new Orion software provided to the PSP will interface.

The HIV/AIDS Alliance currently has a well-developed information system in Cote d'Ivoire to manage indicators from community based organizations reporting data to the MLS. A sub-partner under SCMS, Voxiva, since 2006 has collaborated with Alliance to improve their database to allow sub grantees to directly report M&E indicator data electronically via either cell phone or Internet. In FY07, this data will inform more accurate national forecasts.

FY07 funds will continue strong technical and management support to the PSP leadership and coordination role in the National HIV/AIDS Program. SCMS will ensure that all new scale-up sites are fully functional and technically supported in commodities tracking software, and that all sites are able to provide accurate monthly commodity reports. This will be routine by the end of FY07. To improve and refine the data that is available for decision making, SCMS will develop and in most cases adapt additional management tools for forecasting, procurement and management at the facility, district and national level. SCMS will continue to provide TA to the GF as key partners in the National Program and seek continual improvements in data and decision quality and coordination.

Specifically, SCMS will use FY07 funds to:
Ensure that all existing treatment sites, including those primarily supported by the EP and those supported by the Global Fund, are able to generate regular, accurate commodities use, stock and needs reports using improved management tools. SCMS will rapidly equip new sites and train staff on the use of computerized or paper-based commodity management tools that will allow them to generate regular monthly reports.

SCMS will work with the PSP to spot check all partners on their data gathering. Quarterly analyses will be made available to stakeholders for better coordination and decision-making. Together with the PSP and relevant partners, SCMS will conduct regular supervision visits to all treatment sites to ensure commodities data systems are operating, and stocks are being stored, dispensed and tracked correctly. In conjunction with these visits, SCMS will provide ongoing TA and guidance to the National Program (PNPEC) and PSP to strengthen and refine its commodities forecasting, procurement management and tracking capacity for ARV, OI drugs, lab supplies and other HIV-related commodities for the national program.

Continued Associated Activity Information

Activity ID:	5846
USG Agency:	U.S. Agency for International Development
Prime Partner:	Partnership for Supply Chain Management
Mechanism:	Working Commodities Fund
Funding Source:	GHAI
Planned Funds:	$ 110,700.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	42	☐

Target Populations:

Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Food

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CDC & RETRO-CI (Base)
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10199
Planned Funds:	$ 1,121,060.00

Activity Narrative: The government of Cote d'Ivoire is improving national capacity to respond to the HIV/AIDS epidemic throughout the country. Through the Emergency Plan, the USG is an important contributor to that effort. Its contributions are both financial and in technical expertise. Projet RETRO-CI, a collaborative organization created jointly by the Ministry of Health (MOH) and the CDC, is a critical partner in the development of the unified national vision for monitoring and evaluation, information technologies, and information management systems, and for HIV surveillance. RETRO-CI provides concrete technical support for collecting, managing, analyzing, and disseminating strategic information. With FY07 funds, the SI team at Projet Retro-CI will contribute to national SI efforts by:

1. Providing technical and logistic assistance to the MOH to complete the annual 2005 national antenatal HIV surveillance survey. With FY 06 funds, 88 health staff were trained, blood samples were collected at 30 urban and rural sites and tested at Projet RETRO-CI laboratory, and data was stored. FY 07 funds will enable RETRO-CI staff to assist the MOH with data analysis and results dissemination through written reports, a CD-ROM, workshops, and a national conference.

2. Providing technical and logistic assistance to the MOH to conduct the annual 2007 national antenatal HIV surveillance survey. RETRO-CI staff will procure laboratory and study supplies, supervise data and sample collection at peripheral sites and testing at the Projet RETRO-CI laboratory, and assist with data entry, analysis, and data dissemination through written reports and oral presentations. Progressive capacity building and transfer of skills to national counterparts, started in FY 06, will be strongly promoted during FY 07 at both central and decentralized levels. In addition, with CDC headquarter technical assistance, further analysis will be conducted with ANC, AIDS Indicator Survey, and PMTCT programmatic data to describe the patterns that drive the HIV epidemic in Cote d'Ivoire.

3. Providing technical and logistic assistance to the Ministry of the Fight Against AIDS (MLS) and the National Institute of Statistics to complete the National AIDS Indicator Survey with the elaboration and implementation of a comprehensive communications plan. This plan will include broadcasts, workshops, and training on data use for planning and advocacy, as well as dissemination of findings through written reports and a CD-ROM.

4. Providing technical and logistic assistance to the MOH and to PHR, in collaboration with WHO and other partners, to disseminate Service Provision Assessment (SPA) findings through a workshop, training, written reports, and a CD-ROM.

5. Providing technical assistance to the MOH to implement longitudinal surveillance of patients in ARV treatment and to support a variety of in-country partners with the implementation of targeted evaluations, including evaluation and surveillance of HIV resistance, incidence, and prevalence in accordance with WHO/CDC standards. This support includes procuring laboratory and study supplies, collecting samples at peripheral sites, transporting specimens for testing at the RETRO-CI laboratory, data entry, analysis, and data dissemination through written reports and oral presentations. Technical assistance will also be provided by CDC HQ to conduct the initial assessment, development of protocol and guidelines, and planning of activities.

6. Providing continual technical assistance to the MLS and other PEPFAR-funded partners (among them the MOH, the Ministry of National Education, and the Ministry of Family and Social Affairs) to develop, disseminate, and implement the national strategy and an overall M&E plan, and to develop a national HIV/AIDS information system and database. With technical assistance from CDC HQ, Projet Retro-CI informatics staff will assist in:
- Implementing a national ART patient monitoring system, including adapted WHO ART patient monitoring forms and an electronic ART monitoring tool
- Designing or adapting software, databases, and computer applications that support HIV/AIDS program activities (VCT, PMTCT, OVC, etc.)
- Designing a national database on HIV/AIDS at the MLS (customizing CRIS to meet national needs and developing an interface to allow other ministries to access the CRIS data or designing a data warehouse)
- Supporting adaptation and installation of TIMS at the national MOH level and providing appropriate training support to use the system properly
- Addressing confidentiality, privacy, and security and ART patient ID issues

7. Upgrading and maintaining Projet RETRO-CI IT infrastructure. The infrastructure will provide improvements to office automation equipment (including workstations) and software, as well as improved Internet connectivity. All of these improvements will support PEPFAR information capacity building, provide for more rapid data analysis, and support the procurement of commodities such as computer equipment, laboratory reagents, and other expendables.

8. Providing assistance in the areas of informatics and information systems to a wide variety of governmental, non-governmental, and other partner organizations. Specific activities include:
- Providing training in the use of data-management software such as Epi Info, CRIS, and PMS, and in statistical analysis
- Assisting the MOH/DIPE with their next-generation national health management information system (HMIS), which integrates HIV indicators with other health-outcome measures
- Assisting with the development and implementation of a national M&E system in support of PEPFAR prevention, care, and treatment goals. This assistance includes but is not limited to the translation of software programs and training materials and training, supervision, and quality-assurance guidelines.
- Developing with the national SI group recommendations for the integration of software to reinforce the linkages between services in support of the network model of HIV-related health services at different levels of the health pyramid. This technical assistance will complement SI activities funded through cooperative agreements with the MLS, the MOH, and other partners to create a functional national M&E system.

9. Developing the national SI strategy for Cote d'Ivoire and providing technical assistance to PEPFAR-funded partners to ensure they are aware of PEPFAR reporting requirements. This activity includes providing materials and training in French, preparing required reports describing PEPFAR results, and providing written and oral reports for national partners and stakeholders for the USG. With Measure Evaluation technical assistance, the USG team will provide all PEPFAR-funded partners with data-management software (CIPMS) for data storage and decision-making. The USG will also start the Data Quality Audit (DQA) process, including onsite supervision and partner performance evaluation.

10. Participating in key regional or international meetings or training to remain up to date on PEPFAR and international requirements and best practices in support of the third of the "Three Ones," namely having one integrated national M&E system.

Continued Associated Activity Information

Activity ID:	5171
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	CDC & RETRO-CI (Base)
Funding Source:	GAP
Planned Funds:	$ 1,119,908.00

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐

Indirect Targets

Number of individuals trained in M&E, surveillance, and/or HMIS: 30
Number of individuals trained in surveillance, and/or HMIS: 90
Number of individuals trained in HMIS/Informatic: 80

Target Populations:

International counterpart organizations
National Health program and staff
other stakehollders
Ministry of AIDS
agencies/organizations/partners
Host country government workers
Other Health Care Worker

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	MOH- CoAg #U2G PS000632-01
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10421
Planned Funds:	$ 600,000.00

Activity Narrative: This activity relates to other activities described in Measure SI (#10076), Abt Associates Other Policy (#9924), FHI Other Policy (#10078), Projet RETRO-CI SI (#10199), and SCMS Basic Health Care (#10189).

The Government of Cote d'Ivoire is implementing decentralization reforms in response to the growing challenges it faces in financing health and other services and maximizing efficient allocation of resources. It also faces a growing demand for local participation in the design, delivery, and monitoring and evaluation of health services.

To support the decentralization of HIV/AIDS interventions, the MOH received EP support in FY06 to promote the planning, coordination, monitoring, and evaluation of HIV activities. An assessment of the HIV/AIDS National Plan 2002-2004 found a debilitating lack of SI guidance and skills at the decentralized level. As part of the new National HIV/AIDS Strategic Plan 2006-2010, the SI unit of the MOH aims to achieve the following objectives:
1. Upgrade the routine data-collection system for HIV/AIDS interventions
2. Improve the surveillance and evaluation system
3. Harmonize HIV/AIDS-related epidemiological surveys and studies
4. Coordinate the HIV/AIDS M&E system to address issues raised in the 2002-2004 assessment
5. Improve M&E of the new national strategic plan

The MOH will place a special emphasis on the district as the operational unit for the overall strategy. With FY06 funds, the MOH set up a project management unit and coordinated an evaluation in the San Pedro IRIS pilot (IRIS), a district network of comprehensive prevention, care, and treatment services involving many EP ministry and NGO/CBO/FBO partners.

With FY06 funds, the MOH is conducting a mapping analysis of the HIV interventions by capturing all CT, PMTCT, ART, and other HIV services by implementing partners, including donors or funding source and location (site, district and region). The mapping analysis will allow the MOH to develop a consolidated work plan for 2006 and 2007 for all HIV/AIDS activities in the health sector including.

Major activities for 2007 will focus on improving the quality and dissemination of HIV/AIDS data through the support of HIV-related planning, surveillance, monitoring and evaluation and capacity building for data collection and management in targeted districts and regions prior to national scale-up.

Planning: To strengthen national capacity to program and plan HIV/AIDS care and treatment activities in the health sector, the MOH will finalize its consolidated three-year national plan for HIV/AIDS activities in the health sector (2007-2009); which incorporates all existing and planned health sector-specific HIV/AIDS activities, financed by the key stakeholders. This plan will assist the MOH in coordinating multiple partners and interventions as well as in monitoring, and eventually rationalizing the geographic distribution of HIV/AIDS services. As follow-on to the consolidated national plan, the MOH will develop a decentralization plan for HIV prevention, care and treatment services. This plan will lay out the MOH's strategy and timeline for devolving administrative and financial management of HIV/AIDS services in the health sector to the decentralized level in collaboration with Abt Associates. Furthermore, the MOH will provide TA to decentralized authorities in 10 districts for the development of HIV/AIDS "micro-plans" tailored to the specific needs of districts.

Coordination: To reinforce national capacity to coordinate HIV/AIDS care and treatment activities in the health sector through routine system data collection and analysis, the MOH will support the development of a GIS map of clinical HIV/AIDS prevention, care and treatment interventions in CI in order to facilitate deployment and coordination of partners and services within the health sector. A central database will be established to track financial inputs from all sources for HIV/AIDS activities in the health sector. Specific activities will include collecting GPS coordinates and basic profile information from all health facilities offering HIV/AIDS services, integrating this information into a national GIS map, developing regional GIS maps and relevant overlays (e.g. regional population density, HIV prevalence rates, TB services) and training key stakeholders at the central

and regional levels in the use of the map for intervention planning, coordination and monitoring.

M&E: To strengthen national capacity for improved M&E of medical care and treatment activities, the MOH will continue to build HIV/AIDS program monitoring capacity through a series of activities targeting the central and decentralized levels. The MOH will develop a national M&E work plan that corresponds to the consolidated national HIV/AIDS plan mentioned earlier. In collaboration with JSI/MEASURE, the MOH's Office of Planning, Information and Evaluation (DIPE) will revise data collection tools for HIV/AIDS services in the health sector, integrate a module on HIV data collection and management into the national care and treatment training curriculum, and train 25 data management officers at all levels of the health care system in data collection, analysis and report writing and build their capacities in planning of M&E HIV/AIDS interventions.

MOH will improve human capacity for M&E by supporting the short- and long-term training of key health sector staff in HIV/AIDS monitoring and evaluation. Infrastructural capacity for M&E of HIV/AIDS activities will be reinforced through the provision and maintenance of telecommunications and ICT equipment for DIPE, PNPEC, PNLT and targeting regional and district health offices. MOH will expand and reinforce the use of TIM'S software (JHPIEGO) drawing decentralization actors in collaboration with MEASURE and RETRO CI. With MEASURE EVALUATION technical assistance the HMIS will be fully functional with the new integrated software SIGVISION at targeted districts prior to national roll out.

In order to facilitate improved monitoring of TB/HIV co-infection and ARV drug stocks at the decentralized level, the MOH, with technical assistance from SCMS, will train 25 district officers in the use of TB management software and adapt/test the ARV stock management software at district pharmacies.

Surveillance and targeted evaluations: In order to improve Cote d'Ivoire's strategic information capacity and better inform future HIV/AIDS interventions, MOH will undertake several activities in 2007: coordination of the 2007 ANC sentinel surveillance in collaboration with Projet RETRO-CI, including revising the survey protocol, training 15 trainers and 115 health agents, delivering survey materials, supervising sample collection, collecting and testing samples, and analyzing and disseminating results. The Ministry will also initiate the establishment of a system for ARV resistance surveillance by launching the first national ARV resistance survey in 2007. The National TB Program will conduct an evaluation on the effectiveness of INH prophylaxis in people living with HIV/AIDS (PLWHAs). In the area of training, the Ministry will train 25 regional and district directors in the use of HIV/AIDS data for local decision-making and program improvement.

Supervision/quality assurance: The Ministry will continue to build capacity for improved quality of HIV/AIDS data and services by training 25 regional and district directors in supervision of data collection and management, training and supporting 20 district health team officials in the supervision of facility-level data collection and management, and providing logistical and infrastructural support for the regular supervision of HIV/AIDS services and data collection at the district level. Plus up funds will be used to build the national capacity of systems and personnel to improve M&E and surveillance for rapid scale-up at health sector delivery sites nationwide.

Continued Associated Activity Information

Activity ID:	5055
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
Mechanism:	Ministry of Health (TBD new mechanism Sole source CoAg)
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐

Target Populations:

National Health program and staff
Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CoAg Ministry of AIDS #U62/CCU024313
Prime Partner:	Ministry of AIDS, Côte d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10425
Planned Funds:	$ 450,000.00

Activity Narrative: This activity also relates to Ministry for the Fight Against AIDS (MLS) activities in AB (#10044).

The MLS is charged with coordination of the national response to the HIV/AIDS epidemic. Emergency Plan (EP) funding (2004-08) is intended to build the ministry's capacity in infrastructure, behavior change communication, and monitoring and evaluation (M&E). This activity in the program area of strategic information aims to contribute to the implementation of a comprehensive data-management system at the national level.

In FY06, with support from donors/partners including the USG, the UN system, and the Global Fund, the MLS developed a National Strategic HIV/AIDS Plan 2006-2010. A review document prepared before the release of the plan pointed to a lack of coordination in the national response and to the absence of a functional M&E system. The MLS responded by working to decentralize its coordination structures for better data collection and information transfer to regularly feed the central-level data base. With support from EP partners (JSI/Measure, HIV/AIDS Alliance, CDC's RETRO-CI project, FHI), UNAIDS, and the Global Fund, this decentralization facilitated the following achievements in 2004-2006:

1. Strengthening of the MLS through:
- Building of the capacity of the ministry's M&E coordination unit (DPPSE) in materials, equipment, and human resources.
- M&E training for 105 staff members.
2. Implementation of M&E management tools through:
- Harmonization of indicators and the development of data-collection tools at community level.
- Preparation of M&E training manuals for community-level activities/
- Preparation of an interim plan for the fight against HIV/AIDS in 2005.
- Preparation of the National Strategic HIV/AIDS Plan 2006-2010.
- Coordination of the national AIDS Indicator Survey (AIS) in 2005.
- Installation with UNAIDS support of CRIS software as the national database for central-level management of the indicators by DPPSE.
- Installation (with training) of the M&E management software at community level by the HIV/AIDS Alliance.
3. Implementation of an M&E country operational plan through:
- Implementation of M&E functional units in five administrative regions (San Pedro, Daloa, Yamoussoukro, Abengourou, Aboisso).
- Supervision of M&E staff throughout the country.
- Implementation and maintenance of a computer network for data management, in cllaboration with the Ministry of Health, in the five regions.
- Preparation and dissemination of a report on the country response to HIV/AIDS 2005-2006.
- Recruitment of a database and Web site administrator to implement the MLS database and assure the management of the MLS Web site.
- Strengthening of human-resource capacity for the coordination, validation, and dissemination of AIS results.

Building on FY06 activities, the MLS will use FY07 funds to continue implementing the M&E plan and building capacity in the DPPSE through:
- An evaluation of the implementation of functional M&E units in 13 administrative regions of the country under government control.
- An evaluation of the implementation of the telecommunications system.
- Maintenance of existing communications systems.
- Reproduction and dissemination of data-collection tools and other support materials.
- Continuation of the training of community staff on the use of the database and related tools.
- Coordination of the M&E activities of community-level staff and other actors in the sector, in collaboration with HIV/AIDS Alliance CI.
- Organization of a review meeting with the community M&E focal points and other actors to prepare and validate the 2007 annual report.
- Dissemination of the 2007 annual report.
- An internal evaluation of the national strategic plan 2006-2010.
- Development of a data-quality monitoring/assurance system that can be implemented beginning in FY08 in the 13 regions currently covered.

- Strengthening of the capacity of newly hired DPPSE M&E staff through in-country training based on an overall training plan designed to fill both short- and long-term training needs.
- Participation of the MLS in workshops and meetings of the EP coordination group.

Continued Associated Activity Information

Activity ID:	4555
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of AIDS, Côte d'Ivoire
Mechanism:	Cooperative Agreement with Minisrty of AIDS #U62/CCU024313
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	40	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	☐

Target Populations:

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

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CDC-RETRO-CI GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12224
Planned Funds:	$ 250,000.00
Activity Narrative:	RETRO-CI provides concrete technical support for collecting, managing, analyzing, and disseminating strategic information for the National HIV/AIDS Program. If plus-up activities are approved, funding will be used to support planning and execution of a coordinated geographic-based health-information system. Coordination of activities will reduce duplication of work and will facilitate integration of data into a national health GIS system that will be used for strategic decision-making. In addition, funding will be used to evaluate ARV primary resistance in approximately 300 pregnant women (15-24 years old) in five sites. This survey will be implemented in conjunction with the 2007 ANC survey.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	0	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	JSI
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12227
Planned Funds:	$ 1,050,000.00

Activity Narrative: JSI/Measure has reached its full funding capacity and is not permitted to accept FY07 funds. USAID has advised us to reprogram the funds into a different field support mechanism in order to implement the activities. Targets will not change.
MEASURE Evaluation JSI (ME-JSI) provides the government of Côte d'Ivoire and implementing partners with technical and material assistance in standardizing and strengthening the collection, management, utilization, and dissemination of HIV/AIDS monitoring and indicator data. The Ministry of the Fight Against AIDS (MLS) has overall responsibility for planning, coordination, and monitoring and evaluation of the national multisectoral and decentralized response. The Ministry of Health's (MOH) Department of Information Planning, Monitoring and Evaluation (DIPE) has primary responsibility for HIV/AIDS data within the health sector. Other sectoral ministries, such as Family and Social Affairs (MFAS), Education, and Defense, are responsible for sector-specific HIV/AIDS data collection and use. ME-JSI's support to the MLS, MOH, and MFAS is primarily aimed at building capacity at the national, regional, and district levels and in civil society for improving the quality of collected information and of data use for decision-making.

FY06 activities, expected results, and planned FY07 activities are described in the following two sections.

I. Technical Assistance to the MOH

With FY06 funds, ME-JSI has provided technical assistance to the MOH to adapt the WHO HIV/AIDS patient longitudinal monitoring data-collection tools based on revised national HIV/AIDS indicators. A training of trainers was conducted with a pool of 18 health workers, data managers, central-level staff, and other EP partners. For the integrated HMIS, restitution of the pilot phase was completed, and the data collections have been validated.

1- Integration of HIV/AIDS Information System Into the National HMIS
National HIV/AIDS indicators were revised in January 2006 to take into account information needs of the various partners involved in HIV/AIDS activities (MOH, WHO, UNAIDS, Global Fund, EP). Appropriate data-collection tools were developed in collaboration with other partners. In FY07, ME-JSI will work closely with the USG team, WHO, UNAIDS, Global Fund, and the MOH to carry out the following specific tasks:
• Ensure strong coordination and monthly meetings among EP partners and MOH directorates (DIPE, PNPEC, PSP, and PNLT) that will lead the development of an M&E plan for HIV/AIDS activities and data-management tools for better information sharing and timely EP reporting.
• Develop a training and dissemination plan for the HIV/AIDS patient monitoring tools, in collaboration with other partners.
• Continue to train staff of health facilities in the use of these tools; 50 health workers will be trained in the use of HIV/AIDS patient longitudinal monitoring data-collection tools (patient file, registers, monthly and quarterly reports, cohort-analysis form) in collaboration with DIPE, PNPEC, PSP, and other stakeholders (UNAIDS, WHO, Global Fund).
• Assist in the development or adaptation, in collaboration with ACONDA, EGPAF, and CDC/RETRO-CI, of electronic medical-records software for ART patient tracking (e.g. EpiInfo, CareWare), to be chosen by the health authorities in agreement with the USG team. ME/JSI will also assist with the use of Geographic Information Systems software, such as HealthMapper, to monitor the coverage of PMTCT and care and treatment sites, as well as community-based interventions.
• Organize training sessions for data managers in the use of HIV/AIDS data-management software (electronic medical-record software and other computer applications chosen by the government of Cote d'Ivoire in collaboration with the USG and other stakeholders).
• Scale up the implementation of HIV/AIDS data-collection tools (for counselling and testing, PMTCT, and care and treatment) to all private and public sites, in accordance with the national scale-up plan.
• Strengthen bidirectional data transfer among levels within MOH by providing Internet connection to five districts and two regions.
• Provide six computers to six HIV/AIDS sites (three care and treatment, two PTMCT, and one CT) in collaboration with EGPAF.
• Maintain and improve the decision-support module of the EP indicator monitoring system

(CIPMS) software.
• Facilitate participation in the CESAG M&E workshop by one staff member with relevant responsibility for supporting the PNPEC.
• Provide a high-speed Internet connection to the PNPEC.
• Assist the MOH in conducting supportive and formative supervision on HIV/AIDS data management at the district level.
• Select a "cabinet" to assess the feasibility of Internet connection at the facility level and, in consultation with the CDC/HQ SI team, implement recommendations in at least one region.
• Conduct a rapid evaluation of the use of HIV/AIDS patient longitudinal monitoring data-collection tools.

II. Technical Assistance to the MLS and the Ministry of Family and Social Affairs

The MLS is charged with coordinating the overall fight against HIV/AIDS in Cote d'Ivoire, including its M&E strategy. The MLS is specifically responsible for community-based (non-facility-based) HIV/AIDS data collection and processing. The NGO Alliance Côte d'Ivoire, an EP implementing partner, supports the MLS in collecting and managing community-based program data, including for HIV prevention, care, and treatment-literacy programs.

1- Implementation of the National M&E Plan
In July 2006, the MLS developed a five-year strategic plan, with technical assistance from ME-JSI regarding M&E and definition of intervention areas. With FY07 funds, ME/JSI will carry out the following tasks:
• Assist the MLS in conducting supportive and formative supervision and M&E training for the decentralized committees' M&E staff.
• In collaboration with the MOH, UNAIDS, and Global Fund, finalize data-management software to support data retrieval and exchange between the various databases of the MLS and its partners involved in HIV/AIDS activities. The resulting database will exchange and retrieve data from SIGvision, CRIS, and Alliance CI software and will serve as the national M&E database for community interventions.
• Install and train at least four MLS staff and partners in the use of this software.
• Support participation in the CESAG M&E workshop by one new DPPSE/MLS staff member.
• Hire an information technology officer.
• Provide computer equipment to improve the timeliness and completeness of HIV/AIDS data.

2- Strengthening of the OVC Community-Based Information System
The USG funds Alliance CI to manage community-based program reporting carried out by NGOs, CBOs, and FBOs. Côte d'Ivoire also has a national OVC program (PNOEV), under the Ministry of Family and Social Affairs, which is in charge of coordinating all OVC activities in the country. In collaboration with FHI, ME/JSI provides technical assistance to the PNOEV to implement an OVC M&E system linked to the overall MLS-supported M&E system. With FY07 funds, ME-JSI will carry out the following tasks:
• Assist the PNOEV in conducting a midterm evaluation of data-collection tools.
• Assist in the training of PNOEV partners in both M&E and the use of data-collection tools.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐

Target Populations:

Local government bodies
Ministry of AIDS
Project staff
agencies/organizations/partners
Host country government workers

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: $ 3,310,000.00

Program Area Context:

Background

The Ministry of the Fight Against AIDS (MLS) coordinates the national multisectoral and decentralized response to the HIV/AIDS epidemic, including community-based interventions, workplace programs, and resource mobilization. The Ministry of Health (MOH) leads the health-sector response (counseling and testing, care and treatment, palliative care, drugs), while other technical ministries such as Education (MEN) provide leadership to coordinate the response within their sectors. Overall planning, coordination, and monitoring and evaluation capacities are seen as critical for scaling up the national HIV/AIDS response, with special focus on the health sector at both central and decentralized levels.

HIV/AIDS sector plans (2004-2007) have been developed in at least 13 sectors, integrating policy and legal reforms to address stigma, discrimination, and remote service delivery, but with delays in the World Bank MAP, they remain largely unfunded. Decentralization of government functions is progressing, with strengthening of the capacities of public bodies and more decision-making at the district and local HIV/AIDS action committee levels. Non-state forums, such as networks of NGOs, PLWHA, journalists and artists, and faith communities, continue to contribute to coordination and advocacy, but they are generally young organizations and require substantial institutional capacity building.

Cote d'Ivoire's political and military crisis continues to be a major problem. GOCI attempts to resume public services resulted in a timid redeployment of few health providers, teachers, and other decentralized administration staff to the non-government-controlled zones. Redeployment efforts have been hampered by the disarmament process, which was suspended in July 2006.

Human and institutional capacities remain a key constraint. An MOH rapid assessment of public-sector human resources for health, with technical assistance from PHRplus, showed high attrition among all cadres and identified gaps in critical skills sets.

FY06 Response

Despite a significant increase in USG HIV-related funding and the Global Fund's presence as the second-largest donor, overall donor presence and contributions remained inadequate, and wraparound funds were extremely limited. Even so, some progress was made toward establishing a national system of political and technical coordination bodies to promote effective planning and coordination.

With support from EP and its partners, the MLS developed a new National HIV/AIDS Strategic Plan for 2006-2010 with a strong emphasis on improved planning and coordination, resource mobilization, and sustainability.

To begin addressing critical deficits in human and institutional capacities, the GOCI with EP support initiated human-capacity development interventions with a view to:
-- Developing a human-resources strategy for the public health sector
-- Increasing involvement of the private health sector in the national HIV/AIDS response

With an emphasis on innovative approaches, the USG in-country team worked to improve general health-sector capacity, focusing on effective delivery of quality HIV/AIDS services. Efforts included seeking out, encouraging, and supporting the involvement of new partners (FBOs, CBOs, service clubs, etc.), as well as linkages with potential New Partner Initiative (NPI) applicants and with other donors' interventions as a way to increase complementarity and build capacities of local organizations.

FY07 Priorities:

Mobilizing the Private Sector
In addition to expanding its support for HIV-in-the-workplace programs (e.g. with MEN and QUITUS, an NGO of teachers living with HIV/AIDS), the USG in FY07 will seek to mobilize private-sector involvement in a sports-based HIV-prevention and life-skills program for youth (Sports for Life) and build partnerships between EP service-delivery partners and private companies (e.g. EGPAF for HIV care and treatment within large agribusinesses). To strengthen the private-sector response to HIV/AIDS, the EP's Public-Private Partnership Technical Working Group will help the USG country team develop a public-private sector strategy and draft a concept paper to apply for USAID's Global Development Alliance grants to mobilize additional funds. The USG team is also continuing its policy dialogue with the Ministry of Economy and Finance for the development of public-private sector initiatives to contribute to the sustainability of expanded HIV prevention, care, and treatment services.

New Partner Initiative (NPI) Support to Add New Partners and Build Sustainability
To maximize opportunities to use NPI for sustainable local partnerships, the EP will fund selected partners to provide technical assistance to help local NGO/CBO/FBOs to win and manage NPI grants. Assistance will be designed to build sustainability and capacity through transfer of financial, technical, programmatic, and M&E skills. Programming will also focus on strengthening links among services and referral networks within geographic regions.

Decentralized Approach and Health-Economic Interventions
To support the decentralized approach of the MOH and MLS, EP funds will help build planning, coordination, and M&E capacities at central and decentralized levels of the health sector. EP partners will also assess the cost and feasibility of incentives to motivate MOH district staff. With EP support, partners will explore costing health services at the decentralized level and piloting community-based health-insurance schemes around clinical services. FY07 funds will also support a new national umbrella sub-granting organization to expand community-based responses to HIV/AIDS and a facility-based service-provision assessment in support of scaling up HIV/AIDS services in collaboration with WHO and other partners.

Human Resources Capacity Building
To address human-resources-for-health shortages, the EP will support an assessment of HR needs to expand HIV services while meeting basic health-service delivery needs. This will include an assessment of private-sector HR capacity in the health sector and a review of existing human-capacity development initiatives. These assessments will inform the development of a national human-capacity policy and implementation plan for the health sector. EP partners will provide technical assistance for MOH systems strengthening and capacity building, including for institutional capacity building at the National Institute for Health Professionals (INFAS) to address critical shortages of nurses and laboratory technicians; for the development of a pool of master trainers to strengthen pre-service training institutions for health professionals; and for the deployment of the TIMS management system for training.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	93
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	230
Number of individuals trained in HIV-related policy development	608
Number of individuals trained in HIV-related institutional capacity building	1,688
Number of individuals trained in HIV-related stigma and discrimination reduction	2,991
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	2,291

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	ABT Associates 20: 20 GHS-A-00-06-00010-00
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9924
Planned Funds:	$ 1,750,000.00

Activity Narrative: Abt Associates has been providing TA to MOH to assess human-resource needs and available capacity in the public and private sectors. The shortage of human resources for health has become critical in Cote d'Ivoire given the prolonged politico-military and economic crisis. Building on FY06 activities and the strong relationship developed between Abt and the MOH, the USG proposes in FY 07 that Abt provide substantial technical assistance, beyond the human resources component to the MOH to complement the new MOH award in support of decentralized, sustainable, quality HIV services.

A key objective is to strengthen the managerial and leadership capacity of health managers and administrators at central, district, and community levels to respond to the HIV/AIDS epidemic. These activities will support USG partners and the government of CI in implementing the EP and contributing to the achievement of national goals. Abt will provide TA to continue national studies on human capacity and the development of a human resource strategy for the health sector. In addition, Abt in collaboration with the MOH with provide TA for coordination, planning, harmonization of M&E tools for health workers performance and resource mobilization activities specifically in 10 districts that are the capitals of their region. This will allow the MOH to evaluate and expand its work nationally to reach all 16 regions by the end of the project. Furthermore, Abt Associates will provide TA to the MOH to build institutional capacity at decentralized levels in key areas such as supervision, HR information systems, planning, policy implementation, coordination and use of data. The MOH and Abt will support training for (1) developing a coordination and planning matrix, (2) holding 3 consensus-building workshops on planning and coordination at central, regional and district levels, (3) building capacity (through a training-of-trainers approach) in planning and management of services in a decentralized system, and (4) developing and piloting tools for monitoring and evaluation tools of health workers performance in selected sites. The MOH will fund the conference logistics, trainers per diems, transport etc. To work in seamless coordination, Abt will fund a senior-level consultant to assist the Ministry of Health in planning and coordinating decentralized HIV activities with a focus on sustainability.

Specific activities proposed are:

1. Building and Sustaining Management Competencies of Managers of HIV/AIDS Services in the Public Sector. Drawing on the collective experiences of EP community and service delivery partners, Abt will build and sustain management competencies of 200 managers from PNPEC, DIPE, PNLT and district health teams in HIV/AIDS and other health services. These activities will focus on planning, coordination, strategic thinking and rational use of resources, taking into account existing limitations, e.g. finances, rules and regulations, availability of skilled personnel, etc. Key activities will include (1) conducting a rapid appraisal of HIV/AIDS core competencies among 200 key workers at targeted facilities, (2) adapting the WHO primary health care manager's tool kit, (3) providing on-site training, (4) conducting 5 one-week intensive trainings in management and leadership for 200 persons and (5) facilitating ongoing mentoring and career-development relationships between 50 new and 25 old managers (ratio of 1:2).
2. Development of a Pilot Incentive Scheme for Health Workers in Hard-to-Fill Posts. In collaboration with Abt Associates, the MOH is conducting qualitative and quantitative studies to seek a better understanding of incentives (motivation) to attract health workers to serve in hardship areas. Abt proposes to use evidence from other programs and countries to develop and implement a one-year pilot program to provide incentives to 45 health professionals including doctors, nurses, lab technicians, and pharmacists to work in hardship areas. Key activities will include (1) developing criteria for selecting hardship areas, (2) assessing the type of health workers needed to fill the posts, (3) developing an incentive package for each of the cadres, and (4) developing payment and monitoring mechanisms. Health professionals will be chosen in collaboration with the national government and EP service-delivery partners such as EGPAF, ACONDA, ANADER and CARE.
3. Estimating the Costs of Providing HIV/AIDS Medical Services and Conducting a Sustainability Analysis on Current Interventions. In order to inform the scale-up in the public sector, Abt proposes to conduct a costing exercise to estimate the costs of providing HIV/AIDS medical services. The Abt team is experienced in resource estimation, financial analysis, and the development of innovative tools to support policy-making and program planning for HIV/AIDS interventions worldwide. Abt will apply costing frameworks developed under PHR plus with strategic counsel and consultancy with the MOH to provide quality technical guidance on scale-up and sustainability of HIV/AIDS services.
4. Conducting a Feasibility Study for the Development of a Health Insurance Scheme for

HIV/AIDS. The government of CI, as well as EP and development partners, continues to stress the need to mobilize resources for HIV/AIDS and other health services if the epidemic is to be successfully mitigated. As the country explores financing mechanisms to promote sustainable quality HIV services, both local and national health-insurance schemes have been identified as potential sources of financing. Abt Associates partner will assist the MOH and civil society, to evaluate the feasibility of local health insurance schemes complementing resource allocation by decentralized collectivities to mobilize resources and promote sustainable quality HIV services.
5. Addressing the critical shortage of trained instructors at INFAS.To provide adequate human capacity for the delivery of HIV services at a national level, the number of trained nurses, laboratory technicians and physicians must be expanded. To achieve this goal, the training institution (INFAS) and the medical faculty, need to reinforce their human and institutional capacities. This can be accomplished at INFAS by offering some intermediate courses in pedagogic studies, ensuring a core of qualified trained instructors in nursing studies, coupled with institutional recognition by the Ministry of Higher Education and improvement of the technical platform. In the short term (FY07), Abt proposes to temporarily hire up to 20 retired instructors to provide training support while longer-term strategies are implemented. Abt will complement JHPIEGO's work to integrate HIV curricula and facilitate in-service training for former instructors through innovative North-South collaborations. INFAS is currently exploring distance education with Sherbrook University in Canada. This will also permit the institutions based in the North to reopen and decentralize and decongest Abidjan facilities. The medical faculty at the University of Cocody is also well poised to expand North-South and South-South partnerships.
6. Support and TA for NPI. Aga Khan, a sub partner to Abt, will assist local FBOs/CBOs to learn about and apply for New Partner Initiative grants which are designed to seek out new EP partners with important skills and/or infrastructure but little experience with USG funding, is an opportunity for indigenous community- and faith-based organizations to build management and financial capacity and translate their local organizational capital into effective HIV prevention and care services.
Abt HS 20/20 Project will set up a local office in Abidjan to support the implementation of activities. Funding will be used to strengthen the systematic instructional design process to help integrate HIV/AIDS pre-service training for student nurses in three new national nursing schools in the North.

Emphasis Areas	% Of Effort
Health Care Financing	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	6	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	☐
Number of individuals trained in HIV-related policy development	200	☐
Number of individuals trained in HIV-related institutional capacity building	200	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	200	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	☐

Target Populations:

Business community/private sector
National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Private Sector Partnership One (PSP One)
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9925
Planned Funds:	$ 250,000.00

Activity Narrative: Through its PSP One program, FHI provided technical assistance to the Labour Sector Tripartite Committee (LSTC) for HIV/AIDS in the workplace (private and public sector) through the development of a national policy. In FY06, FHI also participated in the finalisation and the diffusion of a HIV/AINDS in the workplace best practices document while developing the national charter and revising the HIV/AIDS 2002-2004 Ministries' sectorial plans. FHI also worked with the LSTC on the elaboration of the national strategic plan 2006-2010. In addition, FHI completed an evaluation of the costing of HIV/AIDS services in the workplace, in collaboration with the ILO and UNAIDS. FHI also developed a minimum service package (PMS) and training curriculum for work place programs which resulted in 100 people trained.

With Emergency Plan (EP) funding in FY 06, FHI extended its TA to the Ministry of Education (MEN) and to the Ministry of Health (MSHP) to support the conception and implementation of programs in the workplace for their employees based on the national norms and standards. These projects with the Ministries allowed for pre-testing of tools developed by the LSTC. Thus, FHI facilitated the implementation of HIV/AIDS programs in the public sector through the organisation of HIV/AIDS introductory sessions in the workplace; with the MSHP and MEN; this was facilitated through ministries managers, creation of the task force working group of the MSHP, and pilot workshops for peer educator training in the MSHP and MEN. In FY06, FHI also provided the LSTC with materials and logistical support in order to begin sensitization activities directed to coach workers and women in the private and public sectors. This was done in partnership with GTZ, JHU/CCP and the REPMASCI.

With FY07 support, FHI, in partnership with GTZ, ILO, the Global Fund (GF) and other partners will continue its support to the LSTC of the Ministry of Public Works for Employment and Administrative Reform (MFPERA) and other Ministries and private enterprises, in the implementation of HIV programs in the workplace. The development of HIV programs in the public sector will be strengthened through its extension to four (4) additional ministries among which include Agriculture and Industry. This will complement the efforts of another EP partner, ANADER, whom works closely with the agriculture and linked industry sectors. FHI will continue to strengthen the links among the different service providers to offer full services to HIV infected and affected staff members in addition to their families and to communities. These services involve prevention including HIV counselling for voluntary testing; support to peers and linkages to full coverage of health and social services by service providers from public and private sectors.

More specifically, in FY07 FHI will support MFPERA/LSTC in the development and implementation of the following activities:

1. Continue collaboration with other partners such as GTZ, the GF, EGPAF, to assist the MFPERA/LSTC, the public sector (MSHP, MEN, etc.) and the private sector (business coalition of private enterprises) in the development and implementation of HIV/AIDS activities in the workplace. With the perspective of sustainability, this collaboration will include a consolidated action plan for 2007 by the LSTC, which will allow workplace program implementing partners to define a common financing plan, and to improve partner strategies and synergies.

2. Develop in collaboration with partners and other key stakeholders, a HIV/AIDS expansion plan of activities for both the public sector and formal private sector. FHI will ensure the dissemination of the policy document, the norms and procedures (national policy, national charter, strategic plan 2006-2010, PMS) to the informal sectors.

3. In collaboration with UNAIDS and ILO, FHI will continue to update and disseminate the best practice document for HIV/AIDS in the workplace.

4. In collaboration with JSI/MMIS, EGPAF and DMOSS; FHI, will continue its support to HIV programs in the public sector through operationalized interventions implemented by MSHP and MEN. This will be implemented with the support of the technical working group (GTT), the training of peer educators, and the development of a continuum of care that HIV infected individuals and their families can access. Specifically with the MEN, FHI will support the training of the labour unions and managers to develop and manage HIV programs in the workplace based on the policy and best practice documents and PMS.

5. In collaboration with PSI, ANADER and other partners; FHI will extend HIV programs in the public sector to 4 ministries: Ministry of Industry, Ministry of Security, Ministry of Family and Social Affairs, and Ministry of Agriculture. The extension of HIV programs to the ministries will include introductory HIV/AIDS sessions in the workplace through sensitization of ministries managers, creation of the working group and training workshops for peer educators.

6. In partnership with GTZ, JHU/CCP, FHI will pursue its sensitisation activities on HIV/AIDS in the workplace directed to coaches, employees and women in private and public sectors and with the active participation of PLWHA through their network (RIP+) .

7. In collaboration with GTZ and the GF, FHI will strengthen the coordination of HIV/AIDS interventions in the workplace, through its continued support in human and logistical resources to the LSTC/MFPERA, technical and programmatic assistance will be provided to the companies consortiums (CECI,CGECI, FIPME, etc.) and the central labour unions (UGTCI, FESACI, DIGNITE) for the development and management of HIV/AIDS work place programs, this assistance will extend to actors in San Pedro through IRIS-SP district model and the 2 new districts included as part of the extension plan of the IRIS model.

8. In collaboration with Measure and the RETRO-CI project, FHI will continue strengthening the national M&E system of HIV workplace activities through the revision of indicators and data collection tools.

To improve the sustainability of its HIV/AIDS interventions in the workplace, FHI will use results from the costing evaluation of HIV/AIDS services offered in workplace programs to provide guidance for public and private sector organizations to select the appropriate long term care options for their employees

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	60	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	60	☐
Number of individuals trained in HIV-related policy development	120	☐
Number of individuals trained in HIV-related institutional capacity building	120	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	1,000	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	☐

Target Populations:

Business community/private sector
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers

Key Legislative Issues

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Rapid Expansion North West: RFA #AAA070 North &West of CI
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9946
Planned Funds:	$ 80,000.00

Activity Narrative: This activity complements CARE activities in AB (#9941), Condoms and Other Prevention (#9944), Basic Health Care and Support (#9945), CT (#9943), and OVC (#9938).

CARE International successfully competed for an EP award in September 2005. Its project contributes to building an indigenous, sustainable response to the HIV epidemic through the rapid expansion of culturally appropriate HIV/AIDS prevention and care interventions in northern and western Côte d'Ivoire. CARE also received a 2004 grant, renewed in 2006, from the Global Fund to support its emergency HIV-prevention program in 24 areas controlled by the Forces Nouvelles.

With both EP and Global Fund support, CARE is leading the largest HIV/AIDS projects in the North and West with local NGO/CBO/FBOs as implementing partners. CARE provides sub-grants and technical/administrative assistance to build local capacity for sustainable prevention and care services. CARE is also working to build networks at the district or local levels and to encourage organizations to develop their complementary comparative advantages, contributing to the provision of a continuum of services.

In FY07, CARE will provide support to local partners through institutional capacity building in project management, financial management, and administration and will provide training and support in the development and implementation of policy/advocacy initiatives.

One of CARE's capacity-building strategies is to facilitate participation by local NGO/CBO/FBOs in the USG's New Partner Initiative. The NPI, designed to seek out new EP partners with important skills and/or infrastructure but little experience with USG funding, is an opportunity for indigenous organizations to build management and financial capacity and translate their local organizational capital into effective HIV prevention and care services. This opportunity is particularly critical for Cote d'Ivoire, where an extended political and military crisis has disrupted health and education services (including HIV prevention and care) in the North and West, leaving local NGOs, CBOs, and FBOs to play an increasingly important role in the fight against HIV/AIDS.

To enhance its sub-granting and capacity-building activities (including NPI applications), CARE in FY07 will hire a senior sub-grant/institutional capacity support manager. To enhance its advocacy activities, CARE will hire a policy/advocacy adviser.

1. Senior Sub-Grant/Institutional Capacity Support Manager

This senior manager will assist with sub-grant supervision and overall project management, including assistance to local partners in obtaining and managing NPI funding. The manager will provide training and oversight to CARE field staff on the management of sub-grants, focusing on the regular review and update of partner-project management documents and tools as well as financial tracking documents. The purpose is to help midlevel CARE field staff to provide quality technical assistance to partners in terms of planning, organizing, and coordinating activities. The manager will also providing training for other capacity-building activities, particularly leadership, vision, and administrative systems development.

The manager will develop and share the process that will be used to evaluate partner progress and improvements in all areas of "institutional capacity" and will work with the M&E staff to ensure that appropriate tracking tools are in place to accomplish this. CARE will organize a workshop, and will invite the participation of other EP-funded partners who administer sub-grants, to synthesize and harmonize approaches used to evaluate project proposals, measure institutional capacity, and evaluate progress.

Support tailored to partner needs regarding the NPI will include:
? Identifying any indigenous organizations working in the same geographic area (whether an existing sub-partner or not) that was invited to submit a full NPI application
- Familiarize CARE staff and potential NPI applicants with NPI requirements
- Provide technical assistance to potential NPI applicants in conceptualizing and developing a project
- Provide technical assistance to at least three NPI applicants with accepted concept papers in the November 2006 round in developing individual projects, planning and

budgeting activities, and writing and submitting full application proposals
- Assist potential NPI applicants, especially HIV/AIDS, PLWHA, and confessional networks of CBO/FBOs, in developing concept papers for NPI opportunities in 2007

This activity focuses mainly on the emphasis areas of local organizational capacity building and community mobilization/participation. Technical assistance and training will use best practices, CDC and government standards and guidelines, and approved modules and curricula, when available. Manuals developed and tested by CARE Rwanda for this purpose will also be adapted and used.

2. Policy/Advocacy Technical Adviser

The adviser's primary function will be the identification of key problems affecting target populations that can be addressed with policy changes or by ensuring policy implementation. This will require identifying areas and topics where policy advocacy is needed at the national, regional, or local level.

The policy/advocacy adviser will work with CARE staff and at least 20 local partners to review, analyze, and propose measures and messages that can be implemented and integrated into an advocacy plan that can be used at the national level. The adviser will help partners build their capacity to develop and undertake HIV-related advocacy efforts on the local level as well. Advocacy issues, plans, and strategies will be determined through a consultative process involving all partner organizations and CARE, in conformance with project objectives, EP priorities, and national and local partner realities.

Issues to be explored may include:
- Regularizing and standardizing treatment approaches, particularly for home-based care and OVC activities
- Enforcing laws that protect and promote human rights, especially for women, girls, and PLWHA
- Enforcing laws that disallow and punish rape, sexual abuse, incest, and other forms of gender-based violence, as well as discrimination against PLWHA
- Ensuring that the principle of non-discrimination is applied in all contexts where PLWHA are receiving services
- Ensuring that children's rights are being protected and working to ensure non-discriminatory treatment of OVC
- Advocating for the rights of girls and women who are infected or affected by HIV (inheritance rights, prevention of gender-based violence, excision prevention, etc.)
- Advocating for policy change to enable assistant caregivers and other health-care personnel to administer rapid HIV tests
- Advocating to allow lab technicians to spend their "bridge year" (between schooling and integration into the public health-care sector) working in the North, as a way to gain training and relieve the human-resource shortage for CT services
- Advocating for the inclusion of CT services into the regular package of prevention services offered during standard consultations in public health structures

Working mainly in the emphasis area of policy and guidelines and local organizational capacity development and on the key legislative issue of governance, these FY07 activities will provide 20 local organizations with technical assistance for HIV-related policy development and institutional capacity building and train at least 60 people in HIV-related policy development and institutional capacity building.

District health management teams will be involved in trainings, as well as planning and supervision, to maximize capacity-building and coordination with the MOH. Progress toward the achievement of key EP and CARE indicators will be monitored for quality and quantity.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	20	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related policy development	60	☐
Number of individuals trained in HIV-related institutional capacity building	60	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

National Health program and staff

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	ACQUIRE Project-EngenderHealth
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10077
Planned Funds:	$ 150,000.00

Activity Narrative: The USG's New Partner Initiative (NPI) is designed to seek out new EP partners with important skills and infrastructure but little experience with USG funding. It will provide the USG with a broader base of partners while providing indigenous community- and faith-based organizations with an opportunity to build management and financial capacity and to translate local organizational capital into effective HIV prevention and care services. This opportunity is particularly critical for Cote d'Ivoire, where an extended political and military crisis has disrupted or impeded health and education services (including HIV prevention and care), leaving local NGOs, CBOs, and FBOs to play an increasingly important role in the fight against HIV/AIDS.

Among underserved populations in Cote d'Ivoire are women and girls infected or affected by HIV/AIDS. HIV-positive women and girls (estimated to total 400,000 in Cote d'Ivoire) are at particular risk for STIs, high-risk pregnancies, vertical and sexual transmission of HIV, and incompatibility between ART and some contraceptives and STI treatments, while women and girls in families affected by HIV/AIDS often face heightened financial, physical, and emotional stress. Both share the risks of stigma, discrimination, social isolation, and violence. Few health or other services are designed to address these issues.

EnGenderHealth, an international NGO will regional offices in Accra and Dakar (francophone) and gender-specific health activities as part of ACQUIRE, will use EP funding in FY07 to provide technical assistance to build the capacity of local NGO/CBO/FBOs, especially networks of women infected or affected by HIV/AIDS, to support, implement, and advocate for policies and programs that improve access to health and other services for these women/girls and their families.

EnGenderHealth will work in partnership with local organizations and build on existing networks of women living with HIV/AIDS (e.g. Femmes Actives de Cote d'Ivoire and AMEPOUH) and girls' clubs as well as RIP+ (network of PLWHA), REPMASCI (network of journalists, artists, and athletes), and AIBEF. EnGenderHealth's technical assistance will seek to enable these organizations to use and extend their competitive advantages to implement activities such as:

. Policy advocacy to improve quality of and access to services (e.g. general health services, HIV/AIDS care and treatment, sexual and reproductive health services, family-planning services) for women and girls infected or affected by HIV/AIDS.
. Public outreach to promote awareness or access to services.
. Promotion of HIV prevention, PMTCT, HIV counseling and testing, ARV treatment, and care, including OVC care, for women and girls.
. Integration of reproductive health care and family-planning services into HIV/AIDS prevention, care, and treatment programs.
. Capacity building of service providers.
. Reducing stigma and discrimination against PLWHA seeking health care and other services, thereby increasing access to HIV/AIDS care and treatment.
. Enhancing advocacy of PLWHA for their right to care and treatment.
. Organizational capacity building for local partner organizations, including financial and programmatic management, M&E, and resource mobilization, with particular attention to encouraging and helping produce successful applications for NPI awards.

EnGenderHealth will provide technical assistance and capacity building in some or all of the following areas:
• Financial Management: Organizations will have a practical accounting system & be able to account for all funds in accordance with USG & in-country audit requirements, analyze unit costs, make financial projections, and track funds.
• Human Resource Management: Organizations will have an established personnel system for recruiting, paying, retaining, training, & supervising staff at all levels of the organization
• Establishing Networks: Local networks are established/ strengthened that deliver prevention, care, & treatment services, monitor implementation, & report results.
• M&E/Quality Assurance: Organizations will have institutionalized the capacity to collect, enter, store, & retrieve data for use in planning, monitoring, reporting, & improving quality & are able to fulfill reporting requirements.
• Commodities, Equipment, and Logistics Management: Organizations will have established a system to access commodity needs, account for donated product, ensure adequate drug

supply, & eventually procure supplies, equipment, & drugs for HIV/AIDS services.
• Facilities: Laboratories, clinics, and classrooms will be improved/renovated to provide HIV/AIDS training or services.
• Fundraising: Organizations will have plans for raising funds from non-USG sources.
EnGenderHealth and its partner organizations will set up a project advisory committee to guide and review project progress.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	4	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	40	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	40	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	40	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Program managers

Key Legislative Issues

Stigma and discrimination

Other

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10080
Planned Funds:	$ 200,000.00

Activity Narrative: This activity complements JHU/CCP activities in AB (#10295), Condoms and Other Prevention (#10299), and ARV Services (#10072).

This activity is designed to mobilize private-sector involvement in a sports-based HIV-prevention and life-skills program for youth. It is part of broader Emergency Plan efforts to facilitate public-private partnerships to strengthen the national response to HIV/AIDS.

The intervention, Sports for Life, is an innovative and proven prevention intervention aimed at promoting AB-oriented HIV-prevention messages to youth through soccer. In 2006, Cote d'Ivoire qualified for the first time for the FIFA World Cup Finals, the world's largest and most prestigious sporting event. The USG and JHU/CCP viewed this as an opportunity to help unite a country torn by internal dissension and to support positive social and behavior change through its young people. Sports for Life is a behavior-change and life-skills program designed to use the appeal of soccer to attract young people, ages 10 and up, and their communities to participate in health and life-skills activities. The program will be complemented by a 26-part TV and radio soap opera about a fictionalized CI national soccer team, to be produced by Common Ground Productions through a CCP sub-grant, that will address issues such as high-risk sexual behaviors, personal responsibility, gender norms, CT, and positive living as well as peace-promoting messages about tolerance and respect.

Sports for Life is well-designed to attract corporate interest, and the probability of broad financial support is high. Soccer is a proven public-relations vehicle (the telecommunications company Orange is the corporate sponsor of Cote d'Ivoire's national soccer team), and the variety of activities and publications involved in Sports for Life offer many opportunities for positive public-relations impacts for corporate sponsors. Sports for Life is geared to build up to the 2010 World Cup in South Africa and is marshalling strong support from local and international soccer teams and organizations, including FIFA.

CCP is leading implementation and FY07 expansion of Sports for Life. As described in its AB narrative, CCP in FY06 laid the groundwork for the program (training of trainers, materials development) and in FY07 will train and mobilize 24 more peer-educator and community-outreach teams, produce promotional items to reach about 20,000 young people, design and implement a competitive structure within the Sports for Life program, and begin work with the Ministry of Education to integrate some modules of the Sports for Life curriculum in its school-based life-skills program.

CCP's work to mobilize private-sector involvement in the program will focus on the EP-supported Business Coalition for HIV/AIDS. The members of this coalition – including ILO, Shell, BMS, Coca-Cola, and Unilever – are the logical first targets for a pitch by Sports for Life. CCP will seek to leverage EP funding with private-sector support in a number of ways involving both cash and in-kind contributions. In-kind support could include office space, communications, publicity, promotional materials, and team supplies (e.g. equipment and uniforms). Corporate and service-club sponsorships at the national, district, and local levels are expected to build public interest and sustainability.

This effort is a logical continuation and reinforcement of EP support for building public-private response through a new policy forum led by the Ministry of Civil Servants and Labor. With technical assistance from FHI (CI and regional AWARE) and GTZ, the Labor Sector Tripartite Committee (LSTC) will work to define and implement strategies to promote public–private partnerships, HIV-in-the-workplace programs, and economic incentives that promote greater private-sector investment in, and long-term sustainability of, HIV-related interventions and services. The EP also continues to contribute to the policy dialogue with the Ministry of Economy and Finance for the development of public-private sector initiatives to contribute to sustainability of expanded HIV prevention, care, and treatment services. The USG's key objective is to open a dialogue between private companies and the EP about opportunities for partnership and to share examples of best practices of HIV/AIDS workplace and youth-focused initiatives among private companies.

This initiative will work mainly in the emphasis areas of IEC/BCC, linkages with other sectors and initiatives, and community mobilization/participation, and in the key legislative

area of public-private partnerships.

Continued Associated Activity Information

Activity ID:	5058
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	JHPIEGO
Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)
Funding Source:	GHAI
Planned Funds:	$ 335,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	9	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	60	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Business community/private sector
Country coordinating mechanisms
Factory workers
Street youth
Teachers
Ministry of AIDS
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth

Key Legislative Issues

Education

Other

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10130
Planned Funds:	$ 150,000.00

Activity Narrative: The USG is contributing to a new policy forum led by the Ministry of Economy and Finance's HIV committee to define and implement strategies to promote public–private sector partnerships, HIV-in-the-workplace programs, and economic incentives to stimulate greater private-sector investment in, and long-term sustainability of, HIV-related interventions and services. This work represents a logical continuation and reinforcement of activities supported by multiple committees, donors, and partners, including PEPFAR (USAID and CDC/HHS), GTZ, ILO, Shell, BMS, Coca-Cola, and Unilever, with technical assistance from FHI (CI and regional AWARE) and GTZ. The USG continues to contribute to the policy dialogue with the Ministry of Economy and Finance for the development of public-private sector initiatives to contribute to sustainability of expanded HIV prevention, care, and treatment services.

To develop a sustainable approach to creating and building HIV/AIDS public-private partnerships between the USG (and partners) and the private sector in Cote d'Ivoire, JHU/CCP will develop a concept paper from the USG/CI to USAID for a Global Development Alliance (GDA) APS grant. The USG is prepared to provide funding to match the GDA contribution.

Despite a major increase in HIV related funding from the USG and Global Fund overall donor presence and contributions remain inadequate and wrap-around funds are extremely limited. HIV/AIDS sector plans (2004-2007) have been developed in at least 13 sectors integrating policy and legal reforms to address stigma, discrimination and remote service delivery, but, with delays in the World Bank/MAP, they remain largely un-funded.

Decentralization is progressing with more decision-making ability at the district and local HIV/AIDS action committee levels. Non-state forums, such as networks of NGOs, PLWH/A, journalists and artists, and faith communities, have contributed to coordination and advocacy, but they are generally young organizations and require substantial institutional capacity building.

The USG is contributing to a new policy forum lead by the Ministry of Economy and Finance's HIV committee to define and implement strategies to promote public –private sector partnerships, HIV in the workplace programs and economic incentives which promote greater private sector investment in, and long term sustainability of, HIV related interventions and services. This work represents a logical continuation and reinforcement of, activities supported by multiple committees, donors and partners including PEPFAR (USAID and CDC/HHS), GTZ, ILO, Shell, BMS, Coca Cola, Unilever and others with technical assistance from FHI (CI and regional AWARE) and GTZ. The USG continues to contribute to the policy dialogue with Ministry of Economy and Finance for the development of public-private sector initiatives to contribute to sustainability of expanded HIV prevention, care and treatment services.

The USG/CI requests the Technical Assistance of the Public-Private Partnership (PPP) Working Group to achieve the following goals:

To develop a sustainable approach to creating and building HIV/AIDS public-private sector partnerships between the USG (and partners) and the private sector in Cote d'Ivoire.

Specific Objectives:

1. Technical Assistance from the PPP to assess the current PEPFAR/CI private sector programs in country and propose recommendations which can be incorporated into new strategy.
2. Technical Assistance from the PPP working group to develop a Private-Public Sector strategy for 2007 and 2008 for PEPFAR (USG) Cote d'Ivoire.
3. Based on the developed strategy; technical assistance to prepare a concept paper from the USG/CI to USAID for Global Development Alliance (GDA) APS grant. The USG is prepared to provide seed funding to match GDA contribution

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults
Policy makers
other stakehollders
Ministry of AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers

Key Legislative Issues

Gender

Wrap Arounds

Microfinance/Microcredit

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: EGPAF Rapid Expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10337
Planned Funds: $ 150,000.00
Activity Narrative: This activity complements EGPAF's activities in ARV Services (#9721, #10068), Basic Health Care (#10336), HIV/TB (#10057), CT (#10062), SI (#10074), and Other/Policy & Systems (#10337).

EGPAF is supporting program implementation through a variety of sub-recipients (NGO/CBO/FBO/private sector partners) to provide HIV services in the health sector. These partners have diverse organizational challenges to achieve service delivery goals and meet US reporting requirements due to a lack of experience in HIV/AIDS program implementation and/or weak administrative and financial management systems. Building the technical and organizational capacity of these sub-grantees remains a high priority to build sustainable quality services in Cote d'Ivoire as part of Project HEART.

With FY 06 funds, 20 NGO/FBOs (selected after the first round competitive invitation for concept papers) received initial training on performance based contract concepts and requirements and further extensive technical assistance was provided to the first 6 awardees to develop budgeted proposal consistent with USG rules and regulation.
With FY 07 funds, EGPAF will coordinate with other EP partners involved in sub-granting and support:
• Assessment of the capacity building and organizational strengthening needs for the 6 1st round awardees and subsequent awardees selected through subsequent rounds (anticipated 10-20 total)
• Orientation and training workshops for the administrative and management senior staff of targeted health professional associations (SIPE, SIPIT, SOGOCI, SIP, GROFORMED) to reinforce their administrative, financial and program management capacities in support of their organisation's role in network development, training and service delivery
• 3 thematic workshops on USG funds management for its sub-grantees with training in specific technical areas such as proposal development, strategic planning, and monitoring & evaluation for health programs
EGPAF human resource skills capacity development will complement those of other EP partners including ACONDA, Abt Associates and JHPIEGO and focus on:
• Technical and logistic support to 2 HIV specialist adult and pediatric care centers to establish a valuable mentorship and preceptorship training program in collaboration with the Faculty of medicine and University of California San Francisco
• Contracting the initial and continuing training of HIV/AIDS care providers at EGPAF supported sites through interested health professional bodies.
• Partner with preservice training institutions (medicine, pharmacist, social worker; nurse and midwives, lab technician) to provide short time residential internship to students finishing their studies to create a pool of young and new expertise in the field of HIV/AIDS
• Collaborate with MOH to capture all training activities supported by EGPAF in the Training Information Management System
• Develop a plan/program for the placement of trained providers in selected service delivery sites
• Monitor and document performance of these providers
These activities complements the day-to-day support provide to the recipients and contributes to the sustainability of EGPAF supported programs.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Program managers
other stakehollders
Ministry of AIDS
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	MOH- CoAg #U2G PS000632-01
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10372
Planned Funds:	$ 500,000.00

Activity Narrative: This activity relates to other activities described in Measure SI (#10076), Abt Associates Other Policy (#9924), FHI Other Policy (#10078), and Projet RETRO-CI SI (#10199).

MOH has been working with Abt Associates to assess human-resource needs and available capacity in the public and private sectors, as the human and institutional capacities remain key issues constraining the scale-up of quality health services, including HIV/AIDS services. The shortage of human resources for health has become critical in Cote d'Ivoire given the prolonged politico-military and economic crisis. Building on FY06 activities and the strong relationship developed between Abt and the MOH, the USG proposes in FY 07 that Abt provide substantial technical assistance, beyond the human resources component to the MOH to complement the new MOH award in support of decentralized, sustainable, quality HIV services.

Based on discussions with the USG/CI and the MOH, a key objective is to strengthen the managerial and leadership capacity of health managers and administrators at central, district, and community levels to respond to the HIV/AIDS epidemic. These activities will support USG partners and the government of CI in implementing the EP and contributing to the achievement of national goals. To accelerate the decentralization process led by the MOH, Abt Associates will provide technical assistance to continue national studies on human capacity and the development of a human resource strategy for the health sector. In addition, Abt in collaboration with the MOH with provide TA for coordination, planning, harmonization of M&E tools and resource mobilization activities specifically in 10 districts that are the capitals of their region. This will allow the MOH to evaluate and expand its work nationally to reach all 16 regions by the end of the project. Furthermore, Abt Associates will provide technical assistance to the Ministry of Health to build institutional capacity at decentralized levels in key areas such as supervision, HR information systems, planning, policy implementation, coordination and use of data. The MOH and Abt will support training for (1) developing a coordination and planning matrix, (2) holding 3 consensus-building workshops on planning and coordination at central, regional and district levels, (3) building capacity (through a training-of-trainers approach) in planning and management of services in a decentralized system, and (4) developing and piloting tools for monitoring and evaluation tools of health workers performance in selected sites. The MOH will fund the conference logistics, trainers per diems, transport etc. To work in seamless coordination, Abt will fund a senior-level consultant to assist the Ministry of Health in planning and coordinating decentralized HIV activities with a focus on sustainability.

With FY06 funds, the MOH has set up a project management unit that meets Ivorian and US legal and financial requirements, including tax exempt status. A coordination of an evaluation was initiated in the district pilot initiative in San Pedro (IRIS). The pilot initiative in San Pedro involves a number of EP implementing partners that are providing a comprehensive continuum of prevention, care and treatment services across an entire district, both urban and rural. EP partners that are involved in this effort include FHI, EGPAF, ALLIANCE, ANADER as well as the Ministries of Health, Education and Social Services.

With FY06 funds, the MOH plans to perform a mapping analysis of the HIV interventions by capturing all CT, PMTCT, ART and other HIV-services by implementing partners, including donor or funding source and location (site, district and region). To build on the mapping analysis, the MOH will document existing collaborations with mayors, local governments and other stakeholders with the desire to foster these partnerships and promote local ownership and sustainability.

The MOH is also working with EP partners to develop systems, improved forecasting and other mechanisms to improve ARV drugs and other commodities procurement to avoid stock out and to consolidate expansion of PMTCT, VCT and ART services in close collaboration with SCMS/MSH. The MOH is developing a framework to coordinate laboratory activities between the national reference laboratory (LNSP) and laboratory network and EP funded partners Project RETRO-CI and APHL. The framework emphasizes quality assurance with supervision and support to decentralized HIV laboratory services.

Planning/Policy and Coordination: In order to strengthen its capacity for improved planning and coordination of HIV/AIDS programs and activities at all levels of the public

health system, the MOH will further develop and disseminate planning and supervision guides and tools for HIV/AIDS services (including ART, VCT, PMTCT, TB/HIV and STI). These guides will be geared to the district level and will help the staff make technically sound decisions in support of decentralized quality services

The MOH will also help districts develop integrated plans for HIV services (only within targeted districts in FY07). These districts will then have quarterly review meetings to measure their progress against the integrated plans. As part of its coordination effort, the MOH will organize the following meetings and will draw on the expertise of EP partners as necessary for the meetings:
• Joint quarterly coordination meetings with partners implementing HIV/AIDS activities in the health sector;
• Organize an annual review meeting ('bilan") of HIV/AIDS activities in the health sector at national level;
• Organize quarterly meetings of national HIV/AIDS technical working groups (care and treatment/palliative care, PMTCT, SI and VCT/biology); and
• Organize bi-annual regional review meetings of HIV/AIDS services in the health sector in targeted regions including pilot regions of San Pedro/Bas Sassandra and Abengourou/Moyen Comoe.
• Organize quarterly review meetings of HIV/AIDS services in the health sector in targeted districts;

Monitoring and Data Management: In order to strengthen the monitoring and support of decentralized HIV activities the MOH will complete a procurement plan to equip central and decentralized facilities with essential transport and communications equipment, especially for data managers and their offices. Data managers will also conduct monthly site visits and benefit from quarterly supportive supervision from regional or central (MSHP/DIPE) staff. The MOH will conduct supervision visits with district health teams to progressively transfer competence from the central or regional level to the district teams with on the job training for supervisors of HIV/AIDS clinical services, TB/HIV, data collection and management. The MOH and partners will also ensure that the DIPE maintains adequate archiving and documentation of HIV service related data in coordination with PNPEC, PNLT and PSP (electronic and paper-based).

Much of this work will building on previous efforts by EP funded partners such as the MOH, MSH, EGPAF, Measure Evaluation and MLS. The MOH (district and central level) will be assisted to submit budget requests to the GoCI (Ministry of Finance) and other donors or funding sources in 2008 with regards to the resource needs associated with the maintenance and extension of M&E activities in their districts.

Supervision and Quality Assurance: The LNSP will work with PNPEC, the national laboratory network and EP partners Project RETRO-CI and APHL to coordinate supervision and quality assurance of laboratory HIV and TB services at regional and district and site level focusing on targeted districts. To improve the quality of HIV services, the MOH will also revise and validate key policies limiting service expansion by WHO, the EP, and other large programs – especially policies relating to ARV treatment initiation and simplified HIV testing algorithms.

Continued Associated Activity Information

Activity ID:	5056
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Population, Cote d'Ivoire
Mechanism:	Ministry of Health (TBD new mechanism Sole source CoAg)
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	10	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related policy development	228	☐
Number of individuals trained in HIV-related institutional capacity building	228	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Table 3.3.14: Activities by Funding Mechanism

Mechanism: MSH
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10568
Planned Funds: $ 50,000.00
Activity Narrative: Though the EP program and the Global Fund have worked to establish a complementary and coordinated national program in Cote d'Ivoire, chronic performance and communication issues have necessitated emergency actions by PEPFAR partners to avoid major stock-outs of ARVs and other materials, and have hampered effective scale-up of quality services. Other program management and accountability challenges have prompted the desire for collaborative reinforcement of basic monitoring, supply chain, and overall program leadership functions.

The UNDP is the principal recipient (PR) of Global Fund HIV/AIDS funds in Cote d'Ivoire, and is responsible for implementing and accountability for the Global Fund HIV/AIDS program in the country. In coordination with the MOH and National AIDS Control Program, UNDP and EP have established a complementary and mutually-dependent supply chain relationship. In this arrangement, UNDP purchases all first-line ARVs for all accredited treatment sites nationwide, and EP procures all second-line and pediatric formulations for the same sites. The major parties developed a joint national procurement plan, but had not yet completed a detailed mapping of specific needs and scale-up planning for each site in the country. There has been a tendency to label service delivery sites as "belonging" to one donor or the other, rather than formalizing the combined and complementary support from all sources at each site. This has led to confusion concerning the most appropriate distribution plan for commodities when they arrived in country, as well as difficulties in clear accounting for results supported by each donor. There is a need for strengthened and more pro-active leadership and program oversight at the level of the Country Coordination Mechanism (CCM) to ensure all available resources are optimally programmed, and avoid duplication or overlap.

The USG will provide TA and training for capacity building to the primary partners in Global Fund HIV/AIDS activities in Cote d'Ivoire. This assistance will focus on three main program areas; 1) monitoring and evaluation (M&E), procurement and commodities management (including needs forecasting, procurement planning, inventory control and distribution of HIV-related commodities), and 3) strengthening leadership and oversight of the CCM and key National counterparts. The Cote d'Ivoire EP program will partner with USAID/West Africa's modest resources, using CI COP07 funds, to program a series of targeted technical assistance and capacity building interventions to strengthen the performance and coordination of Global Fund activities in the country. These interventions will draw from lessons learned in other countries and through the larger regional coordination effort.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Country coordinating mechanisms

Key Legislative Issues

Gender

Wrap Arounds

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: State
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10682
Planned Funds: $ 30,000.00
Activity Narrative: This activity is designed to enhance the effectiveness of Emergency Plan efforts through public outreach, information-sharing, and diplomacy functions and events. FY07 funds will be allocated to the State Department to help build both the public image and the social and technical networks of EP representatives for maximum effectiveness at policy-making, technical implementation, and public-relations levels.

Examples of possible funded activities include:
. A working breakfast with an interfaith coalition of religious leaders
. A USG-sponsored campaign featuring public appearances by positive, unifying role models such as Miss Cote d'Ivoire and soccer stars to deliver behavior change communication (BCC) messages promoting delay of sexual debut, fidelity, partner reduction, HIV counseling and testing, and positive gender and social norms.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community leaders

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: $ 5,541,739.00

Program Area Context:

USG Cote d'Ivoire Emergency Plan (EP) continues to use innovative approaches to improve management and operations for an expanding program in a Francophone country traversing a chronic crisis while maximizing cost-efficiency. In 2006 an EP Country Coordinator joined the interagency team to better support USG funded EP activities and to ensure effective OGAC, HQ, Embassy and in country team coordination and planning. The recruitment for a long term USAID focal point continues, with interim cover provided by a 6 month USAID PSC-TCN commencing in October 2006 to better support USAID funded EP activities as part of the interagency team. Of note, USAID does not have a bilateral mission, so after extended consultation with USG HQs, USAID regional mission and Post, the USG CI EP team has adopted an innovative integrated management model to draw on institutional strengths and minimize costs. As such, CDC funded management, administrative and motor pool staff support the USG (CDC-USAID) integrated project management team and technical assistance sections, as well as the RETRO-CI laboratory and strategic information functions. The PEPFAR team operates from two offices including one inside the embassy.

USG CI continues to implement innovative approaches to include: 1) capacity building and outsourcing technical expertise to partner organizations; 2) linking partner organizations into USG technical expertise (capitalizing on laboratory and informatics expertise at Projet RETRO-CI); 3) providing joint CDC-USAID technical assistance to all EP funded partners including operational and financial management aspects; 4) proposing joint agency staffing positions (such as new positions: a project management specialist and a community liaison specialist); 5) providing for bilingual (French/English) assistance in the translation and/or interpretation of USG requirements; and 6) hosting joint Ivorian partners meetings for program monitoring and management.

Challenges with recruiting senior local staff continue to persist mainly due to challenges with CAJE classifications not always resulting in a competitive salary level for technical and management positions. Due to the on-going politico-military crisis and security situation, post remains a critical threat post and is currently "adult only" with minor dependents not permitted. This coupled with french language requirements also create additional challenges in filling international positions, however multiple management and technical positions have now been filled and key strategic information and medical advisor positions are in process drawing in senior francophone experts from the region.

With regards to the EP staffing matrix, existing staff positions include the following: 4 technical management leadership positions (1 coordinator, 1 USAID and 2 CDC), 52 technical advisor non M&S positions, 4 technical advisor/program manager positions, 3 financial/budget staff and 31 administrative support staff positions. There are currently a total of 93 CDC funded staff positions and a USAID focal point position.

USAID has recruited a 6 month PSC TCN while recruitment continues; 1 of the 5 CDC FTE positions is vacant and has just been announced and there are 7 FSN positions in various stages of recruitment.

With FY 07 funds, the USG CI PEPFAR team proposes the following four new positions: three locally recruited staff 1) a project management specialist to assist project management for the USAID and CDC portfolios, 2) a community liaison specialist to work with PLWHA and CBO/FBO communities, and 3) an additional driver to support the two offices. In addition a contractor position is proposed to provide additional technical expertise to support care and treatment activities.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10352
Planned Funds: $ 2,996,921.00
Activity Narrative: USG Cote d'Ivoire continues to use innovative approaches to improve management and operations while minimizing costs. The CDC funded Emergency Plan (EP) management, administrative and motor pool staff support the USG (CDC-USAID) integrated project management team and technical assistance sections, as well as the RETRO-CI laboratory and strategic information infrastructure. This cost sharing for USG EP operations reduces duplication of services and maximizes benefits for improved operations. CDC M&S costs must be evaluated in light of support to the overall platform and the absence of a USAID bilateral mission.

USG CI continues to implement innovative approaches to include: 1) capacity building and outsourcing technical expertise to partner organizations; 2) linking partner organizations into USG technical expertise (capitalizing on laboratory and informatics expertise at Projet RETRO-CI); 3) providing joint CDC-USAID technical assistance to all EP funded partners including operational and financial management aspects; 4) proposing joint agency staffing positions (such as the proposed new FY07 positions: a project management specialist and a community liaison specialist); 5) providing for bilingual (French/English) assistance in the translation and/or interpretation of USG requirements; and 6) hosting joint Ivorian partners meetings for program monitoring and management.

These steps will facilitate optimal coordination, performance and management of EP activities and will result in a decrease in the number of USG directly supported staff, a reduction in redundancies, a capitalization of technical strengths, improvements in coordination and greater compliance with USG financial requirements.

Despite the aforementioned approaches, the human capital cost for USG Cote d'Ivoire's management and operations continues to increase. This is driven by the large New Embassy Compound (NEC) associated costs, enhanced security protections and communications equipment required due to the critical threat post, as well as shifts in international currency exchange rates. The great majority of the management and operations budget is driven by ICASS and OBO charges associated with NEC construction and operating costs (discussed in a separate narrative). The crisis and other factors also increase transactional costs and drive up costs of goods and services. General operations for the USG have also resulted in some increased costs for communication and security measures.

Salary costs have increased due to expanded international staff (PEPFAR coordinator and filling of previously approved international positions), coupled with a marginal increase in local staff and regular step/performance increases.

Disproportionate time continues to be required for security and HR related actions. Challenges with recruiting senior local staff continue to persist mainly due to challenges with CAJE classifications not always resulting in a competitive salary level for technical and management positions. Due to the on-going politico-military crisis and security situation, post remains a critical threat post and is currently "adult only" with minor dependents not permitted. This coupled with French language requirements also create additional challenges in filling international positions. On a positive note, multiple management and technical positions have recently been filled and key strategic information and medical advisor positions are in process drawing in senior francophone experts from the region. In addition, appropriate preventive "mental health" strategies need to be implemented to protect staff from burn-out associated with operating in a chronic crisis situation. Simple measures such as taking regular R&R with adequate staff coverage and ongoing training are in the process of being implemented.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID (TA+staff+ICASS)
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	10541
Planned Funds:	$ 1,079,000.00

Activity Narrative: USAID contributes to the Cote d'Ivoire USG Emergency Plan (EP) through an array of Washington-managed implementation agreements and "buy-ins" for field activities. Though there is no USAID bilateral Mission in Cote d'Ivoire, USAID ensures local management and technical oversight of activities through a senior-level in-country USAID advisor, who serves on the PEPFAR integrated management team. This USAID in-country advisor participates fully in joint technical assistance and planning to all EP funded partners and has primary project management oversight responsibilities for USAID funded projects. The role of the USAID advisor is to provide direction, financial management, program oversight, coordination for USAID projects as part of the larger EP program and contribute broader policy, strategic and agency perspectives as part of teh EP country team. A range of technical and program management support is provided to the USAID advisor through ongoing virtual consultation and short-term field visits from the USAID West Africa Regional Mission based on Ghana, as well as from the USAID/Washington Office of HIV/AIDS.

The USG integrated team will be supported by joint agency (CDC funded) technical and operational positions thereby reducing redundancies and lowering costs. Additionally, where possible, CDC Cote d'Ivoire will provide EP staff with equipment and other necessary support (e.g. IT, travel and motor pool). This will mimimize the USAID ICASS bill and reduce the overall EP ICASS bill in Cote d'Ivoire.

The USG will support USAID/West Africa (WA) with country funds to provide technical assistance to the interagency team for:

1. USAID-specific project management and contracts oversight. WA will provide oversight and guidance to the in-country USAID advisor on contract administration and procurement issues, financial management and audit, and any agency-specific reporting required for contract actions. WA technical staff will coordinate closely with the advisor and the larger EP country team to identify and prevent (or resolve) obstacles and bottlenecks that could delay in-country implementation or reporting. WA will also coordinate closely with the in-country advisor and USAID/Washington staff on evolving procurement and implementation options and issues that might facilitate field implementation of the Cote d'Ivoire EP program.

2. Supply chain and commodities forecasting and management. WA staff will provide intensive technical and program management assistance to the USAID advisor and in-country EP team in commodities procurement and management to ensure smooth operations of the supply chain and avoid stock-outs of essential inputs procured by both PEPFAR and the Global Fund in Cote d'Ivoire. WA and USAID/Washington staff will supplement the in-country advisor with ongoing virtual consultations and regular field visits to advise and assist in all commodities forecasting, procurement and management issues, particularly in strengthening supply chain coordination with the MOH and Global Fund.

3. Global Fund regional support. As a core function of USAID/WA, the technical team is working to strengthen the USG's operational partnership with the Global Fund and help improve its performance in the region. This is being achieved through collaborative site visits to country programs and discussions with Country Coordinating Mechanisms (CCMs), multi-country technical and problem-solving workshops with Global Fund grantee countries, and technical assistance in proposal writing and various aspects of program management. The Cote d'Ivoire EP program will partner with WA's modest resources, using CI COP07 funds, to program a series of targeted technical assistance and capacity building interventions to strengthen the performance and coordination of Global Fund activities in the country. These interventions will draw from lessons learned in other countries and through the larger regional coordination effort.

"Interagency positions in Abidjan include:

1. Program manager (2 positions), organizational development and capacity building adviser (duties will include support to NPI grantees and oversight of NPI institutional strengthening contractor, and adviser will sit as a member of the project management team), community-based care coordinator, public-private partnerships project manager, Care and Treatment Branch chief, Laboratory Management Branch chief, monitoring and

evaluation specialist or SI coordinator.

Positions at USAID/West Africa in Ghana include:

1. Senior program manager (Chris Barratt), with 15% time or 36 TDY days per year dedicated to PEPFAR/Cote d'Ivoire.
2. Contracts officer: 50% time of an FSN in the Contracts Office (HR support and RFAs) to support the needs of the CI team.
3. Human resources specialist: A short-term, six- to nine-month support TA to process HR needs for the Cote d'Ivoire team, such as drafting position descriptions, CAJING positions, and moving the entire HR process forward. "

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC-RETRO-CI GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10542
Planned Funds: $ 1,244,818.00
Activity Narrative: Despite the cost containment measures on the part of ICASS management as well as agency-specific efforts, Cote d'Ivoire has one of the highest ICASS cost in the African Region. This is partly due to the high cost of doing business in Abidjan, Cote d'Ivoire. The larger New Embassy Compound (NEC) inaugurated in 2005, has increased the overall budget for all ICASS subscribers compared to the costs associated with the previous embassy compound. The costs are associated with the much larger size coupled with a reduced number of agencies at post resulting in increased costs (utilities, security, etc) shared by fewer agencies. Due to the politico-military situation, agencies at post were significantly downsized after the NEC construction plans were in place. CDC joins other agencies in sharing the costs of operating one of the largest embassies in West Africa and the world. CDC will be joining other ICASS subscribers in sharing the high costs of building operations and paying for the actual space utilized in support of the interagency PEPFAR team.

The CDC portion of ICASS costs will increase as a direct result of the office space occupied at the NEC, shared with the PEPFAR coordinator and the USAID advisor. Currently, CDC supports the PEPFAR coordinator and five members of its management and support staff in the NEC space and anticipates an additional staff member (project management Officer) in FY07.

The additional OBO charges for CDC/HHS positions also add significantly to CDC M&S costs under the EP. Thus CDC EP programs, including Cote d'Ivoire need to incorporate OBO costs into their program budgets. Previously, GAP/CDC had paid for all OBO charges and provided partial support in FY06. However from FY 2007 costs must be paid from the country budget allocations. These charges apply to the total number of existing authorized positions for each US agency including both filled and unfilled positions (includes all "persons" employed by the agency, FTEs, LES, PSCs and temporary appointees). Each person is charged based on the type of office space allocated to each position. CDC will have six non-controlled access area office positions at the NEC. All other CDC personnel and contractors will continue to maintain office space with the Ministry of Health in Treichville.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	CDC-RETRO-CI GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	12223
Planned Funds:	$ 221,000.00
Activity Narrative:	USG Cote d'Ivoire continues to use innovative approaches to improve management and operations while minimizing costs. The CDC-funded Emergency Plan (EP) management, administrative, and motor pool staff support the USG (CDC-USAID) integrated project management team and technical assistance sections. This cost-sharing for USG EP operations reduces duplication of services and maximizes benefits for improved operations. If plus-up activities are approved, funding will be used to conduct an analysis of the overall management, technical, and administrative capabilities of EP implementing partners, including appropriate TA as needed to reinforce capacity in identified areas. In addition, funding will be used to increase the human resources capacities (specific trainings, HR, project management, administrative, and communications) of the in-country team to manage the rapid scale-up of EP activities in Cote d'Ivoire.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2007?	☐ Yes	☑ No
When will preliminary data be available?	3/31/2007	
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	42	
When will preliminary data be available?	3/31/2008	
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 2007?	☑ Yes	☐ No

Other significant data collection activities

Name:
Various targeted evaluations

Brief description of the data collection activity:
See targeted evaluations forms for individual study proposals in supporting documents corresponding to appendix 23.

Preliminary data available: