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2009

Cote d'Ivoire

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
COP09 Exec Summary-bh-bbs-bh-13nov08.doc	application/msword	11/14/2008	CI Executive Summary	OTossou

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:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador letter-CI-14nov08.pdf	application/pdf	11/14/2008	CI Ambassador Letter	OTossou

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Brian	Howard	COP Manager (not Country Coordinator)	HowardB@ci.cdc.gov
PEPFAR Coordinator	James	Allman	Interim Coordinator	AllmanJ@ci.cdc.gov
DOD In-Country Contact	Patrick	Doyle	Defense Attaché	DoylePO@state.gov
HHS/CDC In-Country Contact	Bruce	Struminger	CDC Chief of Party	StrumingerB@ci.cdc.gov
USAID In-Country Contact	Toussaint	Sibailly	USAID Focal Point	SibaillyT@ci.cdc.gov
U.S. Embassy In-Country Contact	Cynthia	Akuetteh	DCM	AkuettehCH@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$350000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	265,655			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	240,000	60,000	300,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	9,600	2,400	12,000
Care (1)				
End of Plan Goal	385,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	190,000	15,000	205,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	8,000	0	8,000
8.1 - Number of OVC served by OVC programs	0	80,000	5,000	85,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	400,000	35,000	435,000
Treatment				
End of Plan Goal	77,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	60,000	12,000	72,000
Human Resources for Health				
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	567	0	567

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	380,000	95,000	475,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	15,200	3,800	19,000
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	230,000	20,000	250,000
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	10,000	0	10,000
8.1 - Number of OVC served by OVC programs	85,000	5,000	90,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	480,000	50,000	530,000
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	65,000	15,000	80,000
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	1,000	0	1,000

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5319.09
System ID: 9662
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
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: 5318.09
System ID: 9663
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: PHE 08 PMTCT Coll TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11921.09
System ID: 11921
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD (INFAS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12161.09
System ID: 12161
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD (LNSP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12162.09
System ID: 12162
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Audits

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12171.09
System ID: 12171
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Drugs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12166.09
System ID: 12166
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Institut Pasteur

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10822.09
System ID: 10822
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD MS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12167.09
System ID: 12167
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD New CDC TA Mech Rural

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12170.09
System ID: 12170
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD New Treatment Partner

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11044.09
System ID: 11044
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Partnership Framework Consult Process

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12186.09
System ID: 12186
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Partnership Framework DHS testing

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12185.09
System ID: 12185
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Partnership Framework HRH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12188.09
System ID: 12188
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Partnership Framework Nat Strategic Plan

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12187.09
System ID: 12187
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD TA MEN

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11132.09
System ID: 11132
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Workplace

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12165.09
System ID: 12165
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5321.09
System ID: 9679
Planned Funding(\$): \$2,750,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Mechanism Name: FANTA-2 GHN-A-00-08-00001-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7223.09
System ID: 9678
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: ACONDA CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5309.09
System ID: 9676
Planned Funding(\$): \$6,130,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: ACONDA
New Partner: No

Sub-Partner: Chigata
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC
Sub-Partner: Bayewa
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Manne du Jour
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Notre Grenier
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Centre de Prise en Charge, de Recherche et de Formation
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Centre de Sante Abobo Te
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Hopital Protestant de Dabou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Soeur de la Providence, Formation Sanitaire Urbaine Communautaire Anonkoua Koute
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: University of Bordeaux
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes:
Sub-Partner: Centre Nazareen
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Ko'Khoua
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Ruban Rouge
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Institut National de Sante Publique
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:
Sub-Partner: Femmes Egale Vie
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Famille en Action en Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Vivre, Informer et Fraterniser
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: SELETCHI
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Group d'auto assistance de Personnes vivant avec le VIH/SIDA et Promotion Sociale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Solidarite Plus Abidjan
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Mouvement Etudiant pour la Sensibilisation
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: AMEPOUH
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Organisation pour l'assistance en Milieu Urbain et Rural
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Sidalert, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Touba Care
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Horizon Vert Sante
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Centre d'Eveil et d'Encadrement pour le Developpement a la Base
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Soeurs de la Sainte Famille, Dispensaire Pietro Bonilli
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5343.09
System ID: 9675
Planned Funding(\$): \$1,190,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Alliance Nationale Contre le SIDA
New Partner: No

Sub-Partner: Chigata
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Espoir Forces Armees Nationales de Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Centre d'Ecoute et Depistage Volontaire Port Bouet
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Espace Confiance
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Tous pour le Taukpe
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: ARC EN CIEL
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Association Ivoirienne pour le Bien-Etre Familial
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVCT - Prevention: Counseling and Testing
Sub-Partner: AMEPOUH
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Club des Amis

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Renaissance Sante Bouake

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nandjemin

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Notre Grenier

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Bayewa

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Femmes Egale Vie

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Femmes Actives

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Fraternite

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Manne du Jour
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Association pour le Bien Etre Communautaire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC

Sub-Partner: Sidalert, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Ideal Korhogo
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Mairie d'Anyama
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Mairie Mafere
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Conseil General Agboville
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Conseil General Bondoukou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Conseil General Gagnoa
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Depistage Volontaire Marcory
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Pierre Angulaire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Mouvement pour l'Education , la Sante et le Developpement
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Association de Defense et de Promotion des Droits de l'Enfant
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Groupe d'Auto Assistance de PVVIH et de Promotion Sociale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Service d'Assistance Pharmaceutique et Medicale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Association de Cooperation Internationale pour le Developpement
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Ruban Rouge
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Action Evangelique de la Lutte Contre le SIDA

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Forum des ONG d'Aide a l'Enfance

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Alliance des Religieux contre le VIH/SIDA et les autres Pandemies

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Club Espoir de la Region du Bas Sassandra

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Freres Unis de la Region du Bas Sassandra

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Conseil d'Action Humanitaire Musulmane de Cote d'Ivoire

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: M'PETE

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Rose Blanche

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Conseils des ONG engagees dans la lutte contre le SIDA
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Club Espoir d'Abengourou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Croix Bleue
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Association Chretienne des Eleves et Etudiants Protestants de Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Manasse
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Mouvement Etudiant pour la Sensibilisation
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other
Sub-Partner: Mairie de Sinfra
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Association Feminine pour le Bien-Etre de l'Enfant a Cote D'Ivoire
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Mairie de Soubre
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Cercle d'Amitie et Progres
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Mairie d'Agnibilekro
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Mairie de Grand-Lahou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Ehouka Ehoun
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: M'Bade Victoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Conseil General Daloa
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Conseil General de Bongouanou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Conseil General Grand-Bassam

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: SELETCHI

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Solidarite Plus Abidjan

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Conseil General Adzope

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Conseil General Boundiali

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Club UNESCO Universitaire pour Contre le SIDA

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5312.09

System ID: 9674

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: American International Health Alliance Twinning Center

New Partner: No

Table 3.1: Funding Mechanisms and Source

Sub-Partner: African Palliative Care Association
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name: AVSI Track 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7737.09
System ID: 9673
Planned Funding(\$): \$1,450,391
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Associazione Volontari per il Servizio Internazionale
New Partner: No

Sub-Partner: Bayewa
Planned Funding: \$75,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Club des Amis
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: AMEPOUH
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5316.09
System ID: 9672
Planned Funding(\$): \$3,150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing
Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HKID - Care: OVC
Sub-Partner: SALEM
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other
Sub-Partner: Ideal Korhogo
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Nandjemin
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Reseau des Ecoles Madrassas en Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB
Sub-Partner: Centre Solidarite Action Sociale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC, HVCT - Prevention: Counseling and Testing
Sub-Partner: Renaissance Sante Bouake
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support
Sub-Partner: Objectif Sante et Developpment
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: IDE Afrique
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Parole des Femmes Actives
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Notre Enfance
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Colombe ivoirienne pour le Bien Etre Social
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Centre Islamique d'Etude et d'Actions Sociales
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Soleil Levant
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Eden Lumière Action
 Planned Funding: \$0
 Funding is TO BE DETERMINED: Yes
 New Partner: No
 Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Early Funding Activities

Program Budget Code	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	4995.22444.09	xxxx	\$90,000	\$750,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC Lab Coalition

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7224.09
System ID: 9671
Planned Funding(\$): \$1,160,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CDC International Lab Coalition
New Partner: No

Mechanism Name: Contraceptive Commodities fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10721.09
System ID: 10721
Planned Funding(\$): \$375,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Central Contraceptive Procurement
New Partner: No

Mechanism Name: International Center for AIDS, Care and Treatment Program (ICAP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7220.09
System ID: 9670
Planned Funding(\$): \$4,840,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Centre Medico-Social de Gbagbam

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Centre Medico-Social Sucrivoire Zuenoula

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Centre de Sante Catholique Notre Dame de la Consolata Marandalah

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Dispensaire Urbain Christ Roi de Sinfra

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Service d'Assistance Pharmaceutique et Medicale

Planned Funding: \$76,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Femmes Actives

Planned Funding: \$76,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Mechanism Name: New CDC TA Mech Columbia

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 12164.09

System ID: 12164

Planned Funding(\$): \$1,581,353

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Columbia University

New Partner: No

Mechanism Name: ComForce

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 10823.09

System ID: 10823

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Contract

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Comforce

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Futures Constella PF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12173.09
System ID: 12173
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Constella Futures Group
New Partner: Yes

Mechanism Name: EGPAF Track 1 ARV (Level funds)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4937.09
System ID: 9669
Planned Funding(\$): \$6,722,257
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: PHE ART EGPAF

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8861.09
System ID: 9688
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: PHE PMTCT Nutrition EGPAF

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8652.09
System ID: 9690
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: EGPAF Rapid Expansion (country supp)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5306.09

System ID: 9668

Planned Funding(\$): \$9,510,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Sub-Partner: Hope Worldwide

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre Solidarite Action Sociale

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Renaissance Sante Bouake

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre Saint Camille de Bouake

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Association pour la Promotion de la Santé Maternelle

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Centre de Sante Communautaire de Ouangolodougou

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner: Centre de Sante Urbain Notre Dame des Apotres de Dimbokro
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner: Association Centre Integre de Recherche Bioclinique d'Abidjan
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Helen Keller International
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: Hopital General d'Ayame
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment
Sub-Partner: University of California at San Francisco
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Pierre Angulaire

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Espace Confiance

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ko'Khousa

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante EI RAPHA

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante Wale

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Association Ivoirienne pour le Bien-Etre Familial

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Groupe Biblique des Hopitaux

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Dispensaire Rural Baptiste de Torgokaha

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Hopital Baptiste de Ferkessedougou

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Dispensaire Sainte Anne de Bocanda

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante Urbain de Komborodougou

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante PIM

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: InSTITUT National de Formation de Sciences Sociales

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Ruban Rouge

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante Sainte Therese de l'Enfant Jesus

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante Urbain de Angre

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Cote d'Ivoire Prosperite

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Health Alliance International

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment

Sub-Partner: Centre de Sante Urbain de Anono

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante Urbain Communautaire de Williamsville

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Formation Sanitaire Urbaine Communautaire de Sagbe

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre de Sante Urbain Communautaire de Gonzagville

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Manasse

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Fraternite

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Tous pour le Taukpe

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: Manne du Jour

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HKID - Care: OVC

Sub-Partner: M'Bade Victoire

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Femmes Actives

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Societe Africaine de Plantation d'Heveas

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Societe des Caoutchoucs de Grand Bereby
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante de Tiassale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante de Port-Bouet
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de Sante de Bongouanou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Caisse Nationale de Prevoyance Sociale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante d'Agnibilekrou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante de San-Pedro

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Solidarite Plus Abidjan
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Direction Departementale de la Sante d'Abengourou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante d'Agboville
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Sidalert, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Direction Departementale de la Sante de Tabou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante de Daoukro
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Direction Departementale de la Sante du Plateau
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner: Direction Departementale de la Sante d'Adzope
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner: Direction Departementale de la Sante de Ferkessedougou
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner: Unite de Formation et de Recherche des SCIences Medicales d'Abidjan Cocody
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Centre de Sante Soeur de la Charite Kotobi
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: Association de Cooperation Internationale pour le Developpement
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD-GH-08-2008 RESPOND

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5310.09
System ID: 9687
Planned Funding(\$): \$495,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Engender Health
New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5314.09
System ID: 9667
Planned Funding(\$): \$3,430,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Espace Confiance
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Cote d'Ivoire Prosperite
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Institute of Tropical Medicine
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Renaissance Sante Bouake
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Groupe Biblique des Hopitaux
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Initiative Developpement Afrique Libre
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Service d'Assistance Pharmaceutique et Medicale
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Club Espoir de la Region du Bas Sassandra
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Freres Unis de la Region du Bas Sassandra
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CDC TA Mech FHI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12169.09
System ID: 12169
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: NPI-Geneva Global GHH-A-A-00-07-00005-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7218.09
System ID: 9666
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Geneva Global
New Partner: No

Mechanism Name: Global Health Technical Assistance Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10679.09
System ID: 10679
Planned Funding(\$): \$1,225,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: GH Tech
New Partner: Yes

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4935.09
System ID: 9665
Planned Funding(\$): \$281,683
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4936.09

System ID: 9664

Planned Funding(\$): \$342,977

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

Sub-Partner: Chigata

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Association Ivoirienne pour le Bien-Etre Familial

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Association de Defense et de Promotion des Droits de l'Enfant

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Cellule Catholique anti MST-SIDA

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Blata

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: In His Loving Hand

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Osy Esperance

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Famille Israel
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vivre, Informer et Fraterniser
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Fondation Bada
Planned Funding: \$0
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: IAP Worldwide Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10678.09
System ID: 10678
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IAP Worldwide Services, Inc.
New Partner: Yes

Mechanism Name: IQC AIDSTAR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7225.09
System ID: 9660
Planned Funding(\$): \$1,409,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IQC AIDSTAR
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CDC TA Mech JHPIEGO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12168.09
System ID: 12168
Planned Funding(\$): \$550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: JSI Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4932.09
System ID: 9658
Planned Funding(\$): \$596,851
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: JHU-CCP Communication 2008

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7226.09
System ID: 9686
Planned Funding(\$): \$2,478,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: NPI Le Soutien GHH-A-00-07-00022-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7217.09
System ID: 9656
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Le Soutien
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Macro DHS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12172.09
System ID: 12172
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: Yes

Mechanism Name: Global fund technical support Tasc order

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7219.09
System ID: 9655
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: CoAg Ministry of AIDS #U62/CCU024313

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5303.09
System ID: 9654
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of AIDS, Côte d'Ivoire
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4933.09
System ID: 9653
Planned Funding(\$): \$4,499,900
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Ministry of Health, Côte d'Ivoire
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MOH- CoAg #U2G PS000632-01

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5301.09
System ID: 9652
Planned Funding(\$): \$4,130,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 5304.09
System ID: 9651
Planned Funding(\$): \$525,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 5302.09
System ID: 9650
Planned Funding(\$): \$1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 5315.09
System ID: 9648
Planned Funding(\$): \$2,550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Population Services International

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: ACONDA

Planned Funding: \$0

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Mechanism Name: NPI RIP+ GHH-A-00-07-00016-00

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7078.09

System ID: 9647

Planned Funding(\$): \$50,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Network of People Living with HIV/AIDS

New Partner: No

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5414.09

System ID: 9646

Planned Funding(\$): \$31,026,502

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Partnership for Supply Chain Management

New Partner: No

Mechanism Name: PSI CI Uniformed services VCT Promotion

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5313.09

System ID: 9643

Planned Funding(\$): \$1,980,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Sub-Partner: Agence Ivoirienne de Marketing Social

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Espoir Forces Armees Nationales de Cote d'Ivoire
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: Eden Lumière Action
Planned Funding: \$6,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: Bouake Eveil
Planned Funding: \$6,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Sub-Partner: Association des Epouses des Militaires en Cote d'Ivoire
Planned Funding: \$90,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support

Mechanism Name: Infant and Young Child Nutrition (IYCN) Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7211.09
System ID: 9645
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Save the Children UK

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6123.09
System ID: 9642
Planned Funding(\$): \$1,100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Save the Children UK
New Partner: No

Mechanism Name: MOH BLOOD Safety TA #U62/CCU324047

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7641.09
System ID: 9641
Planned Funding(\$): \$100
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Social and Scientific Systems
New Partner: No

Mechanism Name: MMAR III GHA-A-00 8

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8656.09
System ID: 9682
Planned Funding(\$): \$1,250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
New Partner: No

Mechanism Name: Healthcare Improvement Project QA/WD Follow-On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7221.09
System ID: 9639
Planned Funding(\$): \$950,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Company
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID (TA+staff+ICASS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5387.09
System ID: 9638
Planned Funding(\$): \$3,080,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
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: 5383.09
System ID: 9636
Planned Funding(\$): \$5,253,000
Procurement/Assistance Instrument: USG Core
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: 5554.09
System ID: 9637
Planned Funding(\$): \$3,040,721
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Department of Defense

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8262.09
System ID: 9632
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense, In-Support
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: State #GPO-A-11-05-00007-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8657.09
System ID: 9631
Planned Funding(\$): \$30,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: NIH Fogarty M&E Fellowship

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10699.09
System ID: 10699
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)
Prime Partner: US National Institutes of Health
New Partner: Yes

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7736.09
System ID: 9628
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Food Program
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	AMEPOUH	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bayewa	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Prise en Charge, de Recherche et de Formation	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Abobo Te	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre d'Eveil et d'Encadrement pour le Developpement a la Base	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Nazareen	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chigata	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Famille en Action en Cote d'Ivoire	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Egale Vie	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Group d'auto assistance de Personnes vivant avec le VIH/SIDA et Promotion Sociale	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital Protestant de Dabou	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Horizon Vert Sante	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Institut National de Sante Publique	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	JHPIEGO	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ko'Khoua	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manne du Jour	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mouvement Etudiant pour la Sensibilisation	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Notre Grenier	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Organisation pour l'assistance en Milieu Urbain et Rural	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ruban Rouge	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	SELETCHE	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sidalert, Côte d'Ivoire	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Soeur de la Providence, Formation Sanitaire Urbaine Communautaire Anonkoua Koute	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Soeurs de la Sainte Famille, Dispensaire Pietro Bonilli	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Solidarite Plus Abidjan	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Touba Care	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Bordeaux	Y	\$0
5309.09	9676	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Vivre, Informer et Fraterniser	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Action Evangelique de la Lutte Contre le SIDA	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Alliance des Religieux contre le VIH/SIDA et les autres Pandemies	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	AMEPOUH	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	ARC EN CIEL	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Chretienne des Eleves et Etudiants Protestants de Cote d'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Cooperation Internationale pour le Developpement	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Defense et de Promotion des Droits de l'Enfant	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Soutien a l'Autopromotion Sanitaire Urbaine	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Feminine pour le Bien-Etre de l'Enfant a Cote D'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Ivoirienne pour le Bien-Etre Familial	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour le Bien Etre Communautaire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bayewa	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Caritas Cote d'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Depistage Volontaire Marcory	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre d'Ecoute et Depistage Volontaire Port Bouet	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cercle d'Amitie et Progres	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chigata	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Club des Amis	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Club Espoir d'Abengourou	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Club Espoir de la Region du Bas Sassandra	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Club UNESCO Universitaire pour Contre le SIDA	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil d'Action Humanitaire Musulmane de Cote d'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Adzope	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Agboville	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Bondoukou	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Boundiali	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Daloa	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General de Bongouanou	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Gagnoa	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Grand-Bassam	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseils des ONG engagees dans la lutte contre le SIDA	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Croix Bleue	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ehouka Ehoun	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espace Confiance	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espoir Forces Armees Nationales de Cote d'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Actives	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Egale Vie	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Forum des ONG d'Aide a l'Enfance	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fraternite	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Freres Unis de la Region du Bas Sassandra	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Groupe d'Auto Assistance de PVVIH et de Promotion Sociale	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ideal Korhogo	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lumiere Action, Côte d'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie d'Agnibilekro	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie d'Anyama	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie de Grand-Lahou	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie de Sinfra	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie de Soubre	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie Mafere	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manasse	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manne du Jour	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	M'Bade Victoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mouvement Etudiant pour la Sensibilisation	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mouvement pour l'Education , la Sante et le Developpement	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	M'PETE	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nandjemin	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Notre Grenier	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pierre Angulaire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Rose Blanche	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ruban Rouge	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	SELETCHI	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Service d'Assistance Pharmaceutique et Medicale	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sidalert, Côte d'Ivoire	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Solidarite Plus Abidjan	Y	\$0
5343.09	9675	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tous pour le Taukpe	Y	\$0
5312.09	9674	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	African Palliative Care Association	Y	\$0
7737.09	9673	Associazione Volontari per il Servizio Internazionale	U.S. Agency for International Development	GHCS (State)	AMEPOUH	N	\$20,000
7737.09	9673	Associazione Volontari per il Servizio Internazionale	U.S. Agency for International Development	GHCS (State)	Bayewa	N	\$75,000
7737.09	9673	Associazione Volontari per il Servizio Internazionale	U.S. Agency for International Development	GHCS (State)	Club des Amis	N	\$40,000
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Caritas Cote d'Ivoire	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Islamique d'Etude et d'Actions Sociales	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Solidarite Action Sociale	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Colombe ivoirienne pour le Bien Etre Social	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Eden Lumière Action	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	IDE Afrique	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ideal Korhogo	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	JHPIEGO	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nandjemin	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Notre Enfance	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Objectif Sante et Developpement	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Parole des Femmes Actives	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Reseau des Ecoles Madrassas en Cote d'Ivoire	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	SALEM	Y	\$0
5316.09	9672	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Soleil Levant	Y	\$0
7220.09	9670	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Catholique Notre Dame de la Consolata Marandalah	N	\$15,000
7220.09	9670	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Medico-Social de Gbagbam	N	\$15,000
7220.09	9670	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Medico-Social Sucrivoire Zuenoula	N	\$15,000
7220.09	9670	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dispensaire Urbain Christ Roi de Sinfra	N	\$15,000
7220.09	9670	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Actives	N	\$76,800
7220.09	9670	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Service d'Assistance Pharmaceutique et Medicale	N	\$76,800
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Centre Integre de Recherche Bioclinique d'Abidjan	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Cooperation Internationale pour le Developpement	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Soutien a l'Autopromotion Sanitaire Urbaine	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Ivoirienne pour le Bien-Etre Familial	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Caisse Nationale de Prevoyance Sociale	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Communautaire de Ouangolodougou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante El RAPHA	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante PIM	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Sainte Therese de l'Enfant Jesus	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Soeur de la Charite Kotobi	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain Communautaire de Gonzagville	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain Communautaire de Williamsville	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain de Angre	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain de Anono	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain de Komborodougou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain Notre Dame des Apotres de Dimbokro	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Wale	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Saint Camille de Bouake	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Solidarite Action Sociale	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cote d'Ivoire Prosperite	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante d'Abengourou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante d'Adzope	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante d'Agboville	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante d'Agnibilekrou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante de Daoukro	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante de Ferkessedougou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante de Port-Bouet	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante de San-Pedro	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante de Tabou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante de Tiassale	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de la Sante du Plateau	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Direction Departementale de Sante de Bongouanou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dispensaire Rural Baptiste de Torgokaha	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dispensaire Sainte Anne de Bocanda	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espace Confiance	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Actives	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Formation Sanitaire Urbaine Communautaire de Sagbe	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fraternite	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Groupe Biblique des Hopitaux	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Alliance International	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Helen Keller International	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hope Worldwide	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital Baptiste de Ferkessedougou	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hopital General d'Ayame	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	InSTITUT National de Formation de Sciences Sociales	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ko'Khoua	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manasse	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manne du Jour	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	M'Bade Victoire	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pierre Angulaire	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Program for Appropriate Technology in Health	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ruban Rouge	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sidalert, Côte d'Ivoire	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Societe Africaine de Plantation d'Heveas	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Societe des Caoutchoucs de Grand Bereby	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Solidarite Plus Abidjan	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tous pour le Taukpe	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Unite de Formation et de Recherche des SCiences Medicales d'Abidjan Cocody	Y	\$0
5306.09	9668	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of California at San Francisco	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Soutien a l'Autopromotion Sanitaire Urbaine	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Club Espoir de la Region du Bas Sassandra	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cote d'Ivoire Prosperite	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espace Confiance	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Freres Unis de la Region du Bas Sassandra	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Groupe Biblique des Hopitaux	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Initiative Developpement Afrique Libre	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Institute of Tropical Medicine	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	Y	\$0
5314.09	9667	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Service d'Assistance Pharmaceutique et Medicale	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Association de Defense et de Promotion des Droits de l'Enfant	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Association Ivoirienne pour le Bien-Etre Familial	Y	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Blata	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Cellule Catholique anti MST -SIDA	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Chigata	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Famille Israel	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Fondation Bada	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	In His Loving Hand	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Osy Esperance	Y	\$0
4936.09	9664	Hope Worldwide	U.S. Agency for International Development	Central GHCS (State)	Vivre, Informer et Fraterniser	Y	\$0
5315.09	9648	National Agency of Rural Development	HHS/Centers for Disease Control & Prevention	GHCS (State)	ACONDA	Y	\$0
5315.09	9648	National Agency of Rural Development	HHS/Centers for Disease Control & Prevention	GHCS (State)	Network of media professionals and artists against AIDS in Côte d'Ivoire	Y	\$0
5315.09	9648	National Agency of Rural Development	HHS/Centers for Disease Control & Prevention	GHCS (State)	Population Services International	Y	\$0
5313.09	9643	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Agence Ivoirienne de Marketing Social	N	\$40,000
5313.09	9643	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association des Epouses des Militaires en Cote d'Ivoire	N	\$90,000
5313.09	9643	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bouake Eveil	N	\$6,000
5313.09	9643	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Eden Lumière Action	N	\$6,000
5313.09	9643	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espoir Forces Armees Nationales de Cote d'Ivoire	N	\$12,000

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$6,590,000

Program Area Narrative:

Background

Adult HIV prevalence in Côte d'Ivoire (CI) is estimated at 3.9% with 250,000 women (ages 15-49) living with HIV (UNAIDS 2008). The National AIDS Indicator Survey (AIS 2005) estimated the prevalence in women at 6.4% (ages 15-49), peaking at 14.9% among ages 30-34. HIV prevalence in pregnant women was estimated at 6.9% and 4% in urban and rural areas, respectively (ANC survey 2005). CI has about 963,100 births per year, about 69,000 of them by HIV-infected women. Attendance at antenatal clinics (ANC) is 87% for ANC1 but drops to 45% for ANC3 (MCH 2006).

Primary immunization coverage (DTCHep-Polio) is at 94% for the first injection (at 6 weeks) and 76% for the third injection. Coverage for measles immunization (at 9 months) is 67% (EPI, 2006). About 1,320 health centers provide maternal-child health (MCH) services in 72 health districts. About 56% of pregnant women deliver in a health facility (MCH 2006). The National HIV/AIDS Care and Treatment Program (PNPEC) of the Ministry of Health (MOH) is working to integrate PMTCT and pediatric care into MCH services.

The national response to HIV/AIDS has been hampered by years of political and military crisis leading to limited access to health care, particularly in the North. In June 2008, the PNPEC reported 295 functional PMTCT sites. Geographical distribution is uneven, but access is improving as more partners open sites in the North.

The National HIV/AIDS Strategic Plan (2006-2010) sets its targets of universal PMTCT access to cover all 19 health regions with 537 sites by 2010. The PNPEC and PMTCT stakeholders have defined an implementation plan covering coordination, policy, guidelines, infrastructure, training, and commodities.

The revised national guidelines follow WHO recommendations (2006) in calling for a comprehensive PMTCT services including routine (opt-out) HIV CT, combination ARV prophylaxis with ARV treatment as appropriate, infant feeding counseling and support, early infant HIV diagnosis using dried blood spot (DBS) with DNA PCR, and linkages with other services.

PEPFAR is the main donor supporting PMTCT services, with contributions by UN organizations (Global Fund, WHO, UNICEF). PEPFAR and its partners provide technical assistance to the MOH and support service delivery at public and CBO/FBO facilities, with a comprehensive package that includes ante- and postnatal care; safe obstetrical practices; cotrimoxazole prophylaxis; linkages to HIV/AIDS care, treatment, and support; infant follow-up and pediatric care; infant HIV diagnosis; community-based support services; and monitoring and quality assurance.

FY07-FY08 Response

In FY07 and FY08, PEPFAR and its partners supported the national review and dissemination of PMTCT policies and guidelines. Partners are supporting new approaches and best practices, including routine provider-initiated CT (a simplified HIV testing algorithm was introduced in 2008), HIV rapid testing at labor and delivery, partner testing, family planning integrated in PMTCT (with UNFPA and the National Reproductive Health Program), assessment of ART eligibility (clinical staging, CD4 count), provision of HAART for eligible women, infant feeding counseling and support, follow-up of mother-infant pairs with links to care and treatment, early infant HIV diagnosis, and rapid testing in older children. They have begun implementing a district approach to build the capacity of district health to coordinate HIV interventions, enhancing district ownership and facilitating scale-up of PMTCT programs. Partners such as EGPAF are using new approaches such as performance-based financing to increase facility involvement and motivate health staff.

As of September 2008, PEPFAR and its partners were supporting 236 PMTCT sites (18% of all MCH services) that in the past 12 months provided HIV testing for 110,641 pregnant women and ARV prophylaxis for 4,620 mother-infant pairs.

In September 2008, the MOH, UN, PEPFAR, and its partners conducted a review of the PMTCT program and recommended several steps to scale up and improve PMTCT services, including:

- Prepare a national operational plan for PMTCT based on district plans and existing resources.
- Support district teams in planning and implementing the integration of PMTCT and pediatric services into their activities.
- Integrate PITC at all PMTCT facilities and provide CT at labor and delivery for women of unknown status.
- Strengthen linkages between PMTCT and ART services and other services (MCH, immunization).
- Strengthen infant feeding counseling and nutrition interventions at all PMTCT sites.
- Increase male involvement and partner testing.
- Review existing mechanisms for managing ARVs, lab, and other commodities more effectively for PMTCT needs on the basis of

the national operational plan.

- Develop strategies for mobilization and utilization of resources (government, PEPFAR, World Bank, Global Fund, etc.).
- Put in place a monitoring committee for PMTCT scale-up, chaired by the MOH.
- Develop a guide specifying roles and responsibilities for efficient implementation of the scale-up.
- Strengthen management and technical capabilities of the PNPEC, including developing mechanisms for training and retaining staff.
- Strengthen capacities for regular collection and analysis of data at site, district, regional, and national levels.
- Establish procedures and mechanisms to disseminate and apply directives, strategic plans, protocols, and other implementation tools.
- Establish technical working groups and coordination mechanisms, including M&E at the district level.

FY09 Priorities

Based on the recommendations of the joint PMTCT mission as well as national and PEPFAR objectives, available resources, and partner capacities, USG partners in FY09 will focus on:

Supporting national policy and strategy development and national and district-level planning, implementation, coordination, and management of services.

The USG will support the MOH to strengthen national and district capacity to plan, implement, monitor, and support PMTCT programs. PEPFAR will work with the MOH, UN organizations, and other partners to elaborate, update, and disseminate national and international PMTCT policies, guidelines, and tools. The USG team will support national coordinating committees and technical working groups and will work with the national program to establish pools of trainers and supervisors.

Expansion of PMTCT services will be district-focused. District health teams and PEPFAR partners will work with the Public Health Pharmacy (PSP) and the Partnership for Supply Chain Management (SCMS) to improve forecasting and commodities management at district pharmacies. PEPFAR partners will collaborate with the MOH and its various programs related to PMTCT (SASDE, PNSR, PNSI, PNN, PSP, SASSED, DIPE, DSC, and DGS) as well as with the Global Fund, UNICEF, the Retro-CI SI team, Measure, and the MOH M&E unit (DIPE) to strengthen monitoring and evaluation of the PMTCT program.

Increasing geographic coverage and service uptake.

With FY09 funding, PEPFAR will support rapid expansion of PMTCT services to 385 sites (29% of all health facilities) by September 2009. Partners will provide CT for at least 240,000 pregnant women (25% of all births) through PICT at all ANC sites and in labor and delivery services. Women of unknown serostatus will also be offered testing during postnatal visits. All sites will apply strategies to involve and test the women's partners. Co-location of PMTCT and ART services will be promoted to provide ARV prophylaxis or treatment for at least 9,600 HIV-infected pregnant women, with HAART provided for an estimated 1,815 pregnant women (20% of HIV-positive women). PEPFAR partners IYCN/PATH, AED/FANTA, the World Food Program, and Helen Keller International (HKI) will help PMTCT partners provide food and nutritional supplementation for 4,640 HIV-positive pregnant or lactating women and will support the MOH, National Nutrition Program (PNN), National OVC Program (PNOEV), and National Infant Health Program (PNSI) to build capacity in infant feeding and nutrition across all partners at public and private facilities.

Based on a regional coordinated approach, PEPFAR partners EGPAF, ACONDA, and ICAP-Columbia University will continue the expansion of PMTCT services in all 19 regions. EGPAF will focus on the eastern half of the country, ICAP-CU on the Midwest, and ACONDA on the West while maintaining a significant presence in Abidjan. A new partner will be assigned to the northern part of the country.

USG partners will work to strengthen PMTCT services at ANC centers with effective linkages to ART, TB, CT, and OVC services as well as psychosocial support through community workers and PLWHA. All PMTCT and ART sites will engage full-time counselors dedicated to providing comprehensive HIV prevention interventions and effective referrals to community-based palliative care and OVC services. Community-level sub-grants will fund campaigns to decrease stigma and encourage women to seek ANC and PMTCT services. Linkages with the National Reproductive Health Program and UNFPA will increase uptake of reproductive health services and integration of CT in family-planning services.

Emphasizing mother-infant follow-up, early infant diagnosis, and pediatric and maternal care through a family-centered approach. As PMTCT is an important entry point for pediatric HIV/AIDS care, FY09 programming will continue to support effective follow-up of HIV-infected mother/HIV-exposed infant pairs and early infant diagnosis, pediatric HIV testing, care, and treatment as high priorities. Building on a 2007 pilot/demonstration, funds will support the expansion of early HIV testing for 10,000 HIV-exposed children using DBS and DNA PCR: 6,000 children will be tested in PMTCT services using DBS (in infants <12 months) and rapid testing, and 4,000 will be tested in pediatric facilities (care and treatment, postnatal, immunization, pediatric inpatient) and other services (nutrition centers, social services, OVC programs). To achieve this target, PCR laboratory capacity will be expanded from Retro-CI to four additional reference laboratories in Abidjan (CeDres, Pasteur, CIRBA, and LNSP). HIV-infected children will be linked with infant follow-up, including immunization and other entry points (social and nutrition services).

Funding will continue the promotion of tools and materials for pediatric care. This approach will increase the number of children who receive care and treatment as part of a family-centered approach. The adoption by the MOH of a simplified HIV testing algorithm using finger-prick and whole-blood techniques will help to rapidly scale up the PMTCT and pediatric-care programs. The USG will work closely with the MOH to implement a revised maternal and child health card incorporating HIV information, being developed with FY08 funding. This card will allow health workers to include PMTCT-related interventions on both the mother's and the child's card, an important step to facilitate linkages and referrals between MCH services (e.g. immunizations) and longitudinal HIV care services.

Increasing involvement and support by men.

The USG team and its partners will work to develop and implement strategies to increase HIV testing for women's partners and involvement of men in PMTCT and related care.

Strengthening systems and quality assurance (QA).

USG funds will continue to support scale-up in accordance with the national plan. Implementing partners will provide technical assistance to the MOH to strengthen policies and guidelines for scaling up PMTCT, promoting collaboration, and influencing national standards beyond PEPFAR-supported sites. Partnerships with health districts and local public and private partners will be reinforced or created to enhance decentralized, sustainable services. Partners will carry out monthly supervision and site visits, provide clinical mentorships at sites, and conduct periodic quality assessments of program performance and service delivery to ensure continuous quality improvement, with participatory tools and methods that site staff can use to assess the quality of their services and develop their own improvement plans. Retro-CI will support QA for HIV testing, laboratory supervision, and training. Commodities (both laboratory and drugs) will be managed by SCMS and the PSP. Implementing partners will coordinate or leverage support for basic MCH supplies (PMTCT and pediatrics) as part of a basic integrated care package.

Increasing sustainability. The USG team will continue to promote sustainability by building the capacity of health districts and local organizations to implement programs and raise funds. The USG is transferring technical, financial, programmatic, and M&E skills from international to local organizations and ministries, helping national and local partners to be competitive for other funding opportunities. In collaboration with national programs and partners, the USG will also continue to support in-service HIV training for health workers and other cadres, as well as theoretical and practical pre-service training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV provision, including training rotations in PMTCT and pharmacy services where relevant.

Strengthening program monitoring and evaluation (M&E).

The PEPFAR program will continue to strengthen the M&E capacities of the MOH (DIPE and PNPEC) and work with sites, districts (including the district surveillance staff, or CSE), regions, and national entities to collect and analyze PMTCT data. The USG team will continue to participate in the process of integrating PMTCT indicators in the health management information system to facilitate more informed decision-making. Staff at PMTCT sites will be trained to use program data for clinical and program decision-making.

Pending OGAC approval, PEPFAR CI is planning to strengthen its evidence base for decision-making through two PMTCT public health evaluations (PHEs). EGPAF will continue a country-specific evaluation (begun with FY08 funds) assessing the quality of infant feeding and nutrition counseling and practices at PMTCT sites, and an inter-country PHE will evaluate PMTCT program models designed to improve engagement and retention of clients and maximize PMTCT program impact.

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 11044.09	Mechanism: TBD New Treatment Partner
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 26599.09	Planned Funds: ██████████
Activity System ID: 26599	

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, palliative care and ART services. In COP09, at the five partner-supported sites, 1000 pregnant women will be tested for HIV and receive their results, and an estimated 40 HIV-infected pregnant women will receive a complete course of ARV prophylaxis. All pregnant women testing HIV positive will receive CD4 testing and those who are eligible for HAART will initiate their treatment during pregnancy.

The partner will support sites to provide family-centered PMTCT services, using antenatal care (ANC) and other maternal and child health (MCH) services as a key entry point. The partner's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, will help ensure long-term sustainability.

Interventions will include:

- Conducting initial assessments and developing work plans in collaboration with Ministry of Health and District authorities to establish and/or improve PMTCT Services according to national guidelines. This will include developing a plan for reorienting services to ensure that the PMTCT cascade is effectively implemented (e.g. ensuring CD4 testing the same day as HIV test results, coordinating ANC visits with care and treatment visits for pregnant women initiated on ART, etc).
- Providing training and on-site clinical mentoring for 15 nurses, midwives, social workers, counselors, and medical doctors on PMTCT and conducting on-site mentoring for initiation and implementation of services.
- Supporting sites to provide quality group and individual pre- and post-test counseling to maximize testing consent, receipt of results, and enrollment in and adherence to the PMTCT program. A routine opt-out testing approach will be adopted.
- Providing counseling and testing to pregnant women presenting to the facility for the first time during labor.
- Supporting sites to develop systems to ensure that HIV-infected pregnant women are promptly assessed for ART eligibility, receive routine CD4 cell count testing, and are provided with the clinical and social services appropriate to their disease stage, including ART when indicated.
- Supporting health care sites to provide enhanced counseling on disclosure, couples counseling, prevention, family planning, nutrition, infant feeding, and adherence. In line with a family-centered care model, women will be strongly encouraged and supported to bring their children, their partners and other family members to the facility for testing.
- Developing systems for linking PMTCT, care, and ART services to ensure that all pregnant women testing HIV-positive are enrolled in HIV care and treatment and receive ongoing care after delivery.
- Supporting facilities to establish systems for identifying and tracking women lost to follow-up and supporting adherence to ARV prophylaxis and ART, including linkages to PLWHA organizations and community-based support programs.
- Supporting sites to establish/strengthen links with community-based organizations to ensure adherence to the prescribed prophylactic regimen, nutritional support, and other services; at each PMTCT site, at least one community-counselor will be identified, trained and will be involved in follow up of pregnant women; the partner will introduce a community resource mapping tool and support sites to develop formal agreements and referral systems with relevant organizations.
- Ensuring effective HIV exposed-infant follow-up, including initiating 90% of all exposed infants on cotrimoxazole, growth monitoring, and early infant diagnosis using DNA PCR. Supporting sites to enroll HIV-positive infants into care and treatment services. Sites will also create linkages with community based OVC services for all exposed and infected children.
- Collaborating with districts to support the initiation of PMTCT services and ongoing supervision and quality improvement.
- Supporting sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting, using national tools. A data quality assurance system will be implemented, and partner technical advisers will assist PMTCT sites to analyze data regularly to assess program quality. This will include the introduction of registers that will allow sites to track mother/infant pairs throughout the PMTCT cascade of services. The partner will meet regularly with MOH officials at the national and district levels to provide feedback on PMTCT-related M&E tools and approaches to help improve the national system of data collection and reporting.
- Collaborating with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of needed medications and test kits and to ensure timely delivery and management of pharmaceutical drug and related commodities stocks.

At all PMTCT, ART, and CT sites, the partner will contract with local organizations to provide counselors dedicated to support for a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for BCC interventions focusing on ABC methods of risk reduction, as well as partner testing and STI prevention and care. HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include ABC prevention interventions (including disclosure, partner and family testing, and STI prevention and care) and referral to community-based OVC and palliative care services to address family and individual care needs. Where possible, family-planning services will be provided through wraparound programming by non-PEPFAR funded partners, and condoms will be provided free of charge.

All HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their needs. The partner will ensure that community-based services capable of meeting these needs are identified, and the partner will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Activity Narrative: The partner will continue its collaboration with nutritional partners (National Program of Nutrition, PATH) to improve nutritional services for exposed infants, according to national guidelines. All HIV positive pregnant women, before delivery, will receive individual counseling regarding infant feeding, according to national and international (WHO) guidelines.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5383.09	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: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 5161.22337.09	Planned Funds: \$100,000
Activity System ID: 22337	

Activity Narrative: With FY09 funds, USG technical staff will be supported (salaries, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded interventions aimed at preventing mother-to-child HIV transmission. This technical assistance is provided in consultation with relevant ministries (Family, Women, 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, 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, and quality-assurance services
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 Evaluation, the MOH M&E unit (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 regular exchange involving EGPAF, ACONDA-VS, Columbia-ICAP, the CDC/USAID country team, 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, UNFPA, WFP, ANADER, Care International, and PLWHA organizations)
6. Assisting EGPAF, ACONDA-VS, Columbia-ICAP, and a new PMTCT partner to develop new partnerships with the public and private sectors, FBOs, and CBOs to expand PMTCT activities nationwide

New/Continuing Activity: Continuing Activity

Continuing Activity: 15160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15160	5161.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7066	5554.08	CDC-RETRO-CI GHAI	\$96,000
10133	5161.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5554	5554.07	CDC-RETRO-CI GHAI	\$100,097
5161	5161.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$353,563

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.01: Activities by Funding Mechanism****Mechanism ID:** 7211.09**Prime Partner:** Program for Appropriate
Technology in Health**Funding Source:** GHCS (State)**Budget Code:** MTCT**Activity ID:** 25131.09**Activity System ID:** 25131**Mechanism:** Infant and Young Child
Nutrition (IYCN) Project**USG Agency:** U.S. Agency for International
Development**Program Area:** Prevention: PMTCT**Program Budget Code:** 01**Planned Funds:** \$200,000

Activity Narrative: Nutrition support, an important aspect of comprehensive prevention, treatment, and care services, has been limited in many PEPFAR-supported programs. In an effort to develop and implement a nutrition strategy and services for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG team significantly increased its investments, starting with FY07 plus-up funds, to strengthen this area of work.

In FY08, IYCN/PATH received funding in the OVC program area to support the continued development, evaluation, and implementation of strategies that PATH had been undertaking under a subcontract to other PEPFAR partners to improve the quality and targeted provision of nutrition support to OVC, including infants of sero-positive mothers in PMTCT services, as well as pregnant and lactating women.

PATH provides technical support in nutrition and infant feeding in collaboration with national partners (the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), child health (PNSI), OVC (PNOEV), reproductive health (PNSR), and public health (INSP)), as well as the International Baby Food Action Network (IBFAN-CI), Stratégie Accélérée pour la Survie et le Développement de l'Enfant (SASDE), PEPFAR partners for PMTCT (EGPAF, ACONDA, and ICAP), and PEPFAR partners for OVC (ANADER, Care International, Hope Worldwide, the World Food Program, AED/FANTA, RIP+, Le Soutien, FHI, Geneva Global, and the Ministry of Education). PATH's technical assistance consists of strengthening the capacity of partners as well as health workers at PMTCT sites to provide:

- 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 care, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished clients.
- Linkages to food aid and social services that can assist in the assessment and support of household food security.
- Training for health workers.
- Wrap-around nutrition support provided as part of PMTCT.

In addition to FY09 funding as a PEPFAR prime partner, PATH/IYCN is expected to receive subgrants from PEPFAR PMTCT partners (EGPAF, ACONDA, ICAP) to continue to provide technical assistance to PMTCT sites and OVC care providers as well as to the PNN and the World Food Program (WFP) to develop and implement nutrition activities. Technical assistance will help strengthen, disseminate, and apply national nutrition policies and practices for persons living with or affected by HIV/AIDS.

With FY09 prime-partner and subpartner funding, PATH will provide food and nutrition support to 40% of PMTCT sites (approximately 154/385 PMTCT sites) and training for 150 health workers by September 2009 and reach 60% of PMTCT sites (approximately 300/500 PMTCT sites) and train another 150 health workers between October 2009 and March 2010. (PEPFAR targets associated with this PATH/IYCN activity are lower, reflecting only prime-partner funding: 74 PMTCT sites by September 2009, with training for 40 persons, and a total of 110 PMTCT sites by March 2010, with 40 additional persons trained). Specific activities will include:

- Plan and initiate integrated scale-up of infant feeding and nutrition activities at additional PMTCT sites, with a goal of achieving 40% coverage of existing and new PMTCT sites by September 2009 and 60% coverage by March 2010.

By March 2009, PATH will have supported infant feeding and nutrition activities at 68 PMTCT sites throughout the country. With FY09 funding, PATH will work closely with the PNN and PNPEC to develop and implement an overall scale-up plan, with objectives and targets, for integrated nutrition and infant feeding care as an essential component of PMTCT services at new sites. PATH will also work with health district teams to ensure that nutrition activities are integrated into PMTCT micro-plans in targeted districts. Revision of relevant national policies and guidelines in accordance with the 2006 WHO Consensus statement, started in FY08, will be completed by September 2009. IEC materials (counseling cards and take-home brochures) and clinical tools (algorithms and infant postpartum follow-up forms and routines) used at demonstration sites will be produced and disseminated on a wide scale to support integrated scale-up. In addition to its work with EGPAF, ACONDA, and ICAP, PATH will also provide technical assistance and materials, as needed to help reach target groups of other national, international, and PEPFAR partners.

- Strengthen the capacity of Ministry of Health (MOH) district offices in each of five zones (San Pedro, Abengourou, Yamoussoukro, Bouake, Man) to integrate and scale up infant feeding and nutrition activities.

Building on FY08 work and a new commitment from national partners to significantly scale up infant feeding and nutrition interventions as critical components of PMTCT services, IYCN/PATH will move from demonstration activities at a limited number of sites to support scale-up at existing PMTCT sites and integration of infant feeding and nutrition care at new sites. PATH will carry out district capacity building necessary to initiate and carry out high-quality integration and rapid scale-up of nutrition activities, in coordination with the PNPEC, district medical officers, and the PNN. In each of the five zones, PATH will work closely with the district health team (ECD) to plan, implement, and coordinate nutrition activities as part of district micro-plans. Staff from PATH will be assigned to one major health district team and will work with several surrounding districts:

1. San Pedro (Tabou, Sassandra, Soubre, Lakota, Gagnoa, Issia, Daloa)
2. Abengourou (Agnibilekro, Tanda, Bondoukou, Bongouanou, Agboville, Alepe)
3. Yamoussoukro (Daoukro, Toumodi, Dimbokro, Oume, Sinfra, Bouafle, Zuenoula)
4. Bouake (Katiola, Dabakala, Ferke, Korhogo, Boundiali)
5. Man (Biankouma, Toubou, Odiene, Danane, Toulepleu, Guiglo)

Additional PATH technical staff based in Abidjan will cover PMTCT sites outside of these five zones and will follow activities in the field.

Because of the increased scale-up pace proposed for FY09, PATH will use a more streamlined training plan

Activity Narrative: than in FY08. The training plan will include:

- Orienting health district directors and teams in targeted districts
 - Training of two health workers from each PMTCT site that has not yet received infant feeding support as well as one staff member from the health district team using a combination of the six-day revised integrated course on breastfeeding, nutrition and HIV; a two-day orientation; and/or on-site refresher trainings
 - Distributing clinical algorithms, counseling materials, follow-up forms and guides, and posters
- Trained staff in each district will serve as trainers and will help with supportive follow-up of all sites covered by the district.

At new PMTCT sites, essential elements of infant feeding and nutrition will be integrated into initial PMTCT trainings, and infant-feeding materials will be distributed as part of all PMTCT trainings. In consultation with the district medical officer, a training plan for each district will be prepared and implemented that will allow for one staff person per new site to be trained in the six-day revised integrated course, with other staff receiving a two-day orientation or on-site trainings. Additional staff will be trained in subsequent years, with prioritization given to sites that have achieved site-specific milestones in improved infant-feeding services. The specific milestones will be drawn from the new infant feeding/postpartum follow-up forms and routines and will be determined in consultation with district medical officers. This training and milestone plan will be finalized with the district medical officers in the identified districts and adapted as needed.

After training, follow-up visits will help ensure that infant follow-up forms and routines are being implemented appropriately. Additional support materials will be disseminated, and periodic supportive supervision will monitor and improve quality and uptake at sites. In some cases, distribution of tools and materials may precede formal trainings, in order to facilitate scale-up and adoption of new routines. Interventions will also improve service quality and strengthen collaboration among PMTCT, pediatric treatment, social services, and the community.

- Integrate HIV and Nutrition in pre-service training curricula for health providers (INFAS)

PATH will provide technical assistance to revise national pre-service training curricula for midwives and nurses (INFAS) in collaboration with the PNN, PNPEC, and FHI.

- Equip PMTCT sites and rural health centers, in collaboration with national programs, ANADER, and other partners

In collaboration with international partners (UNICEF,WHO) and PEPFAR partners, PATH will support the national programs (PNN, PNPEC) to adapt national minimum standards for equipment for PMTCT services. Fifty PMTCT sites and five rural health centers supported by ANADER will be equipped with tools needed to monitor infant growth (measuring ribbon, infant feeding cup, weight measure, materials for diet demonstrations) after a situational analysis conducted in collaboration with the PNPEC, PNN, and the health districts.

- Develop a guide of monthly topics for HIV support groups, in order to expand access to appropriate services at facilities and encourage good feeding and nutrition practices at home.

Given the importance of psychosocial support and positive living for people infected or affected by HIV, PATH in FY08 is working to strengthen existing support groups and initiate the creation of new support groups at PMTCT sites. In FY09, PATH will collaborate with the PNN, PNPEC, and RIP+ (national PLWHA network) to develop monthly discussion topics for HIV support groups as well as a guide to creating a support group and messages about the importance of routine follow-up, delivery at health facilities, immunization, cotrimoxazole prophylaxis, nutrition, and disclosure of HIV status to partners.

PATH will share its work plan with the PNN and PNPEC in order to strengthen collaborative relationships and to assist in providing coordinated assistance to health care sites. PATH will use its M&E system to provide timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, PATH will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$140,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$60,000

Food and Nutrition: Commodities**Economic Strengthening****Education****Water**

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7225.09

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16763.22394.09

Activity System ID: 22394

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$200,000

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, estimated at 3.9% among adults (UNAIDS 2008), with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic marked by gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to scale up quality programs and coverage. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the AIDSTAR contractor will focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. In addition, the AIDSTAR contractor will assist partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and improve and increase use of the national training database. The primary objectives of these activities, as a whole, are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

In the program area of PMTCT, the AIDSTAR contractor will help address low coverage and uptake of PMTCT services. These barriers to life-saving services for women and children are linked to a number of factors, including a scarcity of services in the northern part of the country, low acceptance of HIV counseling and testing (CT) in sites where provider-initiated testing is not yet under way, lack of integration of PMTCT and CT services into clinical care services, and a lack of on-site HIV testing, leading many women to leave without obtaining their test results.

PEPFAR has supported technical assistance, through JHPIEGO, to the MOH and the National HIV/AIDS Care and Treatment Program (PNPEC) to coordinate the scale-up of PMTCT services, particularly those related to the new national PMTCT guidelines and protocols, including revising and adapting the national training program for PMTCT, revising performance standards for PMTCT to comply with the new national policy and guidelines, and revising the PMTCT manual.

With FY09 funding, in collaboration the MOH and other national stakeholders, the AIDSTAR contractor will build on these activities by expanding pre-service education activities to regional teaching institutions. The targeted institutions include Unite de Formation et Recherche-Bouake (UFR) and Institut National de Formation des Agents de la Sante (INFAS) in Bouake, Korhogo, and Aboisso. The contractor will work closely with members of faculty at the various institutions, representatives of other relevant ministries, and PEPFAR partners to ensure that all pre-service activities are integrated and linked to Cote d'Ivoire's National Human Resources Strategy and complement other in-country capacity building efforts.

The contractor will collaborate with 10 identified implementing partners to identify appropriate training modules and materials to correct existing performance gaps. In addition, the contractor will enhance referrals and linkages between services such as PMTCT, CT, family planning, and reproductive health to develop clear referral guidelines and protocols for all ART sites, with an emphasis on referrals for HIV-positive pregnant women. The contractor will work with implementing partners and government entities to strengthen supply chain and service delivery to ensure that commodities and other supplies are available at service provision sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16763

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16763	16763.08	U.S. Agency for International Development	IQC AIDSTAR	7225	7225.08	IQC AIDSTAR	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$80,000

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 11155.22357.09	Planned Funds: \$1,600,000
Activity System ID: 22357	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

- Updated with FY09 procurement information
- SCMS will procure all rapid tests kits in FY09 because AXIOS, which was programmed to purchase kits in COP08, no longer participates in the Pfizer initiative and did not procure any kits in FY08.

COMPLETE NARRATIVE

Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

PMTCT

SCMS is the only procurement agent for PMTCT commodities for PEPFAR-funded sites. With FY08 funds, SCMS is procuring consumables and rapid test kits for PMTCT for a target of 215,000 patients. SCMS and PEPFAR implementing partners (EGPAF, ICAP, and ACONDA) coordinate closely with other donors planning to support PMTCT services and commodities at non-PEPFAR-supported sites. As the Cote d'Ivoire program expands, SCMS is playing a key role in providing technical assistance to coordinate accurate and frequent commodities forecasts and improve real-time stock management activities at facility, district, and central levels of the health system. The PEPFAR program also collaborate with reproductive-health and family-planning activities of other donors to strengthen wraparound services at PMTCT sites, improve quality of care and client satisfaction, and decrease drop-outs.

FY09 Activities

Procurement

Activity Narrative: With FY09 funds, SCMS will procure HIV rapid test kits and lab consumables for PEPFAR implementing partners (EGPAF, ICAP, and ACONDA) based on a projected 240,000 pregnant women to be tested, at an estimated cost of \$6.26 per woman. These supplies are in addition to other testing materials to be procured for non-PMTCT care and treatment services

ARV drugs for treatment-eligible women identified through the PMTCT program and post-exposure prophylaxis (PEP) are included among PEPFAR ARV commodities elsewhere in the COP09. Other commodities and support to be provided to HIV-positive women identified through PMTCT services, as well as to their children, are included in OVC, Care and Support, and other sections of the COP09.

Technical Assistance and Training

SCMS will continue to improve the quality, accuracy, and frequency of PMTCT commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID, and other donors through support to the PSP Cellule ARV. In FY09, the systems that track and manage ARVs will be expanded to include these other commodities with the introduction of a Laboratory LMIS. SCMS will also ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Wraparound Programs

SCMS will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. For example, the malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA.

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15149	11155.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7061	5414.08	Supply Chain Management System	\$300,000
11155	11155.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$200,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* Safe Motherhood

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.01: Activities by Funding Mechanism****Mechanism ID:** 5306.09**Prime Partner:** Elizabeth Glaser Pediatric
AIDS Foundation**Funding Source:** GHCS (State)**Budget Code:** MTCT**Activity ID:** 4591.22418.09**Activity System ID:** 22418**Mechanism:** EGPAF Rapid Expansion
(country supp)**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Prevention: PMTCT**Program Budget Code:** 01**Planned Funds:** \$2,060,000

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality PMTCT programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering care and treatment. In FY09 its PMTCT program will support 235 sites and serve 162,000 women who will be offered HIV counseling, testing and will receive their test results.

In FY08 the program has had some notable successes:

- Provision of 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), and support for the development of new training tools and materials.
- Successful introduction of a series of innovative approaches, including a district approach to broaden the program's reach, dried blood spot (DBS) techniques for early infant diagnosis using DNA PCR, provider-initiated "opt-out" HIV testing at most sites, rapid testing in labor and delivery, and use of complex ARV prophylaxis regimens, including assessment of ART eligibility for pregnant women and provision of ART to eligible clients.
- Improvement of the quality of PMTCT services at all sites receiving direct support from EGPAF, achieving better uptake at every level of the PMTCT cascade (CT, results, prophylaxis, and follow-up). EGPAF and its partners have also improved follow-up and strengthened referrals to care for HIV-positive mothers and infants.
- Strengthened PMTCT monitoring and evaluation systems at the national, district, and site levels, in collaboration with government and other key partners.
- Strengthened nutritional counseling by health workers for antenatal and postpartum HIV-infected women, including counseling on breastfeeding cessation and culturally appropriate replacement foods at 15 demonstration sites, with support from EGPAF's sub-partner PATH, Helen Keller International/Abidjan and the national HIV nutrition technical working group.
- Use of performance-based contracting to support PMTCT programs, with development of M&E tools to collect patient data, monitor program quality, and ensure correct reimbursement to sites for services performed.
- Increased involvement in PMTCT program implementation by national health-professional associations (pediatrics, 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.

In FY09 EGPAF will continue expansion based on a series of principles centered on a more "public health" approach to PMTCT expansion, including:

- Improved integration of PMTCT into existing ANC programs
 - The inclusion of the National Reproductive Health Program (PNHR) as well as the National HIV/AIDS Care and Treatment Program (PNPEC) in the development of the program
 - The diffusion of joint directives from both programs to lead PMTCT programming
 - Including PMTCT in the definition of the "minimum package" of ANC activities
- Extensive health-promotion activities to increase PMTCT uptake within ANC and maternity programs
- Expansion of the district approach that has proved successful in Abengourou
- Development of regional training teams to support district-led implementation
- Increased reliance on partnerships with NGOs, faith-based organizations, and the private sector to promote community linkages with other maternal child health and HIV/AIDS programs, such as OVC programs.
- Nearly universal opt-out testing
- Rapid expansion of whole blood finger-prick HIV rapid diagnostics to replace the venous blood draws and centrifugation of specimens to obtain plasma currently required for HIV testing.

In FY09 the successful interventions described at the beginning of this section will be retained through planned scale-up and expansion of services. Through the district approach, EGPAF will cover at least 80% of the health facilities in each health district. The district health team will take the lead in site assessments, activity implementation, and supervision. EGPAF will provide technical assistance and logistical support.

At all PMTCT, ART, and CT sites, EGPAF will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children. EGPAF will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for BCC interventions focusing on ABC methods of risk reduction, as well as partner testing and STI prevention and care. HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include ABC prevention interventions (including disclosure, partner and family testing, and STI prevention and care) and referral to community-based OVC and palliative care services to address family and individual care needs. Where possible, family-planning services will be provided through wraparound programming by non-PEPFAR funded partners, and condoms will be provided free of charge.

All HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their needs. EGPAF will ensure that community-based services capable of meeting these needs are identified, and EGPAF will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

EGPAF will continue to work with the MOH, UNICEF, UNFPA, JHPIEGO, ICAP-Columbia University, ACONDA, and other partners to refine overall national policies, guidelines, and plans for scaling up PMTCT and associated services in strategic geographic areas while emphasizing some of the newer approaches,

Activity Narrative: particularly finger-prick diagnostics and opt-out testing. Quality-assurance programs for PMTCT activities will be coordinated closely with the PEPFAR-funded partner URC (University Research Corporation). EGPAF will also continue to coordinate with SCMS and the USG for procurement of all HIV-related commodities to avoid stock-outs. Regarding laboratory services, EGPAF will rely on CDC/Projet RETRO-CI, the national network of laboratories, CDC International Laboratory Coalition partners, and other relevant national or international reference labs for support of PMTCT services and quality control.

EGPAF will continue to work with community-based partners such as Alliance CI, ANADER, and CARE International to improve linkages with social services, community mobilization and psychosocial support, and OVC programs through engagement of community workers and PLWHA. NGOs and CBOs will be identified in each health district in collaboration with RIP+ (network of PLWHA organizations) to perform community-based activities around PMTCT sites.

For nutrition of children born to HIV positive mothers and care of malnutrition EGPAF will continue to strengthen infant feeding, nutrition support and counseling in collaboration with the national nutrition program and with other PEPFAR implementing partners with expertise in this area such as PATH, FANTA, HKI, and IBFAN-CI. Measure/JSI for M&E; Helen Keller International Foundation, and the World Food Program for nutritional support.

EGPAF will continue to provide support to the national reproductive health program to solidify the linkages between reproductive-health services and PMTCT. Technical support from JHU/CCP will continue for the development or adaptation of job aids, client information, and other materials. EGPAF's continuum-of-care approach for bridging PMTCT and ART activities is described in the accompanying ART narrative but applies equally to PMTCT and will be applied at all PMTCT sites. EGPAF will collaborate with the MOH and the USG team in PHE activities.

EGPAF plans to conduct evaluations of ANC attendance and the feasibility of cervical dysplasia screening among HIV-positive at PMTCT sites.

EGPAF's M&E team will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, EGPAF will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15110

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15110	4591.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$1,800,000
10039	4591.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$2,000,000
4591	4591.06	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	3388	437.06	EGPAF- Call to Action Project (PMTCT)	\$1,815,000

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Malaria (PMI)

* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$300,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7220.09	Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)
Prime Partner: Columbia University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 16036.22433.09	Planned Funds: \$580,000

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in five regions in the midwestern part of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at the infirmary of prisons, and TB clinics.

By March 2009, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 facilities, and PMTCT services at an additional seven facilities (35 in total).

With FY09 funding, ICAP will continue to support all 35 facilities and expand to an additional 18 PMTCT facilities for a total of 53 sites providing PMTCT services. In FY09, 34,000 pregnant women will be tested for HIV and receive their results at ICAP-CI supported sites, and an estimated 1,360 HIV-infected pregnant women (based on a 4% prevalence rate) will receive a complete course of ARV prophylaxis. All pregnant women testing HIV positive will be offered CD4 testing and those who are eligible for HAART will initiate their treatment during pregnancy.

ICAP will support sites to provide family-centered PMTCT services, using antenatal care (ANC) and other maternal and child health (MCH) services as a key entry point. ICAP's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, will help ensure long-term sustainability.

Interventions will include:

- Conducting initial assessments in collaboration with Ministry of Health and District authorities and developing work plans for establishing and/or improving PMTCT Services according to national guidelines. This will include developing a plan for reorienting services to ensure that the PMTCT cascade is effectively implemented (e.g. ensuring CD4 testing the same day as HIV test results, coordinating ANC visits with care and treatment visits for pregnant women initiated on ART, etc).
- Providing training and on-site clinical mentoring for 200 nurses, midwives, social workers, counselors, and medical doctors on PMTCT and conducting on-site mentoring for initiation of services following implementation:
60 trained in PMTCT, 70 in nutrition, and 70 in early infant diagnosis (DBS).
- Supporting sites to provide quality group and individual pre- and post-test counseling to maximize consent for HIV testing, receipt of results, and enrollment in and adherence to the PMTCT program. A routine opt-out testing approach will be adopted.
- Providing counseling and testing to pregnant women presenting to the facility for the first time during labor.
- Supporting sites to develop systems to ensure that HIV-infected pregnant women are promptly assessed for ART eligibility, receive routine CD4 cell count testing, and are provided with the array of services appropriate to their disease stage, including ART when indicated.
- Supporting sites to provide enhanced counseling on disclosure, couples counseling, prevention, family planning, nutrition, infant feeding, and adherence. In line with a family-centered care model, women will be strongly encouraged and supported to bring their children, their partners and other family members to the facility for testing.
- Developing systems for linking PMTCT, care, and ART services to ensure that all pregnant women testing HIV-positive are enrolled in care and treatment and receive ongoing care after delivery.
- Supporting facilities to establish systems for identifying and tracking women lost to follow-up and supporting adherence to ARV prophylaxis and ART, including linkages to PLWHA organizations and community-based support programs.
- Supporting sites to establish/strengthen links with community-based organizations to ensure community-based patient support to ensure adherence to the prescribed prophylactic regimen, nutritional support, and other services; at each PMTCT site, at least one community-counselor will be identified, trained and will be involved in follow up of pregnant women; ICAP will introduce a community resource mapping tool and support sites to develop formal agreements and referral systems with relevant organizations.
- Ensuring effective exposed-infant follow-up, including initiating 90% of all exposed infants on cotrimoxazole, growth monitoring, and early infant diagnosis using DNA PCR.
- Supporting sites to enroll HIV-positive infants into care and treatment services. Sites will also create linkages with community based OVC services for all exposed and infected children.
- Collaborating with districts to support the initiation of PMTCT services and ongoing supervision and quality improvement.
- Supporting sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting, using national tools. A data quality assurance system will be implemented, and ICAP technical advisers will assist sites to analyze data regularly to assess program quality. This will include the introduction of registers that will allow sites to track mother/infant pairs throughout the PMTCT cascade of services. ICAP will meet regularly with the MOH to provide feedback on PMTCT-related M&E tools and approaches to help improve the national system of data collection and reporting.
- Collaborating with SCMS and the National Public Health Pharmacy (PSP) to ensure effective forecasting of medications and test kits and to ensure timely delivery and management of drug and commodities stocks.
- Providing food and nutritional supplements to 600 mothers and children (a combination of nutritional therapy, protein enriched foods, enriched flour, etc.)

At all PMTCT, ART, and CT sites, ICAP will contract with local organizations to ensure the participation of community-based counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for BCC interventions focusing on ABC methods of risk reduction, as well as partner testing and STI prevention and care. HIV

Activity Narrative: positive

clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include ABC prevention interventions (including disclosure of HIV status, partner and family testing, and STI prevention and care) and referral to community-based OVC and palliative care services to address family and individual care needs. Where possible, family-planning services will be provided through wraparound programming by non-PEPFAR funded partners, and condoms will be provided free of charge.

All HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their needs. ICAP will ensure that community-based services capable of meeting these needs are identified, and ICAP will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

ICAP will continue its collaboration with nutritional partners (National Program of Nutrition, PATH) to improve nutritional services for exposed infants, according to national guidelines. All HIV positive pregnant women, before delivery, will receive individual counseling regarding infant feeding, according to national and international (WHO) guidelines. Malnourished adults and children will receive nutritional support.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16768

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16768	16036.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$654,000
16036	16036.07	HHS/Centers for Disease Control & Prevention	Columbia University	7319	7319.07	UTAP	\$400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 10040.22461.09	Planned Funds: \$1,000,000
Activity System ID: 22461	

Activity Narrative: Since its creation in 2002, the Ivorian NGO of health professionals, ACONDA-VS, has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. ACONDA defines a holistic approach to care. It 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, 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 rapidly expanding its family-based model. After working as a sub-partner to EGPAF (Project HEART) starting in 2004,

From October 2007 to September 2008, ACONDA provided HIV counseling and testing to 21,878 pregnant women, of whom 1,977 (9%) were found to be HIV-positive. Among these, 811 (41%) were provided with ARV prophylaxis. ACONDA also trained 169 health providers at 70 sites.

By September 2009, ACONDA aims to extend services to 22 more sites, for a total of 92 PMTCT sites. At these sites, ACONDA expects to provide HIV counseling and testing to at least 43,000 pregnant women and ARV prophylaxis to at least 1,720 HIV-infected pregnant women. To support these sites, ACONDA will train 263 health workers in the provision of PMTCT services using the previously developed national PMTCT training materials.

In FY09, ACONDA will continue to support its FY08 PMTCT sites while contributing to the scale-up and decentralization of PMTCT linked with HIV care and treatment services. ACONDA aims to improve access to PMTCT services 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 involvement of the district health team. ACONDA will adhere to national standards, will remain a member of the PMTCT technical consultative forums, and will provide input to national policies according to evidence-based practices. ACONDA will also remain a member of the national committee for HIV-related commodities. ACONDA will create a permanent collaboration framework with the National HIV/AIDS Care and Treatment Program (PNPEC), EGPAF, ICAP-Columbia University, and other PMTCT stakeholders (UNICEF, WHO, ESTHER, UNFPA) to harmonize PMTCT technical procedures and manuals.

In FY09, primary interventions will include:

- Train nurses and midwives in rural areas to perform HIV rapid testing (finger prick) using the new algorithm and monitor their performance.
 - Train midwives and staff in delivery rooms to perform HIV rapid testing in all PMTCT sites in order to improve uptake of HIV testing at the time of delivery
 - Provide ongoing technical support to all sites and ensure that sites have and adhere to national standards and protocols by conducting on-site training, regular site assessments, supportive supervision, and laboratory quality assurance, and.
 - ACONDA will implement provider-initiated counseling and testing (PICT) in all PMTCT sites, antenatal clinics, labor and in-patient or out-patient pediatric wards, nutritional rehabilitation and family planning centers.
 - ACONDA will strive to provide the prophylactic ARV combination regimen to all HIV-infected pregnant women before the CD4 count results are available at all supported sites. ART eligible women will initiate antiretroviral therapy during pregnancy or after delivery as appropriate.
 - All ART-eligible women will initiate treatment based on national guidelines and receive ongoing care and support at HIV clinics and community-based sites. ACONDA will provide care for HIV-infected women and their babies during postnatal visits.
 - Systematic referrals of all HIV-infected pregnant women to clinical and home-based care and treatment services by linking PMTCT sites with care and treatment services.
 - Improve infant follow-up and provide early infant diagnosis and clinical monitoring to all HIV-exposed children and subsequently link mothers and children to community-based care and support services. The program will also encourage HIV-positive women to bring their family members in for CT.
 - Work with the Partnership for Supply Chain Management (SCMS) and the Public Health Pharmacy (PSP) to procure and regularly supply PMTCT sites with drugs and laboratory commodities
 - Be involved in the revision of the medical charts and registers, incorporating data related to the monitoring of PMTCT activities.
 - Hire and train community counselors to provide PMTCT services starting in sites with a high patient volume in order to strengthen linkages with care and treatment services
- Support MOH staff in each district to integrate PMTCT with other services, such as family planning and nutritional support. MOH staff will also provide training, supportive supervision, and M&E assistance to aid the progressive transfer of capacity to the district health team.
- ACONDA will support health districts with equipment, rehabilitation, and technical assistance for the management of data. ACONDA will improve the quality of data gathered at sites through supervision and training of data managers. ACONDA will help each site develop and implement a comprehensive M&E plan that will also identify collaborations with key partners. ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.
 - Strengthen collaboration with other organizations supported by PEPFAR (FANTA-PATH) for the nutrition of the women and children from the PMTCT services and/or from the paediatric Care and Treatment at sites backed by Aconda.
 - Work with URC and JHPIEGO and in collaboration with PNPEC to improve the quality of PMTCT services. The collaboration with JHPIEGO aims to meet the performance standards set by the National Program (PNPEC). In FY08, 5 sites were supported and 10 additional sites will be included in FY09. URC will provide assistance in improving the quality of the overall HIV care and treatment services. CDC/Retro-CI will help in improving the quality of laboratory testing at all ACONDA supported-sites.
 - Raise public awareness in the general population and among health care providers to reduce stigma and discrimination related to PLWHA

At all sites, ACONDA will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention

Activity Narrative: interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. ACONDA will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ACONDA will ensure that community-based services capable of meeting these needs are identified, and ACONDA will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the community
- Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16759

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16759	10040.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$1,750,000
10040	10040.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$1,100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$30,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5310.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 26800.09

Activity System ID: 26800

Mechanism: TBD-GH-08-2008 RESPOND

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$150,000

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic (prevalence 4.7%) marked by important gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of AIDS, other government bodies and PEPFAR implementing partners build capacity to provide higher-quality prevention, care, and treatment activities and services for Ivoirians. At present, the number and varying quality of service providers limits ability to implement and scale up quality programs and coverage. USG partners have been working since 2004 to strengthen indigenous capacity to respond to the epidemic with appropriate, high quality programs. Within this context, the USG Cote d'Ivoire program supports comprehensive HIV/AIDS prevention interventions targeting the general population and specific sub-populations in urban and rural areas across the country.

With HIV/AIDS care and treatment becoming more accessible in Côte d'Ivoire, women, men, and young people are regaining their health, living longer, and planning for their futures, which includes decisions about their sexuality and the possibility of starting or expanding a family. They are struggling with a number of sexual and reproductive health issues, such as repeated disclosure of their HIV status, HIV discordance, safe-sex strategies, family planning, pregnancy, and gender-based violence.

Women and girls infected with or affected by HIV/AIDS are among the most underserved populations in the country. Those who are HIV-positive 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. Women and girls who are most vulnerable to HIV are often at higher risk for financial, physical, and emotional stress. Women and girls infected or affected by HIV are also at higher risk of stigma, discrimination, social isolation, and violence. The few services that exist for women and girls are not designed to address these very specific needs.

With FY08 funding, a team of EngenderHealth global staff and/or consultants will work in partnership with Femmes Actives de Cote d'Ivoire and AIBEF to support implementation of integrated sexual and reproductive health-HIV (SRH-HIV) activities at 10 health facilities in the East Central region. In FY09, EngenderHealth will hire a small core team of full-time staff based in CI. With FY09 funding, EngenderHealth in-country staff will continue to provide technical and financial assistance to Femmes Actives de Cote d'Ivoire and the family-planning association AIBEF to:

1. Design, implement, and evaluate SRH-HIV integrated services at 10 additional health facilities, including positive prevention and prevention of unintended pregnancies.
2. Upgrade health facilities to support introduction of integrated SRH-HIV services.
3. Implement trainings on SRH-HIV integration, stigma reduction, and demand-generation activities in the community, and develop and distribute BCC materials on SRH-HIV for PLWHA, including positive prevention and prevention of unintended pregnancies, within the COP 2009 guidelines on HIV and family planning linkages.

EngenderHealth will strive to achieve local ownership and sustainability among local partners, the MOH, and village/community planning structures through the following processes:

- Informational meetings will be conducted with community and national/regional/district MOH officials at the beginning of the project to brief them about the project's objectives and activities and at the end of the project to disseminate the project results.
- Representatives from local PLHIV networks and community organizations in each district will be invited to participate in all planning and training activities.
- Program managers, doctors, nurses, and social workers from MOH and CBO/FBO health facilities within the service network of the project sites will be invited to participate in all planning and training activities.
- Planning meetings will be conducted with district health officials and CBO/NGO program managers to identify the services sites, coordinate project activities, and select health personnel to participate in the training activities. We will also promote the inclusion of project interventions into comprehensive health council plans.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8652.09

Mechanism: PHE PMTCT Nutrition EGPAF

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 19135.28534.09

Planned Funds: \$0

Activity System ID: 28534

Activity Narrative: This PHE activity, "Evaluation of the quality of infant feeding and nutrition counseling and infant feeding practices for children born to HIV-infected mothers in selected sites in Cote d'Ivoire," was approved for inclusion in the COP, contingent on receipt of a fully compliant progress report and detailed budget. The PHE tracking ID associated with this activity is CI.08.0016. No FY09 funds are being requested for this continuing activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19135

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19135	19135.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10646	10646.08		\$200,000

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	\$0
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11921.09	Mechanism: PHE 08 PMTCT Coll TBD
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 29209.09	Planned Funds: ██████████
Activity System ID: 29209	
Activity Narrative: CI.08.0203 How to Optimize PMTCT Effectiveness (HOPE) Project	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	██████████
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 12164.09

Mechanism: New CDC TA Mech Columbia

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 29654.09

Planned Funds: \$200,000

Activity System ID: 29654

Activity Narrative: Columbia University is being funded under the new CDC TA mechanism to support a PHE in PMTCT, along with other PHEs in HTXS and Counseling and Testing.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$6,384,683

Program Area Narrative:

Background

The 2005 AIDS Indicator Survey (AIS) has provided important 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 be infected (6.4% vs. 2.9%). HIV prevalence showed a steep increase in women ages 20-34, from 0.4% below age 20 to 14.9% among ages 30-34. 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% 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; and 66% of females and 48% of males did not use condoms with non-regular sex partners. While only 2% of men reported paying for sex, 31% of unmarried women ages 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.

FY05-08 Response

In collaboration with national and local government, the USG-CI pursues a comprehensive ABC prevention approach emphasizing delay of sexual debut, partner reduction, stigma reduction, reduction of intergenerational relationships, and promotion of gender equity. Individual, couple, and family HIV counseling and testing is seen as a key primary- and secondary-prevention tool, with linkages to care and treatment and community support systems. Promotion of couples testing is intrinsically linked to promotion of mutual faithfulness and of condom use within sero-discordant couples, as well as stigma reduction activities and activities to promote safe disclosure and to minimize risk of violence or rejection by spouses and intimate partners. Promotion of abstinence and fidelity among youth is complemented by condom education, risk assessment, and targeted communication for those at high risk.

Other efforts include prevention interventions to mitigate the epidemic's impact on vulnerable subpopulations at risk of acquiring and transmitting HIV, including the uniformed services, immigrants and displaced populations, seasonal field workers, transportation workers, street children, and those engaging in transactional sex. In 2007 and 2008, the USG targeted specific groups more strategically by reinforcing the roles of teachers, religious leaders, health care workers, and parents in promoting social norms that encourage fidelity and partner reduction and address risk factors such as alcohol and drug use. With PEPFAR support, the Ministry for the Fight Against AIDS (MLS) and JHU/CCP established a behavior change communication (BCC) committee to improve quality, coverage, and coordination of BCC activities. A significant focus was to develop youth- and gender-specific prevention programs emphasizing biology of transmission, interpersonal communication and other life skills, gender equity, and prevention of gender-based violence. Emphasis was also placed on BCC capacity-building at central and decentralized levels, with approaches that will be strengthened and harmonized in 2009.

In 2007-2008, the USG increased from 12 to 17 the number of prime partners in prevention, including three NPI partners, and reached 633,095 people with AB outreach (including 358,511 with A-only messages) and 671,632 with OP outreach. Ten partners have multiple sub-partnerships with local or regional Ivorian organizations. Prime partners include two government agencies, nine international NGOs, and five local NGOs. The U.S. Department of Defense and Department of State contributed to prevention activities targeting military prevention, testing, and care; awareness-raising through an HIV/AIDS Road Show; and promotion of workplace HIV prevention and wellness. Expansion of activities has been possible because of additional funding from PEPFAR and because access to geographic zones of the country that were limited during the socio-political crisis are slowly being reintegrated into the national public health sector. Media communications campaigns were executed, with extensive use of regional and local radio, national television, and billboards in urban areas, plus targeted posters, videos, graphic novels, and other printed materials that complemented trainings, peer outreach, counseling, and educational activities.

FY09 Priorities

Efforts begun in 2008 will continue to strengthen prevention program quality and coordination by determining and promoting best practices, assuring population coverage and eliminating duplication among sub-partners, evaluating new programs for potential comprehensive integration, strengthening capacity of sub-partners through a standardized program, integrating prevention programs in HIV care and treatment settings, and conducting formative research to better understand prevention needs for high-incidence populations identified in the AIS. A new partner will work with the MLS and all prevention partners to coordinate harmonization of peer-education approaches and build capacity in measuring outcomes with the general population of youth and adults, plus other highly vulnerable populations. Communications initiatives will better coordinate across partners to deliver complementary local activities with gender-sensitive and age-specific strategies. Successful community parent-child communication models will continue, the village committee model will be reinforced, sub-partners will continue to work with displaced women and children as well as migrant populations, the pilot Families Matter program will expand to satellite sites, and the delayed pilot of Men as Partners (MAP) will be rapidly implemented with two prime partners, their sub-partners, the Ministry of Education, and the uniformed services to address male norms and attitudes. Gender based violence as a risk factor will be addressed through the MAP program; better coordination and collaboration with the Ministry of Family, Women, and Social Affairs (MFFAS), UNFPA, and UNICEF; community activities at the sub-partner level informed by ongoing International Rescue Committee research; and training of medical professionals using national modules.

In FY08, PEPFAR contributed to defining core competencies and clarifying roles of lay counselors in health facilities and communities. With FY09 funding, the USG will support treatment and PMTCT partners to provide training and compensation for lay counselors dedicated to providing prevention interventions for all clients, as well as "prevention for positives" and effective referral to community-based care and support for HIV-positive clients and their children. This intervention will link facility-based services with comprehensive follow-up care and strengthen the continuum of services to reach more people infected and affected by HIV/AIDS. It will also engage ministries to recruit and assign social workers and medical professionals to under-served areas.

The program will continue to build on the success of targeted prevention campaigns and efforts to integrate prevention and life-skills messages and activities into sustainable systems. With a flatlined budget and a strong focus on quality and accurate counting, targets for FY09 are lowered for numbers of people reached with prevention messages (800,000 in AB, 676,000 in OP). PEPFAR-supported interventions will reinforce capacity of responsible ministries and decentralized leadership to conduct strategic planning, prevention activity management, and measuring of project outcomes among teachers and students, health care professionals, and uniformed services and their families. Prime and sub-partners will continue to implement targeted interventions for truckers, displaced and mobile populations, professional and transactional sex workers and their clients, sexually active in- and out-of-school youth, and health- and education-sector workers. For transactional sex workers and truckers, the USG continues to support services (including clinics with peer outreach) that provide 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 EU and World Bank regional projects targeting transport routes.

Cote d'Ivoire has an extensive brothel- and bar-based sex-worker population, which has been targeted by prevention services from FHI sub-partners for more than a decade. Program coverage expanded in 2007-08. In FY09, nascent sites will be strengthened, satellite rather than large new sites will be actualized, and population-size estimates will continue using a protocol approved in 2008. PEPFAR will continue to coordinate with UNFPA and the World Bank for coverage and will actively participate in the national MARP working group to harmonize minimum packages of services and service mapping for commercial and transactional sex workers. Research activities begun in 2008 will continue to document risk factors for women engaging in transactional sex, and findings of formative research on men who have sex with men (MSM) will be used in creating targeted communications campaign and services for MSM beginning in Abidjan and expanding to other urban sites.

FY09 priorities in prevention of sexual transmission will include:

1. Continuation and expansion of community-based interventions targeting the general population in rural and urban areas with BCC activities, promotion of counseling and testing, and gender-sensitive communications campaigns for older youth and young adults. This is also part of efforts to increase coordination with the Ministry of Youth, the Ministry of Technical Training, and the MLS to address the needs of out-of-school youth based on a 2008 national youth prevention strategy.
2. Continuation of quality assurance and improvement measures, along with national mapping of community-level prevention interventions, their proposed and actual content, and the proportion of the target population reached in partnership with the MLS and international actors. Harmonized approaches, indicators, and expected outcomes will be collaboratively proposed and validated, including required PEPFAR indicators. This includes a new technical partner for the Ministry of Education to improve coordination, strategic planning, management, and technical quality of all activities and materials targeting in-school youth.

3. Completion of the pilot phase and establishment of satellite sites and partner training of trainers for evidence-based interventions to increase parent-child communication and HIV awareness among parents and pre-adolescent children.
4. A stronger focus on coordination and collaboration with other UN organizations focused on gender and HIV will be actualized, including efforts to address gender-based violence and female genital mutilation as risk factors. The delayed pilot of the Men as Partners program will be implemented, evaluated, and scaled up through EngenderHealth, with rapid transfer of capacity to multiple partners and local management.
5. A focus across program areas on capacity-building tools used by prime partners with their sub-partners, based on an analysis in FY08. Partners will collectively develop a national standardized protocol for sub-partner capacity development, supervision, data collection, and monitoring and evaluation, which all prime partners will then implement.
6. The PEPFAR Prevention With Positives initiative has been delayed due to the need for translation. With FY09 funding, this initiative will be adapted in Cote d'Ivoire, and a training strategy will be rolled out by care and treatment partners and the Ministry of Health. It will be implemented via doctors, nurses, and lay counselors in HIV care and treatment settings in both faith-based organizations and the public sector, with an emphasis on abstinence, fidelity, partner testing, proper nutrition and hygiene, adherence to treatment, personal coping strategies, and condom use.
7. The formative evaluation of women with recent infections has been changed to allow Cote d'Ivoire to work with the team implementing similar research in Lesotho and Zambia. Instead of examining behaviors leading to new infections among women ages 20-34 years, research will focus on risk and protective factors influencing the engagement of women ages 19-29 in transactional sex. Interventions based on the results will be developed, implemented, and evaluated. This intervention is critical considering the "feminization" of Cote d'Ivoire's HIV epidemic documented in the AIS, including the evidence of increased HIV incidence in this group, the high proportion of young women who have sex with older men, and the prevalence of sero-discordant couples in which the woman is infected.
8. The assessment of risk behaviors and sero-prevalence of MSM begun in 2008 will be completed in Abidjan, and specific communications and interventions for this potential high-risk group will be developed based on early and final results. A technical review committee has been established, and the MLS-led HVP working group is spearheading the national effort, which includes international organizations, the Ministry of Health, and multiple implementing organizations.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11132.09	Mechanism: TBD TA MEN
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 26819.09	Planned Funds: ██████████
Activity System ID: 26819	

Activity Narrative: Since 2004, the PEPFAR program has supported efforts by the Ministry of Education (MEN) to integrate HIV prevention, mobilization for testing, HIV care, and referral to treatment for students, teachers, other staff, and their families. The MEN leads the national response to the HIV/AIDS epidemic in the education sector by working with other ministries, such as the Ministry for the Fight Against AIDS (MLS); Ministry of Health and Hygiene (MOH); Ministry of Women, Families, and Social Affairs (MFFAS); and Ministry of Youth, Sports, and Leisure (MJSL) and other partners to:

- Update and expand a life-skills curriculum and teaching aids across all subject areas.
- Promote applied leadership through youth service and community HIV prevention activities facilitated by student health and sports clubs and peer educators.
- Train teachers, inspectors, social workers, and student leaders in peer education and support for abstinence and fidelity.
- Work with school-serving clinics through the national school health service (PNSSU) and NGOs to mobilize all actors for HIV counseling and testing (CT), prevention and treatment of sexually transmitted infections (STIs), and blood donation through youth health clubs.
- Collaborate with QUITUS, an NGO of HIV-infected or –affected teachers, to reduce stigma and provide care and support services.
- Assess needs and prioritize assistance to keep orphans and vulnerable children (OVC) advancing in school.
- Engage parents to increase their comfort and skill in discussing sexuality and HIV, and in supporting their children to maintain healthy lifestyles.
- Update technology at regional pedagogical support and supervision centers to assist teachers in adapting life-skills lesson plans and materials.
- Institute monitoring and evaluation (M&E) systems that capture learning and behavioral outcomes of in-class and extracurricular HIV prevention activities.

The challenges of establishing, coordinating, and ensuring the quality of such a complex program require additional technical expertise and focused support, which will be carried out by this TBD partner. Using FY09 funds, the partner will be the primary technical assistance provider reinforcing the capacity of the MEN to identify and overcome barriers to achieving a comprehensive program of HIV prevention and life skills, school-based support for OVC, and referral to care, treatment, and support for teachers and students. This will include promoting sustainability of all programs by fostering the engagement of ministry leadership and integrating activities with existing processes and departmental responsibilities.

The partner will assist the MEN to reinforce national and decentralized coordination and mapping of NGO activities in the education sector and strategic planning for appropriate resources, activities, and M&E of expected outcomes, with a quality assurance program and strengthened accountability measures. This will ultimately include assisting in the development of policies, a minimum package of services, and processes to reach:

- Students: through school-based health and sports clubs, library support, school-serving clinics, classroom curricula, and pedagogical materials.
- Parents: through improved strategies for communicating with school-based development committees (COGES) to reinforce youth prevention.
- Teachers, inspectors, social workers, and regional direction teams: with targeted training, resources, and M&E support.
- Families of students and communities: with HIV prevention activities, peer education, and communications programs completed by health and sports clubs and student competitions.

The partner will also work to improve collaboration and transition to achieve HIV prevention outcomes across educational contexts for in- and out-of-school youth by fostering exchange and joint planning by the MEN and the School for Secondary Level Teacher Training (ENS), Ministry for Technical Training (MET), MJSL, and MFFAS.

The four priority areas for MEN capacity building in FY09 are:

- 1) Strategic planning and advocacy
- 2) Internal and external coordination and partnership development (with MJSL and MET at the central level and civil society at the district and local levels)
- 3) Technical support and quality assurance
- 4) Stronger M&E and use of strategic information

Strategic Planning and Advocacy

1. Review and assist the MEN in updating information and adapting national strategy documents, including the HIV Sectoral Plan (with workplace programs for prevention targeting teachers and administrators), HIV behavior change communication (BCC) and interpersonal communication plan, plan for life skills development and HIV prevention in the classroom and extracurricular health clubs, and policies and processes for teacher conduct and to assure the safety of students, particularly girls.
2. Strengthen the MEN/PEPFAR team, DMOSS leadership, and other key bureau planning teams (DESAC, DPFC, SCA) to accomplish internal advocacy at the director and cabinet levels for policy development and adoption to promote safe schools, girls' education, gender equity, and extracurricular health activities, budget and acquisitions to achieve strategic goals.

Internal and External Coordination and Partnership Development

1. Assist the MEN to incorporate all life skills modules created in 2007-2009 into its national curriculum and support the process of full nationwide implementation.
2. Assist the MEN to implement an internal communications strategy to ensure senior ministry leadership engagement in the HIV program, with a transparent calendar of quarterly events in the annual work plan and regular follow-up on integrated operational plans with focal points and directors of involved bureaus.
3. (a) Assist the MLS to reinvigorate a youth-focused HIV prevention technical working group with MEN coordination of interventions in the formal education sector at the primary and secondary levels. (b)

- Activity Narrative:** Facilitate coordination and regular communication among the MEN, MET, and MJSL in strategic planning and information exchange for synergies across education paths for academic and technical education tracks as well as early school leavers.
4. Assist the MEN to analyze existing data and conduct situation analyses at the district level (coordinating with regional M&E focal points) to identify domains, coverage, gaps, and needs by civil society and other organizations actively engaged in school-based HIV prevention, OVC, CT, or care activities targeting students or teachers or through formal agreements supporting extracurricular health and sports clubs.
 5. Work with the MEN, PEPFAR SI team, and MLS to map those organizations and activities (with visual representation) to inform MEN strategy for scaling up activities and filling gaps, to create a calendar of communications and training support, and to facilitate district-level planning.

Technical Support and Quality Assurance

1. (a) Assist the MEN/PEPFAR implementation team, the project director, and focal points in various MEN bureaus to evaluate and update the MEN capacity-building plan to achieve strategic objectives and implement the training plan for focal points, M&E representatives, pedagogical inspectors, the HIV sectoral committee, and regional MEN directorates (DRENS). (b) Assist the MEN to implement the capacity-building plan with milestones and supervision standards.
2. Because different actors are implementing a variety of activities using many different resources, quality varies, and there is a risk of inconsistent or ineffective approaches in implementing health club HIV prevention activities. Therefore, the technical assistance partner will help the MEN to identify, in collaboration with the MLS, MOH, and other partners, a minimum standard support package for extracurricular health clubs ("clubs santé") based on core outcomes expected from all clubs.
3. Review, update and implement supervision and training evaluation tools that provide key information on perceived quality and measured outcomes of interventions. Coordinate with URC, the MLS, and other actors working to establish standard competencies and indicators for peer educators and their HIV prevention programs.
4. Create a plan for internal and external review of the quality of the HIV-prevention and life-skills program. Document areas of synergy and facilitate action to increase linkages between the life skills classroom curriculum and extracurricular opportunities to apply and strengthen assets of leadership, responsibility, critical thinking, communication, and confidence through service learning and community-based HIV-prevention and stigma-reduction activities.
5. Based on strategic goals, objectives, and expected outcomes of the MEN/PEPFAR project, analyze existing and proposed communications tools and technical resources and provide recommendations to inform utilization and acquisition strategies and to facilitate synergies with activities designed to empower youth in technology.

Stronger M&E and Use of Strategic Information

1. Assist the MEN to assure that M&E systems track differential participation, leadership, and outcomes for male and female students in classroom-based life skills and extracurricular HIV prevention activities. Coordinate the process of planning concrete actions that address deficits and build on strengths found in M&E activities.
2. Collaborate with the PEPFAR SI and Prevention teams, MEN/PEPFAR team, DMOSS, and DPFC to maximize integration of M&E tools and activities within existing MEN processes and coordinate with the sub-directorate for pedagogical M&E to update the M&E plan and conduct periodic joint supervision missions.
3. Assist the MEN/PEPFAR team to create and implement a monitoring plan for student and MEN employee peer education-based HIV prevention activities as well as extracurricular health club activities. Update the plan and provide technical assistance to evaluate KAPB outcomes.
4. Provide technical leadership in assisting the MEN to put in place a transparent process with accountability measures for providing financial support to regional competitions for proposed health club HIV prevention, life skills, and service activities encouraging care and respect for vulnerable children and PLWHA. This will foster creative leadership among youth and promote active engagement of regional directorates (DRENS) to implement decentralized activities based on clear criteria and accountability.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education



Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7221.09

Mechanism: Healthcare Improvement Project
QA/WD Follow-On

Prime Partner: University Research Company

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26442.09

Planned Funds: \$150,000

Activity System ID: 26442

Activity Narrative: Background:

The use of peer educators is important in Cote d'Ivoire's HIV prevention strategy. Peer educators are particularly important for reaching most-at-risk populations, including vulnerable youth, commercial sex workers, and men who have sex with men (MSM). Quality standards for peer education, however, have not been developed. Different programs tend to be of varying quality, and there is a risk of important messages being missed or diluted by poor programs and inconsistent approaches. To address these problems, URC will work with the Cote d'Ivoire government (Ministry of AIDS (MLS) the PEPFAR CI strategic information and prevention teams, partners, and stakeholders (including individuals who act as peer counselors, their supervisors, and members of communities reached by peer counseling programs) to develop standards and indicators for peer education programs and to standardize and harmonize the key components of courses used for training peer educators. The goal of this initiative is to help steer partners and programs into those activities that are most likely to lead to reductions in HIV transmission.

Objectives:

1. Develop national standards for core competencies of peer counselors
2. Develop national indicators, systems, and tools to measure the outcomes of peer education programs on targeted audiences
3. Develop national process-level indicators and tools that can be used to supervise staff and improve peer education programs
4. Develop a consensus protocol, to be used by partners, to assess and standardize peer education courses

Approach:

1. Program planning

URC will support the MLS to carry out a situation analysis of current peer education programs that will map out, among other things, target audiences; selection, training, supervision, and incentives for peer educators; and underlying theories of behavior change. URC will also start to review the national and international evidence to prepare for the harmonization of core competencies and quality standards.

2. Define core competencies and quality

Following the situation analysis, URC will collaborate with the MLS, the PEPFAR prevention team, implementing partners, and other international groups to identify and reach consensus on the core competencies required by peer counselors and the elements that define quality within peer counselor programs. The first step will be to form a technical working group (TWG) to lead the process. The TWG will include staff from all stakeholders, including individuals who act as peer counselors and members of communities who are targeted by peer education programs. URC will organize a workshop to develop draft core competencies and definitions of quality for peer education program focused on youth, most-at-risk populations (MARPs), and PLWHA, and to develop plans aimed ultimately at the standardization of training courses.

URC will coordinate the work of the TWG in finalizing the core competencies and definitions of quality, including dissemination of standards.

3. Develop indicators to capture quality of programs and harmonize approaches to measure outcomes for behavior change communication (BCC) programs

URC will work with the PEPFAR strategic information and prevention teams, ministries (AIDS, Health, Youth, Education), and other partners, including community members, to review and recommend indicators that can be used to monitor peer education programs (in addition to the required PEPFAR indicators). URC will support the government to develop a common list of indicators that all partners will report to the government and to PEPFAR. Possible outcomes to be measured will include:

- % of people (disaggregated by age, gender and population group) who know how HIV is transmitted and prevented
- % of people with multiple concurrent partners
- Median age of sexual debut

In addition to the outcome indicators, URC will work with peer educators, their supervisors, and other stakeholders to develop process-level indicators that can be used to supervise peer educators and to improve the quality of services in peer education program. As part of this process, URC will collaborate to develop common standards for supervising peer educators.

URC will help determine the criteria used to select indicators and will work with PEPFAR and the government to develop systems to collect data for these indicators, including data quality protocols.

4. Review and harmonize core training content for peer education programs

Once the TWG has developed harmonized core competencies for peer educators and standards for quality, URC will review with the TWG the curricula of peer education training programs to assess how the knowledge and skills that build these core competencies are addressed. With the MLS, PEPFAR, and the TWG, URC will develop a protocol for assessing the training programs. URC will then conduct an assessment of a number of peer education training programs.

A workshop aimed at harmonizing training courses for peer educator training will be conducted. Because different programs provide different ranges of services, it may not be possible to develop one standardized training program for peer educators. URC will instead support stakeholders to standardize the training for the core competencies identified early in the process.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5309.09

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16522.22462.09

Activity System ID: 22462

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$150,000

Activity Narrative: Facility-based health services represent a critical opportunity to impact client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients efficiently and effectively with community-based care services. To use the opportunity to reduce risk behavior and thus HIV transmission, all PEPFAR Cote d'Ivoire ART and PMTCT service providers will ensure that their package of services includes HIV prevention behavior-change communication promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care targeting both HIV-positive and HIV-negative clients. In addition, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative-care services.

This entry represents the Abstinence and Being Faithful portion of the comprehensive prevention package. Counselors will be trained to assess and address sexual risk behavior and to deliver tailored AB messages using culturally appropriate visual aids. In each of these interventions, patients are encouraged to remain abstinent to protect their own health and avoid transmission to partners. Patients who are sexually active are also encouraged to remain faithful to one partner. Abstinence is also promoted in the family planning and STI trainings as a method of preventing pregnancy and STI transmission.

ACONDA will implement prevention strategies involving abstinence in close collaboration with other national and PEPFAR partners with experience in this domain. Community health workers will play a key role in delivering prevention messages and in making these activities sustainable, with their involvement from the beginning to the end of these activities. ACONDA has signed agreements with community based NGOs and will work with each of them to develop individual operational plans.

Activities related to prevention targeting youth will be developed and implemented in close collaboration with implementing partners, such as Hope WW and PSI. ACONDA's activities targeting youth will include the establishment of community networks of peer educators in coordination with school based activities supported by the Ministry of Education; these youth groups will focus on addressing issues related to abstinence and reduction of risky sexual behavior.

ACONDA's activities targeted towards parents will include HIV prevention education; strengthening interpersonal communication skills to help them encourage their children to choose abstinence and delayed sexual debut; and support for creation of parent focus groups to discuss problems related to the education of adolescents.

ACONDA will support training on prevention through abstinence and fidelity in responsible relationships for the local health workers engaged in supporting this activity in their communities in association with care and treatment sites. The NGOs engaged by ACONDA to deliver these community based prevention services will be encouraged to sign agreements with health centers to ensure a coordinated referral process for HIV counseling and testing.

HIV-negative clients at PMTCT and CT sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence, fidelity, minimized alcohol use, partner testing and STI prevention and care. For those engaged in high-risk behavior, the OP section of this COP notes condom availability and support for correct and consistent condom use.

HIV-positive clients at PMTCT and ART sites:

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a counselor for individual support to analyze and reduce risk through healthy living, abstinence or fidelity, partner testing, STI prevention and care, participation in PLWHA groups and adherence to treatment as needed. These prevention interventions can substantially improve quality of life and reduce rates of HIV transmission.

In addition, ACONDA will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals. Family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners. For those engaged in high-risk behavior, the OP section of this COP notes condom availability and support for correct and consistent condom use.

ACONDA will engage enough counselors to allow every site to provide this prevention and referral package to all clients. Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services.

In its support for activities focused on HIV prevention, ACONDA will ensure that stigma and gender issues, in particular those related to the increased vulnerability of women, are addressed concurrently.

ACONDA will gather data on a monthly basis from its sub-partners involved in HIV prevention activities, including sex-disaggregated data on group attendance and activities conducted. ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16522	16522.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$150,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7220.09	Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)
Prime Partner: Columbia University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 16525.22434.09	Planned Funds: \$150,000
Activity System ID: 22434	

Activity Narrative: Facility-based health services represent a critical opportunity to impact client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients effectively with community-based care services. To use the opportunity to reduce risk behavior and thus HIV transmission, all ICAP supported sites will ensure that their package of services includes HIV prevention behavior-change communication interventions promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care targeting both HIV-positive and HIV-negative clients. In addition, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative care services.

HIV-negative clients at PMTCT and CT sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a community counselor for behavior change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care. For adolescents, messages about delay of sexual debut and abstinence will be alongside messages about correct and consistent condom use.

HIV-positive clients at PMTCT and ART sites:

Addressing prevention with HIV-positive patients is an important part of a comprehensive prevention strategy. Through healthy living and reduction of risk behaviors, these prevention interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to partners and infants born to HIV-infected mothers and to protect the health of infected individuals.

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a community counselor for individual counseling that will include HIV prevention interventions and referral to community based

OVC and palliative care services. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners. Condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based

OVC care and palliative care services tailored to their individual needs. ICAP will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals.

In collaboration with local organizations, ICAP will involve community-based counselors so that every site provides this prevention and referral package to all clients.

ICAP will organize community sensitization and counseling and testing campaigns in the SSSU targeting adolescents in middle and high schools and encouraging them to adopt safer sexual behavior: abstinence, delay of sexual debut and fidelity for HIV prevention, alongside messages about correct and consistent condom use. In addition, ICAP's adherence and community linkages team will assist and support schools surrounding targeted health facilities to initiate or reinforce HIV/AIDS clubs. The clubs will be supported to conduct HIV/AIDS awareness campaigns, HIV/AIDS conferences, and radio sensitization campaigns.

Counselors affiliated with the care and treatment sites will be trained to assess and address sexual risk behavior and to deliver tailored AB messages using culturally appropriate visual aids. In each of these interventions, patients are encouraged to remain abstinent to protect their own health and avoid transmission to partners. Patients who are sexually active are also encouraged to remain faithful to one partner. Abstinence is also promoted in the family planning and STI trainings as a method of preventing pregnancy and STI transmission. Community counselors at sites will manage prevention-related community awareness activities targeting community leaders, parents and other community members during routine home visits, community outreach and support groups. The focus will be on messages to youth, especially young women and girls, in order to reduce their vulnerability (reduce unwanted pregnancy, HIV infection, and sexual violence). Parents will be sensitized to the need to enroll their daughters in school and the benefits of delaying sexual debut and marriage.

ICAP will supervise, monitor and report on these activities in close collaboration with the health districts.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district

Activity Narrative: health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16525

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16525	16525.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5316.09	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: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4995.22444.09	Planned Funds: \$750,000
Activity System ID: 22444	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

- The period of this proposal is for one year.
- The main focus in FY09 will be on consolidating and ensuring the quality of existing activities,
- Institutional support will be provided to the national network of religious leaders ARSIP, with training on gender sensitivity and an emphasis on greater participation of female community leaders and religious actors.
- A national BCC training manual adapted for the religious community, including a family approach to HIV prevention involving parents, will be used by religious, community, and other leaders.
- Efforts will be made to reach more peri-urban and rural areas.
- Supervision visits will be made in collaboration with IRC to health-care providers trained in gender-based violence (GBV) response in FY05-08. IRC will also be provided a subgrant to extend prevention activities in the West with a focus on GBV prevention.
- Care will work with the national networks RIP+, COSCI, and ARSIP to create regional NGO coordination networks in the new hub sites Duekoue and Bouna.
- CARE will leverage existing relationships with migrants in Abidjan and in the CNO zones to conduct prevention activities.

FY09 NARRATIVE

This activity contributes to building an indigenous, sustainable response to the HIV epidemic through the expansion of culturally appropriate HIV/AIDS prevention and care interventions that target populations in northern and western Côte d'Ivoire, where health-care services have been severely disrupted since civil conflict split the country in 2002. With the socio-political situation now improving, FY09 will see the increased presence of government actors and health care workers returning to the "CNO" zone.

With FY09 funds, Care will continue to provide sub-grants to Caritas, REMCI, and three other local NGO prevention partners that promote HIV prevention, including abstinence and faithfulness, through sensitization activities. These partners will oversee AB activities in five "hub" sites of Bouake, Korhogo, Man, Bouna, and Duekoue as well as in nine satellite sites targeted by the project, with efforts placed on also reaching out to more semi-urban and rural areas. CARE will provide the International Rescue Committee (IRC) with funds to conduct AB prevention activities in the West, with a focus on prevention of gender-based violence (GBV) and the promotion of girls' rights.

Care will continue to work with regional HIV/AIDS NGO coordination networks, whose main responsibility is coordinating local NGO actors, to ensure a continuum of HIV care and support. These networks will be encouraged to work closely with and facilitate the ongoing decentralization of activities by the ministries of the Fight Against AIDS (MLS), Health (MOH), and Family and Social Affairs (MFFAS).

AB prevention interventions include targeted BCC campaigns involving religious and traditional leaders in the community as well as teachers and peer educators in schools. Messages are designed to a) encourage the delay of sexual debut among youth, b) promote mutual fidelity, c) decrease inter-generational sex, sexual coercion, and gender-based violence, d) decrease multiple sexual partnerships, and e) promote HIV counseling and testing. Small-group communication methods take place in community settings, schools, mosques, and churches and are reinforced by radio messages in local languages. A family approach to prevention will be used by religious, community, and other leaders, meaning efforts will be made to address issues with both parents and children, using experiences from Hope Worldwide and the new training module on strategies for teaching parents how to address sexual education with their children.

Institutional support will be provided to ARSIP, with training on gender sensitivity and an emphasis on greater participation of female religious and community actors. ARSIP will be reinforced with the hiring of regional representatives for Man, Korhogo, Bouake, and Bouna, who will be based at either REMCI or Caritas offices and who will focus on the coordination of religious actors in those areas.

Working in areas where the Ministry of Education (MEN) hopes to extend its PEPFAR-supported prevention interventions for students, Care will continue to collaborate with the MEN to implement the life-skills curriculum, which delivers age-appropriate abstinence messages to younger children, abstinence-and-fidelity messages to older children, and educational messages to all children about making smart choices, gender inequity, and the prevention of GBV.

Adults and older youth with regular partners will be encouraged to get tested as a way to increase commitment and faithfulness within the couple.

With the help of JHU/CCP, Care partners will use culturally appropriate BCC strategies, and sensitization materials with AB and gender messages (including gender-role discussions for boys and young men). Peer education activities will also continue with afterschool health clubs, where prevention messages will be linked with CT promotion messages and paired with "go and see" visits to local CT sites.

To reach rural populations, Care will ask partners to identify and train community health workers to deliver BCC interventions. Care will continue to negotiate with local radios to provide lower-cost airtime to allow regularly scheduled prevention message presentations, which peer education groups will be able to listen to. Care will work with ANADER to develop a strategy to reach village chiefs, youth leaders, and other "opinion catalysts" who influence general perceptions and attitudes. An emphasis will be placed on working with women leaders.

Care will work with IRC to support partners with training on gender sensitivity so they can address cultural factors that perpetuate the spread of HIV, including GBV. Care will emphasize working with religious partners and the Fondation Djigui to campaign against female excision, a wide-spread practice in the CNO zones and a possible source of HIV infection due to the unhygienic conditions under which it is often practiced. A visit of successful programs in South Africa ("Mutual Monogamy" and GBV prevention) will inform this campaign. Based on experiences of EngenderHealth, Care will ask IRC to conduct pilot efforts

Activity Narrative: using the Men as Partners (MAP) approach, which consists of workshops with men and mixed groups to promote gender equality by challenging gender roles that equate manliness with a range of risky behaviors such as violence, alcohol use, multiple sex partners, and domination over women. Care will encourage positive male involvement in HIV prevention at the grassroots level through religious and other partners. The MAP approach will be evaluated and, if effective, will be integrated into other prevention partners' programs.

Care will also work to consolidate economic support activities put in place in FY08. Target populations will include young and out-of-school girls and women. Village savings and loan groups, after a minimum of nine months of successful functioning, will be provided with technical support to implement income-generation activities to address a root cause of transactional sex and HIV vulnerability. This strategy, in use for 15 years by Care in Niger and Mali, is a crucial element of Care's HIV prevention strategy.

Project activities will be coordinated through national, regional, and district forums, including decentralized Ministry of AIDS (MLS) units (CTAILS) established in Bouake, Korhogo, and Man. ARSIP will hire regional coordinators to work specifically to ensure cooperation and planning among religious actors. Project activities will also be coordinated with other Care projects, including the Global Fund-supported OASIS HIV project. The joint work plan will be updated to avoid duplication and enhance synergies. In addition, the PEPFAR-funded CARA project will take over support of some local partners previously supported by the Global Fund-supported PREMA project to help ensure the continuation of services as the PREMA project ends and the GF OASIS project continues with only treatment activities.

All Care HIV projects will emphasize the prevention, identification, treatment, and care of malaria among HIV-affected and -infected populations and to the extent possible will be coordinated with the Round 6 and Round 8 Global Fund Malaria projects.

Using FY09 funds to consolidate activities with a focus on quality assurance in Bouake, Korhogo, Man, Bouna, and Duekoue, the project will reach at least 150,000 people with AB prevention messages and train at least 630 people to provide AB prevention outreach between April 2009 and March 2010. Activities will include:

1. Provide sub-grants to Caritas, REMCI, and local NGO prevention partners to support school-based AB activities in 10 previously selected schools per zone (40 schools in Bouake, Korhogo, Man, and Duekoue). Teachers in schools (80 total) and 10 peer educators per school (400 total) who were trained in FY08 will receive supervision visits to ensure the quality of age-appropriate interventions using the MEN's life-skills curriculum.
2. Provide institutional capacity support to ARSIP with an initial evaluation to identify strengths/weaknesses, an action plan for capacity building outlining technical, administrative, and project management training needs, plus resources to support representatives in Bouake, Korhogo, Man, and Bouna.
3. Provide a sub-grant to ARSIP to ensure coordination and supervision of religious actors, including 90 religious leaders trained in HIV prevention in FY08; adapt the national BCC training manual for the religious community; conduct training of 20 more religious leaders per zone (120 total, including Abidjan); and conduct two coordination meetings for religious leaders. (120)
4. Provide sub-grants to three local NGOs to conduct BCC peer-education sessions that promote AB messages and strengthen community responses against stigmatization, discrimination, and GBV, including female excision.
5. Work with JHU/CCP and the MLS to develop campaign materials for use by Caritas, ARSIP, and REMCI in support of religious partners promoting AB sensitization and teaching tolerance and stigma reduction. At least 500 more copies of a peer-educator book (developed in FY08) and 8,000 copies of two new posters will be produced and distributed.
6. Translate and disseminate AB messages in local languages to ensure cultural appropriateness and visibility, to use on printed IEC material
7. Provide refresher training to at least 30 "promoteurs de groupe" on the village savings and loan methodology and simple accounting. (30)
8. Conduct formative supervision visits with IRC, UNFPA, and PNSR (the national reproductive health program) to oversee health-care providers trained in FY08 on GBV response.
9. Conduct supervision visits to 20 health-care providers in the Bouna area trained in FY08 to provide treatment and care of cases of GBV (rape, incest, abuse, excision).
10. Conduct supervision visits to 10 local police officers in each zone trained in FY08 on how to prevent and respond to cases of GBV.
11. Conduct joint supervision visits each semester with the MLS and the Ministry of Health's community health department (DSC) to ensure quality of prevention activities.

Standardized supervision tools will be revised and used by Care staff as part of an emphasis on tracking improvement in partner capacity. A research expert will focus on monitoring and evaluating the impact of the project. Care will hire a higher-level subgrants manager who will focus entirely on providing staff the tools and training necessary to measure institutional capacity-building efforts for local partners.

A final evaluation will be conducted to assess project achievements and impact. Care will pilot behavior change assessment efforts through KAP questionnaires administered to randomly selected peer-education

Activity Narrative: participants at the beginning and end of each cycle of sensitizations (usually 10 weeks).

Care is working closely with the MOH and MLS to help with the redeployment of their staff in conflict-affected zones. Care collaborates with CTALs in the North and is including PNPEC representatives during joint supervision visits to CT sites and care partners to ensure that they are registered and validated by the MOH. Care is also supporting district-level health reporting through Internet installation/support and USB keys.

Care incorporates flexibility into its partnerships with local NGOs to avoid dependency and encourage autonomy. A strong accent is placed on training of trainers and regular instructive supervision so that necessary technical skills are transferred to local partner staff. Subgrant managers with financial backgrounds have been hired and continue to support partners with budgeting and financial justification on site. Care is also emphasizing the development of project-writing skills so that partners can apply directly for funding in the future. Institutional capacity building will continue through equipment purchases (including motorcycles and computers) and linking of partners into the national commodities circuit. Care will also continue to link local organizations with district health authorities by facilitating quarterly supervision visits and ensuring that service provision sites are monitored and authorized by national authorities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15103

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15103	4995.08	HHS/Centers for Disease Control & Prevention	CARE International	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$720,000
9941	4995.07	HHS/Centers for Disease Control & Prevention	CARE International	5316	5316.07	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$450,000
4995	4995.06	HHS/Centers for Disease Control & Prevention	CARE International	3536	3536.06	Rapid expansion North West: RFA # AAA070 North & West of CI	\$300,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Estimated amount of funding that is planned for Education \$25,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5306.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16524.22420.09

Activity System ID: 22420

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$400,000

Activity Narrative: With funds reprogrammed in April 2009, EGPAF will also support additional subpartners to conduct AB prevention activities. EGPAF's combined AB funding will support AB prevention outreach to 20,000 people by September 2009 and to an additional 34,888 people by September 2010.

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality PMTCT programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering care and treatment.

Behavioral studies done in 2002 and 2004 show poor knowledge of STIs, high risk behavior through multiple sexual partnerships, and low condom use among youth.

Students and some out-of-school youth are able to attend the school and university health services system (SSSU). In FY09 EGPAF will ensure that youth who attend the SSSU centers will benefit from behavior change communication (BCC) messages around compassion for people living with HIV, abstinence and being faithful provided during individual counseling sessions, in small groups during consultations or in their place of study or work (schools, hair salons, transport centers or at home). BCC messages will be provided by trained peers or counselors. EGPAF will collaborate with the Ministry of Education (DMOSS) and school health services program (PNSSU). Five SSSU in urban areas will be targeted to maximize the reach of AB messages.

Blood donors presenting at a blood transfusion center or identified during mobile blood transfusion will receive BCC messages on HIV prevention from a community counselor attached to the blood transfusion services. HIV prevention messages will be provided on an individual and group setting. In addition to abstinence, partner reduction, and use of condoms messages, blood donors will be encouraged to be tested along with their partners and to learn about HIV care and treatment and treatment for STIs.

To achieve results in AB, EGPAF will also work with UNADSCI (national blood donors association), AJPDS, N'Zrman, Fondation Djigui, and the Association of Christian Churches. The role of the PNSSU will include training of caregivers to run AB programs among pupils and students. UNADSCI, under the supervision of CNTS, will be in charge of AB activities among blood donors. Quarterly meetings organized by PNSSU and UNADSCI will allow EGPAF to measure progresses. In addition, frequent supervision will be undertaken with the PNSSU. Before and after surveys will be conducted on knowledge, aptitudes and practices of young people at 3 SSSU as well as among other blood donors to follow trends in high-risk behavior within the EGPAF/CNTS/PNSSU program.

EGPAF activities will complement activities of other PEPFAR partners in this domain, such as Alliance Cote d'Ivoire and ANADER, with whom EGPAF collaborates closely.

Taking advantage of the opportunity to reduce risk behavior and thus HIV transmission, all ART and PMTCT service providers will ensure that their package of services includes HIV prevention behavior-change communication messaging promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care targeting both HIV-positive and HIV-negative clients. In addition, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative-care services.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and HIV care and support services tailored to their individual needs. EGPAF will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals.

EGPAF will engage enough counselors to allow every site to provide this prevention and referral package to all clients. As a rule of thumb one counselor is expected to provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training

Activity Narrative: program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16524

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16524	16524.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$440,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4935.09

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 GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5156.22406.09

Planned Funds: \$281,683

Activity System ID: 22406

Activity Narrative: Note: Hope Worldwide's AB prevention activities are also supported by country funds (see separate entry).

Hope Worldwide (HWW) began its PEPFAR-funded HIV prevention activities in Côte d'Ivoire in FY06 with Track 1 support. The HWW AB prevention program is aimed at promoting abstinence and faithfulness and reducing behaviors that place youth (ages 10-14), parents, and monogamous couples at risk and at addressing social norms with men through behavior change communication (BCC) activities carried out in partnership with academic and religious organizations.

In FY 2008, Hope Worldwide collaborated with host government ministries and local organizations to implement AB activities, concentrating primarily on the southern, central, and western-central regions of the country.

HWW works closely with the Ministry of National Education (MEN) to identify resources from the faculty, administrative and technical representatives, and school parent committees (COGES) for training in parent-child communication. Training strengthened 25 existing youth networks and 24 networks of parents on resource mobilization, facilitation techniques, and elaboration of development projects. Financial support was given for networks to extend and expand activities that promote abstinence, parent-child communication, and voluntary testing. It was also given to eight PMO from Bondoukou and Bouaké for the implementation of similar AB activities.

HWW supported community networks of young people and parents in conducting HIV prevention and education activities for World AIDS Day. HWW also began country level adaptation, pilot site mobilization and early implementation of "Family Matters," an evidence-based intervention targeting parents of children aged 9-14 to improve their comfort and knowledge base in discussing difficult subjects such as sexuality, HIV, and risky behavior. This program is part of Hope's AB activities and takes into account those of parent-child communication.

In 2009, activity-specific and overall monitoring and evaluation will be continuously emphasized and improved as needed, based on quality assurance efforts and updated PEPFAR and national indicators. Specific activities supported with FY09 funding will include:

1. Strengthen the capacity of eight partners (PMO) in Abidjan, Bouake, and Bondoukou to improve the quality of interventions that promote abstinence targeting youth (school-based and school leavers) and parent-child communication. HWW will work in collaboration with CARE and ANADER to strengthen this capacity in rural areas with both young people and parents.
2. Assist PMOs in Bouake and Bondoukou to expand their interventions promoting abstinence in youth, parent-child communication into more rural areas in collaboration with CARE and ANADER. In addition, increase focus on programs that promote fidelity among adults.
3. Continue implementing and evaluating outcomes of the "Men as Partners" approach, translated and adapted in 2008, in collaboration with EngenderHealth and other partners.
4. Extend activities promoting abstinence and fidelity to Tiassalé (targeting adult men and women) and promote the reduction of gender-based violence using and evaluating results from the "Men as Partners" approach in collaboration with EngenderHealth.
5. Organize a career day and academic excellence for 300 young people (focusing on girls) practicing abstinence. These activities provide positive role models and career options and promote academic achievement, leadership and personal responsibility (life skills) among young people.
6. Organize HIV prevention through educational activities, Sports for Life, and other interactive approaches for 250 young people in collaboration JHUCCP, the Ministry of Youth and Sport and Recreation (MJSL), and socio-cultural town halls.
7. Facilitate group discussions with other organizations involved in AB prevention and participate in technical working groups led by the Ministry of the Fight Against HIV/AIDS (MLS). This TWG will review results and challenges to begin harmonization of AB interventions (activities, strategies, stakeholders, collection tools).
8. Assist other implementing organizations to expand use of new national abstinence training materials created in 2008.
9. Assist other organizations in quality assurance of abstinence interventions and parent-child communication in three sites.
10. Enter Phase 2 of the Families Matter pilot, conducting an evaluation of the FY08 three-month training cycle and expanding services into surrounding towns in the district of Tiassalé (N'douci and Singrobo). The pilot project, which will end in June 2009, will be evaluated in collaboration with CDC Atlanta, the MLS, MJSL, MEN, and MFFAS, and results and lessons learned will be shared with partners.
11. Transition to reduced support and periodic monitoring of activities at older, more autonomous sites and initiate youth and parent network mobilization at new sites in Abidjan, Bouake, Yamoussoukro, Tiassalé, Bassam, and Bondoukou.
12. Emphasize abstinence and parent-child communication activities for OVC and their parents. HWW's efforts in the area of care and support for OVC is to help young people ages 10-18 begin the practice and promotion of abstinence as peer educators. We also develop parent-child communication programs for parents of these young people, in order to improve communication between them and their children at sites in Abidjan, Bouake, Bassam and Bondoukou.
13. Extend HIV prevention activities involving education and community mobilization for PMTCT and CT to new sites in Abidjan, Bouake, Yamoussoukro, and Tiassalé.
14. Evaluate abstinence youth and parent-child communication projects.
15. Validate the training manual for the faithfulness program with national implementing partners and the MLS.
16. In collaboration with JHU/CCP, produce adapted HIV prevention BCC materials (flipchart, leaflets, manual, and cassettes) in support of parent-child communication.
17. Continue to support community networks financially and technically to expand activities that promote abstinence, parent-child communication, and voluntary testing. Financial support will be based on action plans and budgeted networks developed and validated by HWW in partnership with local officials. Networks are composed of voluntary peer educators from different religious organizations, schools, and academic

Activity Narrative: groups who received training on abstinence and parent-child communication. Networks serve as a forum to exchange experiences between parents and educators.

The youth networks coordinate various activities relating to the promotion of abstinence in young people in various religious organizations, schools, and academic and community organizations. Similarly, networks of parents coordinate activities to enhance parent-child communication in support of HIV prevention through risk avoidance and life skills. To promote sustainability, the networks are formed in a transparent, collaborative process that can then be supported by mayors and other local financing processes. Networks should inform health authorities about their action plans and submit reports on their activities.

For the year FY09, HWW expects to facilitate greater involvement of girls and women by increasing the number of females participating in various trainings and guiding actions targeting high school and college students.

SUPERVISORY APPROACH TO ENSURE QUALITY OF SERVICE

HWW will collaborate with MLS and other PEPFAR partners in 2009 focus on harmonizing indicators and approaches used in peer education activities. In addition, implementation of the overall program will be developed by the PMO and networks. The activities of the PMO and networks at each program site will be facilitated by a coordinator, and supervised by a program assistant in order to ensure the quality of program implementation. The PA will evaluate capacity, and facilitate the structural organization of PMO and networks based on validated assessment and planning tools. Tools for collecting data on the project (identification sheet, activity sheets, sheet planning, reporting and Sheet learning) and guidelines for implementation will be provided in order to strengthen the skills of local leaders,.

The site coordinator will organize field visits during the month to facilitate implementation of planned activities and assess their level of achievement. Meetings will be organized, each month, per site, to assess progress with all of the PMOs and networks, to help identify possible problems and solutions, but also ensure that the achievement of results is advancing as planned. The coordination team organized, every four months, supervisory visits to field staff, focal points of PMO or networks to evaluate the quality of service and data in order to improve their competence and quality of service.

Each quarterly review workshop and reflection will be organized for the benefit of the PMO and networks. It is a time for sharing experiences, best practices, guidance strategies, and defining next steps. Midterm and end of the fiscal year audits of PMO and networks will be organized, to assess the quality of data in order to make accurate recommendations for improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15121	5156.08	U.S. Agency for International Development	Hope Worldwide	7049	4935.08	GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY	\$400,000
9705	5156.07	U.S. Agency for International Development	Hope Worldwide	4935	4935.07	GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY	\$206,533
5156	5156.06	U.S. Agency for International Development	Hope Worldwide	3391	1482.06	ABY CoAg: Hope Worldwide No GPO-A-00-05-00007-00	\$229,101

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$112,400

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7218.09

Prime Partner: Geneva Global

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17369.22407.09

Activity System ID: 22407

Mechanism: NPI-Geneva Global GHH-A-A-00-07-00005-00

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: Geneva Global is a U.S. based professional-services firm that advises private donors on effective philanthropic investment in the developing world. Its core competencies include identifying effective local CBO/FBOs; analyzing and building their organizational, technical, financial, and governance capacities; and monitoring and evaluating funded projects.

In late 2006, Geneva Global was awarded a three-year grant of \$2 million as one of three Cote d'Ivoire projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, Geneva Global will support 12 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; to provide and promote HIV counseling and testing CT; and to provide care and support and OVC services.

In FY07, Geneva Global launched its project by finalizing a work plan, opening an office and hiring staff in Abidjan, and identifying local sub-partners through a grant bidding conference and capacity assessments. Geneva Global invited and trained 19 CBOs and FBOs on PEPFAR guidelines and requirements as well as best practices in HIV/AIDS mitigation and began the mentorship process, assessing sub-partners' financial and organizational systems, building capacity through coaching and a due-diligence process, and providing technical assistance in project conception and budgeting.

Geneva Global selected 12 partners using its due diligence tools as well as AED tools for institutional capacity assessment and strengthening. It has also used mentoring, shadowing, coaching, workshops, and linkages to build subpartner capacities. Ongoing supervision is helping Geneva Global to monitor how much progress the subpartners are making, and in 2009, Geneva Global will administer the AED tool again to determine its strongest partners. If a requested cost extension beyond the project's November 2009 end date is granted, Geneva Global and its subpartners are capable of increasing targets in all program areas.

In FY09, in the program area of AB prevention, Geneva Global will provide sub-grants, training, and mentoring to 12 local organizations working in Abidjan and surroundings as well as Aboisso, Yamoussoukro, Bloléquin, Gagnoa, and Guiglo: Alliance Biblique de Cote d'Ivoire (ABC), AMEPOUH, Africa Christian Television (ACT), Groupe Biblique Hospitalier (GBH), Lumiere Action, Cote d'Ivoire Prosperite (CIP), CMA, Groupe Biblique Universitaire pour l'Afrique Francophone (GBUAF), Femme Action Development (FEMAD), Renaissance Sante Bouake (RSB), Ruban Rouge, and MUDESSA. FY09 funds will support AB-oriented community-outreach interventions reaching at least 49,532 people and provide recycling training to 533 people.

Geneva Global will continue to use project management teams and to implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. Geneva Global's strategy is to support prevention education through peer educators, influential figures, local HIV/AIDS committees and clubs, and mass media campaigns that promote delay of sexual debut, partner reduction, faithfulness with knowledge of HIV-status, correct and consistent condom use for high-risk groups, and uptake of HIV counseling and testing. Messages also address gender issues (gender norms, transactional and intergenerational sex, and gender-based violence) and seek to reduce HIV-related stigma and discrimination.

Geneva Global defines prevention through a behavior-change framework that seeks to sensitize young boys and girls (ages 9-14) to delay their sexual debut; teaches older boys and girls (age 15 years and above) to delay their sexual debut or practice fidelity to a single sexual partner; and targets men, women of childbearing age, and high-risk groups (sex workers, discordant couples) with appropriate ABC prevention interventions. Geneva Global will fund prevention activities focusing on individual and community behavior change and attitude development through a variety of participatory methods, including peer education in group and one-on-one settings in classrooms, churches, community committees, and clubs, as well as through film projections followed by discussions and referrals to CT services and to religious leaders for psychosocial and spiritual support.

Geneva Global partners will use appropriate HIV prevention education methodologies that may include theater, picture sheets and cards, role modeling and role play, debates, films, and prevention education during home-based palliative care and OVC activities. Prevention activities will cover topics including HIV/AIDS and STI awareness, life-skills development, sexuality and safer sex, relationships, peer pressure, and gender norms.

Geneva Global will work in coordination with JHU/CCP, other PEPFAR partners, and national authorities to ensure that appropriate BCC materials are available for partner use and will participate in subpartner selection and training of animators, peer educators, and supervisors. With support from JHU/CCP and Hope Worldwide, Geneva Global subpartners will work to promote parental involvement and parent-child communication, including the use of signed contact forms.

All project activities will be coordinated with the Ministry for the Fight Against AIDS and will follow and support the National HIV/AIDS Strategic Plan. Geneva Global will participate in relevant technical working groups and will work with other PEPFAR partners (Care International, ANADER, Hope Worldwide, Alliance Cote d'Ivoire) and other donors to avoid duplication and maximize synergies.

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Geneva Global will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To strengthen capacity building for subpartners, Geneva Global will conduct another assessment of sub-partner capacity to identify areas improved since the FY08 assessment. Supervision missions will be carried out at least twice at each site to supervise and monitor activities and progress.

Geneva Global works to promote sustainability by building local capacity and linking subpartners with

Activity Narrative: another in collaborative and mentoring "clusters," with HIV forums at district and regional levels, with the expertise of other PEPFAR partners, and with other public and private funding sources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17369

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17369	17369.08	U.S. Agency for International Development	Geneva Global	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7226.09

Mechanism: JHU-CCP Communication 2008

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5012.22480.09

Planned Funds: \$1,400,000

Activity System ID: 22480

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With funds reprogrammed in April 2009, CCP will expand AB prevention activities, especially targeting girls and young women. CCP's combined AB funding will support community-based AB prevention outreach to an additional 10,000 people, including abstinence-only outreach to an additional 4,000 people.

In 2009, building on momentum created by a 2007-08 youth campaign addressing harmful social and gender norms ("Ma Vie, C'est Ma Décision"), CCP will continue to disseminate messages through mass media (national and regional radio, television, billboards, mobile media) that seek to heighten young people's risk perceptions in relation to sexual partnerships and behaviors that diminish decision-making capacity, such as alcohol use. CCP is also working with partners adapting materials to promote parent-child communication and addressing a gap in targeting the behavior of the "post-adolescence" cohort.

COMPLETE COP09 NARRATIVE:

As PEPFAR Cote d'Ivoire's main partner providing technical assistance for behavior change communication (BCC), JHU/CCP will continue to transfer capacity and provide technical support and tools to PEPFAR partners by developing, disseminating, and evaluating the use of BCC tools that enable diverse communities to engage in dialogue about HIV/AIDS risk, behavior, and social norms to achieve behavior change.

Despite significant delays in finalizing a mechanism and receiving funding, JHU/CCP in 2008:

- Implemented a "Compassion Campaign" with the national inter-denominational network of religious leaders (ARSIP) in churches and mosques, on faith-based radio stations, and national TV to change stigmatizing attitudes of the general public and some religious leaders toward PLWHA, increase compassion and support for PLWHA, reduce fear of HIV in the general public and among some religious leaders, and reduce exclusion of PLWHA from their families and religious communities. Campaign materials were distributed through ARSIP and included a TV spot, three radio spots, and 10,000 leaflets on stigma reduction and posters with respected religious leaders and both female and male representatives of PLWHA.
- Designed an interpersonal communication kit for religious leaders to help them discuss difficult subjects of HIV prevention, and community responsibility in support of PLWHA. Messages also promoted compassion and support for OVC.
- Provided technical assistance to PEPFAR partners to produce IEC materials for Hope Worldwide, the National OVC Program (PNOEV), and EGPAF.
- Delivered training and shared resources on BCC for NPI partners and sub-partners. At request of PEPFAR, shared core content with all prevention partners in COP 2009 preparatory meeting.
- Designed a concept paper for an audience study targeting young people to collect precise information on their radio and TV habits.
- Trained 50 coaches from the Ministry of Education (MEN) and Care International in the Sports for Life (SFL) approach.
- Reviewed and reproduced its SFL curriculum.
- Reprinted 3,000 samples of the Parent's Guide.
- Organized Mercy Corps donations ceremonies to SFL teams in Abobo.
- Provided refresher training for 96 SFL coaches from old sites and trained 50 new SFL coaches in two new sites (Adjamé and Port Bouet).
- Organized a preparatory visit to two new sites (Abengourou and San Pedro) to identify partners.
- Coordinated SFL demonstration and information for visit of Under-Secretary General for Sports, Peace and Democracy at request of PEPFAR team
- Analyzed and responded to data on sex-disaggregated participation levels and challenges in mobilizing support for girls' participation in SFL by increasing advocacy efforts with local leaders, parents of girls, and discussing ideas with girls themselves.
- Met with various ministries as needed to provide information, suggestions and facilitate reproduction of communication tools and national documents, such as the National Youth Prevention Strategy, National Strategy for BCC in HIV/AIDS Programs; and Ministry of Education Life Skills classroom supports.

JHU/CCP's AB programming with FY09 funding will comprise four complementary and mutually reinforcing HIV prevention initiatives:

- Prevention activities for youth, including promotion of strong, caring relationships between young people and increasing protection against intergenerational sex through Phase 2 of a multimedia campaign featuring the Super Girls, small animated girls who appear as guardian angels to remind girls that "It's My Life, My Decision!"
- Parent-child communication initiative: a multi-channel intervention promoting parent-child communication to increase protective behaviors of youth.
- The Sports for Life initiative targeting in- and out-of-school youth with HIV education, confidence and leadership development through sports.
- Prevention and support for PLWHA within faith-based and traditional communities: a collection of high-impact tools to help religious leaders promote care and support for PLWHA in their communities, and institutional capacity building in social and behaviour change communication (SBCC) and health communication programming.

JHU/CCP expects to reach at least 40,000 people with community outreach promoting HIV prevention through AB methods and to train 1,000 people to conduct such outreach by September 2009.

Prevention Targeting Youth

CCP will build on its work with religious leaders and youth to support youth in making safe sexual decisions with a multi-channel intervention promoting parent-child communication and enhancing parents' capacity to help their children adopt and maintain healthy behaviors. CCP participates in BCC and prevention coordination meetings and will promote synergies with other partners targeting parents, and piloting

Activity Narrative: "Families Matter", such as the Ministry of Education, Hope Worldwide, Care and ANADER. CCP will also launch new activities promoting healthy gender norms and girls' empowerment to make healthy decisions – coordinating with partners also working in these areas such as MFFAS, Care, IRC and EngenderHealth. In addition to SBCC materials produced for these initiatives, CCP plans to develop materials that extend the impact of the Ministry of Education life skills program that will enable youth to continually assess their risks and take steps to protect themselves.

The Post-Adolescence Age Group

All PEPFAR partners will need to address the high rates of HIV in the post-adolescence age group. Adolescents are targeted in AB programs, but a key range for HIV incidence includes young adults aged 25–29. As this age group represents a group at high risk for engaging in behaviors leading to higher risk of exposure, they need special attention around prevention – particularly women who experience significantly higher prevalence rates.

Young married youth and young unmarried youth should be targeted differently because the focus on prevention is different even though in Cote d'Ivoire marriage does not appear to provide protection with prevalence rates similar for both sexually active adult groups. Young people will continue to be exposed to messages which promote strengthened relationships as a key to adopting greater protective behavior. To design the intervention, CCP will conduct formative research with male and female 20-25 year olds as the first step toward launching refined communication approaches specifically addressing this audience's needs.

Issues of Parental Involvement

CCP's "next generation" approach will help parents talk about sensitive issues, including sexuality and HIV prevention, with their children. CCP will work with Hope Worldwide following initial pilot phase to expand use of the "Family Matters" curriculum as a key component of strategy to reach parents of children aged 9-15. CCP will collaborate in scaling up this approach and increasing the number of parents who can perform the model's behaviors. CCP will conduct additional community activities, in particular on mother-child communication. These processes will begin systematically with listening groups where community members share their experiences in small intimate settings and the discussions are shared with a larger group to determine collective action at the community level. By starting with listening groups, actions will be tailored specifically to community needs. This is particularly useful in changing social and cultural norms over time. CCP will build parents' technical capacity to support their children by designing tools for confidence building, networking and communicating for accurate decision-making, discussion of taboo or delicate subjects such as the decision to have sex, rape, transactional sex, commercial sex work, and HIV testing.

Sports for Life® (SFL)

During 2009, CCP will expand its SFL program, an "HIV prevention + sports intervention", to four new sites (Marcory, Attiécoubé, Bouaké, and Man); address gender equity through extension of activities beyond soccer to handball to involve more girls; and deepen its focus on community events and tournaments in the run-up to the World Cup (South Africa, 2010).

- CCP will begin a pilot SFL program in handball to involve more young girls. The training curriculum guide will be adapted and coaches trained. Mobilization of local leadership and event planning will be monitored and evaluated with attention to success in achieving anticipated individual and group outcomes for boys and girls.
- Training: Four refresher sessions will be organized for coaches (Port Bouët, Adjamé, Abengourou, San Pedro); 100 new SFL trainers will be trained in the four new sites; and 1,200 new young captains (peer educators) will be trained in the SFL approach;
- Events: Eight community events (such as meetings with PLWHA, visits to NGOs providing OVC services, promotion of CT, a sports or cultural day) will be organized per team in SFL sites. In addition, an SFL Champions United Tournament will be organized at each site – which includes both girls and boys.
- The following SFL tools will be reproduced: 1,000 SFL coaches guides (Guides de l'Encadreur), 1,000 community outreach guides (Guides du Capitaine), 3,000 parents' take-away booklets (Guide des Parents); and 4,500 SFL posters. In addition, 1,000 SFL implementation guides will be produced, along with new SFL promotional materials (gadgets, bags, T-shirts, banners). Posters and communications materials will be reviewed for opportunities to include more examples of female sports figures.
- CCP will provide technical assistance to partners implementing the SFL approach (DMOSS in the Ministry of Education, Care International, ANADER, Hope Worldwide) in training and supervising their coaches. JHU/CCP will organize a round table with all of the program partners, as well as other organizations working in sports for development to share experiences, challenges, and successes. These discussions will focus on strategies to engage more girls, on mobilizing resources, and on the next steps for the program after the first year of training and activities are completed in each site.
- Evaluation: In 2009, CCP will conduct an SFL program evaluation to assess the impact of the program after three years.

Evaluation of Youth Interventions

In collaboration with various ministries MLS, MJSL, MEN, MFFAS and other PEPFAR partners, CCP will conduct a quantitative study to measure and document the evolution of youth indicators and evaluate the results and impact of all CCP activities since its 2007 youth campaign.

FBOs and Communities Lead Dialogues on Prevention, Care, and Support

With 2009 funding, CCP will carry out the active phase of its Compassion mass media campaign, helping communities to engage in dialogue with their religious leaders about HIV/AIDS. The campaign will also support FBOs and religious leaders to address issues related to false AIDS cures and provide referrals to

Activity Narrative: professional health services.

CCP will conduct a study among members of the network of religious leaders ARSIP in Abidjan, Bouaké, and Korhogo to assess their knowledge, attitudes and perceptions about HIV/AIDS; changes they have observed in themselves and in their communities; and actions they have taken in the fight against HIV/AIDS since the launch of the compassion/fidelity campaign. The study will use qualitative methods, and findings will be used to refine the ongoing campaign.

BCC Capacity Building

CCP envisions local partner institutions able to lead the development, implementation, and evaluation of strategic health communication interventions that mitigate current levels of HIV incidence in Côte d'Ivoire. Towards this end, CCP will coordinate with other partners strengthening decentralized planning and capacity building. CCP will train community-based organizations to use community dialogue techniques, such as the participatory, results-oriented Community Action Cycle (CAC) or community participatory assessments. At the national level, CCP will employ the Collective Learning and Action approach (CLA) to guide capacity-building programs.

During 2009, CCP's Abidjan- and Baltimore-based staff will continue to provide SBCC training, coaching, and technical assistance, including shared SBCC activity development and implementation to PEPFAR partners (REPMASCI, the BCC technical working group, Alliance, MLS, PNOEV, ANADER, PNPEC). In addition, CCP will:

- Develop a third edition of the IEC Materials' Catalogue, Les Best-Sellers, to market relevant select SBCC materials to other partners and NGOs.
- Mainstream its "Leadership in Strategic Health Communication" course at a local university.
- Create a dissemination and reproduction plan for all SBCC materials produced by CCP, and contribute to the MLS and BCC working group efforts to accomplish this for other HIV/AIDS-related materials.
- Support the new Department of Information and Communication of the MLS in the development of a national communication policy document.
- Continue to conduct quarterly meetings with all national and other PEPFAR partners to discuss SBCC strategies, provide guidance on SBCC materials and interventions, and give technical assistance for the production of SBCC materials.

All activities will be conducted in consultation with national partners, led by the Ministry of AIDS. CCP's M&E system will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, CCP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15125	5012.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7226	7226.08	JHU/CCP Communication USAID 2008	\$1,280,000
10295	5012.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$850,000
5012	5012.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3827	3827.06	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)	\$620,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$26,400

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 5310.09**Prime Partner:** Engender Health**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 16526.22485.09**Activity System ID:** 22485**Mechanism:** TBD-GH-08-2008 RESPOND**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$150,000

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic (prevalence 4.7%) marked by strong gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of AIDS (MLS), other government bodies, and PEPFAR implementing partners to build capacity to provide higher-quality prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to implement and scale up quality programs and coverage. Within this context, the USG CI program supports comprehensive HIV/AIDS prevention interventions targeting the general population and specific sub-populations in urban and rural areas across the country.

Primary HIV prevention priorities for Cote d'Ivoire include promoting behavior change to delay sexual debut and promote life skills for in- and out-of-school children and youth; decrease cross-generational and coerced sexual relationships; promote fidelity linked to HIV testing within sexual partnerships; decrease hospital-related HIV infection through improved blood-safety and injection-safety programs; and reduce risk among high-risk populations. Abstinence and Be Faithful (AB) components target adult men and women as well as youth. These include working with women and girls to emphasize linkages to prevention of mother-to-child transmission (PMTCT), working with men and boys to promote messages about gender equity and violence, and working with children and youth through life-skills and Sports for Life programs. All sexually active target populations receive messages about the importance of HIV counseling and testing.

EngenderHealth recognizes the importance of partnership between women and men, as well as the crucial need to reach out to men with services and education that enable them to share in the responsibility for health. To address this, EngenderHealth established its Men as Partners (MAP) program in 1996. Through its groundbreaking work, this program works with men to play constructive roles in promoting gender equity and health in their families and communities. EngenderHealth works with individuals, communities, health care providers, and national health systems to enhance men's awareness and support for their partners' health choices, increase men's access to comprehensive health services, and mobilize men to take an active stand for gender equity and against gender-based violence. EngenderHealth has developed MAP programs in 15 countries in Africa, Asia, Latin America, and the United States. MAP is designed to address attitudes and behaviors that adversely affect the health of men and women and to link gender equity, male involvement, and improved health for men and women. The MAP approach consists of workshops in which men and mixed groups explore gender roles and are trained as peer educators to promote gender equality in their community. The program challenges contemporary gender roles that equate manliness with a range of risky behaviors, such as violence, alcohol use, multiple sex partners, and domination over women. MAP addresses both the HIV epidemic and violence against women within a comprehensive framework for recognizing and dealing with the complexities of how gender roles affect men's and women's lives. The intervention combines a community-based participatory group approach with interactive educational activities. Preliminary evaluations of the program in South Africa indicate that the program is a promising intervention for HIV prevention.

In FY08, the USG CI program funded EngenderHealth, Care International, and Hope Worldwide to adapt the Men as Partners program for the Ivoirian context, in collaboration with relevant ministries, HIV and health-sector partners, and other donors.

With FY09 funding, EngenderHealth will support scale-up of the MAP program through the following main activities:

- Participate in the behavior change communication technical working group led by the Ministry of AIDS (MLS) and work with JHU/CCP and the MLS to ensure that translated and adapted materials for male norms (such as Men as Partners) are included among national communications resources.
- Build the capacity of new MAP partners, including the CI Ministry of Education, the CI Ministry of Defense, and ANADER, to implement the MAP program, including a training for partners' community workers on how to conduct MAP workshops, how to mobilize participants to promote behavioral change among their peers and within the communities where they live, and how to provide adequate supervision for peer educators.
- These efforts will be further supported by large-scale community events and campaigns led by the partners themselves.
- Participate in MLS-led efforts to improve quality of prevention programs and review of indicators, supervision tools, and expected outcomes of peer education based programs.
- Provide technical support to partners for evaluating MAP activities using a modified version of the Gender Equity Male (GEM) Scale.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16526

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16526	16526.08	U.S. Agency for International Development	Engender Health	7046	5310.08	GH-08-2008 RESPOND EngenderHealth	\$134,945

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8657.09	Mechanism: State #GPO-A-11-05-00007-00
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 25133.09	Planned Funds: \$30,000
Activity System ID: 25133	

Activity Narrative: This activity is designed to enhance the effectiveness of PEPFAR efforts through public outreach, information-sharing, and diplomacy functions and events that promote HIV prevention, testing, and stigma reduction.

With FY08 funding, the State Department, through its Public Affairs Section (PAS) at the U.S. Embassy at Abidjan:

1. Worked with religious leaders, educators, students, community leaders, and other PEPFAR implementing partners to conduct multimedia “edutainment” events and discussion forums (the “HIV/AIDS Caravan”) on a variety of HIV prevention, stigma reduction, and mobilization themes. Events targeted the Grand Mosque and a girls’ school in Yamoussoukro, as well as students, NGOs, and/or community members in Tiassale, Abengorou, Agboville, Sikensi, Man, Danane, and San Pedro.
2. Facilitated an educational HIV/AIDS Photo Exhibit at the US Embassy, using the power of images and storytelling to highlight the dignity and perseverance of vulnerable children, commercial sex workers, and communities of faith as they address HIV/AIDS in different regions of the country.
3. Facilitated radio talk shows that engaged respected leaders, medical professionals, PEPFAR partners, and others in discussions on issues such as the biology of HIV, modes of transmission, methods of prevention, HIV testing before marriage, discrimination, stigma, and the role of families in care and treatment.
4. Worked with media professionals to share video, audio, and print resources and information related to PEPFAR programs, often in conjunction with events such as World AIDS Day and a visit by the US Secretary of Health and Human Services.
5. Collaborated with JHU/CCP and two radio program producers to arrange a training of trainers for media professionals and PEPFAR implementing partners on the radio diaries” approach to stigma reduction and empowering PLWHA.

With FY09 funds, in consultation with the PEPFAR team, PAS will conduct monthly HIV/AIDS Caravan programs in communities within metropolitan Abidjan and regional sites not visited in 2008. PAS will partner with experts, media professionals, religious leaders, and local NGOs working in HIV/AIDS. Initial sites will be chosen in Southeast, North, and Northwest Cote d’Ivoire. The programs will focus on prevention, testing, and stigma. Target groups will include youth, religious communities, and military/police communities. Each program will include a radio call-in component with experts on the subjects of HIV prevention, testing, and stigma.

PAS will continue to leverage its role in communications and public relations to mobilize media professionals, facilitating access to the media and combining multimedia with local events to advance PEPFAR HIV prevention goals. The HIV/AIDS Caravan and radio interview formats have been well-received and proved to be an effective method of reaching significant numbers of young people, in particular, with messages on HIV prevention, stigma, testing, and care for people living with HIV and AIDS.

Activities will continue to address gender by engaging religious leaders in discussing issues such as forced marriage of widows by brothers-in-law; responsibility of men and women in acceptance and care of people living with HIV; and rights/protections in HIV testing. As was done in 2008, opportunities will be reviewed to target girls’ schools.

In addition to the HIV/AIDS Caravan, PAS will:

- Conduct town hall seminars / conferences to engage target groups in Q&A sessions with experts.
- Identify regional contacts, including regional members of the national pools of behavior change communication and life skills trainers, to engage with PAS-supported activities, in order to align with national standards in HIV communications and contribute to the sustainability of prevention activities.
- Acquire a sound system, laptop, and video camera to ensure that multimedia source material can be used in other creative events associated with the HIV/AIDS Caravan and discussion forums.

PAS activities will contribute to sustainability by helping to create an environment of safe public dialog on HIV/AIDS, thereby also helping to reduce stigma, risk, and vulnerability to infection. Planned activities go beyond raising awareness and sharing information to include fostering meaningful exchanges between knowledgeable facilitators and event attendees, mobilizing respected leaders to participate, and encouraging personal and collective reflection on the community’s role in HIV prevention, care, and support. PAS has also been able to develop and leverage partnerships with media outlets and producers to promote events and expand the reach beyond those able to attend.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 5343.09**Prime Partner:** Alliance Nationale Contre le SIDA**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 9929.22453.09**Activity System ID:** 22453**Mechanism:** CoAg PS000633-01 Alliance National CI Expansion of Community-Led**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$133,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- ANS-CI will build on its ICOP strategy to develop and implement prevention activities around community-based CT centers in a holistic approach. Prevention and CT activities will be linked with care and support, OVC, and TB/HIV services in the community.
- Stigma reduction will be systematically introduced in AB training curricula as a cross-cutting area to help create environments of safe dialogue and open discussion of the realities of risk behavior and HIV prevention and to encourage care and support for people living with HIV/AIDS.

COMPLETE NARRATIVE:

The ANS-CI 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 ANS-CI and PEPFAR in order to build the technical and organizational capacity of civil-society organizations to achieve their HIV and health related objectives working at the community level.

With FY07-08 funds, ANS-CI is strengthening community responses to HIV/AIDS through sub-grants and technical assistance to local NGO/FBO/CBOs. This includes efforts to reduce HIV transmission through targeted prevention programs focusing on delay of sexual debut, partner reduction and fidelity with knowledge of sero-status, "prevention for positives," gender equity, stigma and discrimination, and alcohol use as a risk factor.

With FY09 funding, ANS-CI will build on its approach called ICOP (Initiative Communautaire Participative) to develop a comprehensive package of HIV/AIDS-related activities around CT facilities. ANS-CI will provide additional grants to 11 CT centers (in Abengourou, Agnibilékro, Bongouanou, Bondoukou, Boundiali, Dabou, Daloa, Gagnoa, Grand-Lahou, Maféré and Soubré) to deliver AB-focused activities. ANS-CI will support training of five persons per site to provide AB activities for people visiting the CT center. Technical assistance will be provided to CT staff to promote evidence-based prevention messages focusing on abstinence and fidelity. ANS-CI will work closely with JHU/CCP to adapt appropriate behavior change communication (BCC) materials and approaches as needed 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.

In these locations, ANS-CI will utilize existing local radio channels to develop community sensitization and BCC strategies that promote HIV counseling and testing for the general population, knowing your status as part of taking control of your health and well-being, and AB among the youth in particular. Through this approach, ANS-CI is aiming to reach 40,000 individuals with AB prevention interventions and train at least 110 people to conduct AB outreach by September 2009.

ANS-CI will implement prevention strategies involving abstinence in close collaboration with other national and PEPFAR partners with experience in this domain. Community health workers will play a key role in delivering prevention messages and in promoting sustainability, with their involvement from the beginning to the end of these activities. ANS-CI has signed agreements with community-based NGOs and decentralized governments and will work with each of them to develop individual operational plans.

Activities related to prevention targeting youth will be developed and implemented in close collaboration with implementing partners, such as Hope Worldwide, PSI and FHI. ANS-CI's activities targeting youth will include the establishment of community networks of peer educators in coordination with school-based activities supported by the Ministry of Education; these youth groups will focus on addressing issues related to abstinence and reduction of risky sexual behavior.

ANS-CI will support training on prevention through abstinence and fidelity in responsible relationships for at least 100 local health/community workers engaged in supporting this activity in their communities in association with care and treatment sites. The NGOs engaged by ANS-CI to deliver these community-based prevention services will be encouraged to sign agreements with health centers to ensure a coordinated referral process for HIV counseling and testing.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for BCC interventions, delivered individually or in small groups, focusing on risk reduction through abstinence, fidelity, minimized alcohol use, partner testing, and STI prevention and care. Clients who are HIV-positive will be referred (on an opt-out basis) to a counselor for individual support to analyze and reduce risk through healthy living, abstinence or fidelity, partner testing, STI prevention and care, participation in PLWHA support groups, and adherence to treatment as needed. For those engaged in high-risk behavior, the OP section of this COP notes condom availability and support for correct and consistent condom use.

ANS-CI will gather data on a monthly basis from its sub-partners involved in HIV prevention activities, including sex-disaggregated data on group attendance and activities conducted. ANS-CI will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ANS-CI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16523	9929.08	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	7039	5343.08	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$0
9929	9929.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$700,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5313.09	Mechanism: PSI CI Uniformed services VCT Promotion
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4582.22350.09	Planned Funds: \$630,000
Activity System ID: 22350	

Activity Narrative: PEPFAR targets populations most at risk for HIV acquisition and transmission in order to affect HIV transmission dynamics and provide care to those most in need. In Cote d'Ivoire, with its prolonged political and military crisis, the USG team targeted uniformed services and their sexual partners for special attention.

In 2005, PSI and its partners (AIMAS, Caritas, Espoir FANCI, and JHPIEGO) were funded to implement a PEPFAR 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 project seeks to address negative gender and sexual violence norms promote sexual risk reduction, especially emphasizing partner reduction and condom use; and promote uptake of HIV testing and STI and HIV care and treatment services, including secondary prevention for HIV-positive persons and within HIV-discordant couples. This strategy includes prevention interventions targeting child soldiers that are adapted to their age, sexual experience, and context, which are conducted in collaboration with UNICEF.

With FY05-FY07 PEPFAR funds, PSI coordinated with the Ministry of Defense, former rebel forces, other partners (UNFPA and UNICEF), and the national disarmament, demobilization, and reinsertion program (DDR) to conduct a national needs assessment. With these data, the project initially identified 40 intervention sites with FY05-FY06 funds. With FY07 funds, PSI identified 10 additional sites to bring the total to 50 intervention sites (25 in the northern zone formerly controlled by the Forces Nouvelles, 25 in the southern zone) as well as 14 Centers for Transit and Orientation (CTO) for child soldiers.

With FY05-07 funds, PSI sub-partner Caritas took the lead in implementing the project's "AB" interventions, working closely with the Ministry of AIDS (MLS) as well as national and international technical partners (JHU/CCP, UNICEF, UNFPA, ONUCI, NCDDR). They developed curricula and behavior change communication (BCC) tools for child soldiers and children otherwise associated with the military. They also defined a baseline package for selected CTO sites and trained 20 trainers/supervisors, 104 community animators among local NGOs members, and 920 peer educators among adult soldiers. The focal point of each military (northern and southern) visited PSI's military project in Togo during FY07 to share best practices and lessons learned

With FY08 funding, PSI is continuing a sustained communication campaign that promotes sexual risk reduction, including abstinence and the promotion of sexual health among children and partner reduction for adults. Gender, stigma reduction, and counseling and testing (CT) promotion are themes integrated into the campaign, which had reached 334,391 individuals from October 2005 through March 2008 and is expected to reach 349,661 individuals by March 2009. Interpersonal communication activities based on participatory approaches are being conducted through peer education and are reinforced by mass communication at military sites using mobile video units. All communications materials are developed and validated with the involvement of the government (ministries of Defense, Internal Security, Health, AIDS, Education, and Family and Social Affairs, among others) as well as international organizations (UNFPA, ONUCI, PNDDR, CDC) and key implementing partners (JHU/CCP, FHI, REPMASCI, ARSIP, COSCI, RIP+, Care International, ANS-CI).

With the country in the process of reunifying and a national disarmament, demobilization, and reinsertion program under way for both child and adult soldiers and rebel forces, UNICEF has closed its CTOs and the project has adapted its target group from child soldiers to children of uniformed personnel. Additionally, since April 2008 certain PSI intervention sites have ceased to exist due to demobilization activities. Currently there are 45 project intervention sites. The project works with all the major uniformed services – the national military (FANCI), the rebel forces (FAFN), the gendarmes, the police, the customs service, and Water and Forest officials.

With FY09 funds, the project will build upon previous project activities to expand prevention interventions in existing project sites, adding some sites for specific interventions as explained below. Key activities promoting HIV prevention through AB methods will include:

For children – ages 8-14:

- Identification of children of uniformed personnel
- Collaboration with uniformed personnel spouses' associations/NGOs to conduct AB activities among identified children. This will include providing training and technical support to associations of military wives to assist them with carrying out awareness and behavior change activities promoting AB as well as other prevention methods as appropriate. The goal of this activity is to empower and encourage mothers (and in turn their partners) to engage in HIV/AIDS prevention activities with their children within the context of military families. This activity will be expanded from 12 sites to 32 (20 new) sites, with additional sites for each uniformed service.
- Training of trainers in the life skills approach for members of the military wives associations
- Training of members of these associations/NGOs as community-based educators to deliver AB messages to children and to enable parents/guardians to communicate with children about expectations and values.
- Training of youth leaders to deliver AB messages
- Training of peer educators selected from the Military Prep Technical School of Bingerville
- Behavior change communication activities focused on abstinence and delay of sexual debut, delivered by peers and influential elders and including recreational and cultural activities
- Activities focused on young girls, such as training women as peer educators who can lead activities that promote exchanges among young girls about their specific vulnerabilities and issues.

For older and sexually experienced children, adult uniformed personnel, and their partners, key activities with FY09 funding will include:

- Promoting HIV prevention through partner reduction, mutual fidelity, knowledge of one's serostatus, condom use, and positive gender norms, using a variety of approaches based in part on results of PSI's formative research study (Tracking Results Continuously, or TRaC). Issues involving social norms and beliefs will be addressed using mass media tools (posters, flyers, radio spots, etc.) designed to shift

Activity Narrative: perceptions and attitudes on issues such as fidelity, discrimination against people living with HIV/AIDS (PLWHA), and sexual violence and coercion. These tools will be augmented by efforts to involve key community leaders and influential members of the target groups. These approaches will be complemented by interpersonal communication activities (IPC) designed to address individual attitudes and behaviors, thereby enhancing risk perception, self-efficacy, and other key behavioral determinants. These IPC activities will be conducted by peer educators.

- Training of additional peer educators among uniformed personnel to increase coverage of peer education activities to deliver effective HIV prevention messages to the target population. Training will cover the full range of issues related to HIV/AIDS prevention, including an important module on how peer educators can address gender issues, including rape and sexual coercion. The Men as Partners approach may be adapted to involve men more in accepting responsibility for HIV-positive family members as well as personal responsibility in relationships.
- Dissemination of a TV spot on fidelity developed in FY08.
- Promotion of "positive prevention" among PLWHA., including assisting PLWHA to protect their sexual health, avoid newly acquiring STIs, delay progression of the disease, and avoid transmission of HIV to others. This will be achieved via self-help groups that will promote couples testing, the adoption of healthy behaviors, and HIV status disclosure.
- Support for HIV-negative people to maintain their HIV-negative status, to be tested regularly, to bring their partners to be tested, and to act as community leaders.

In addition, PSI will:

- Continue regular internal and quarterly external supervisions, with standards-of-performance tools. To further motivate project partners, periodic awards and recognition will be given to sites delivering high-quality services. Quality will be determined by supervisors using standardized evaluation forms.
- Continue to coordinate activities, including peer education, trainings, and referral systems, with national and local authorities. For instance, coordination with the Ministry of AIDS (MLS) will occur through various activities including the pilot committee (presided over by the MLS and integrating PEPFAR partners and technical organizations (UNAIDS, UNFPA). At the local level selected project supervisors will participate in MLS local committees (CTAIL). MLS also provides trainers for peer education trainings and is regular solicited for feedback when new communication materials are developed.
- Support its three-level coordination system: a site supervisor responsible for planning and coordination at the site level; the Liaison Bureau, which is the operational implementation unit for the program and coordinates among all uniformed forces and among interventions; and the MLS-led pilot committee.
- Perform a TRaC survey to monitor prevention activities and measure project impact and behavior change over time.
- Work to improve retention of peer educators by developing recognition mechanisms and identifying opportunities for greater involvement in program activities.
- Work to ensure that peer education activities are sustainable. PSI has transferred regular supervision of peer educators to trained uniformed personnel and the Liaison Office and has stopped paying transport fees, placing peer educators on a completely volunteer footing. Members of the Military Wives Association (AEMCI) have also been trained as trainers.

PSI will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build and strengthen a unified national M&E system, PSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Sustainability is a priority of the PSI program and has been a key component in strategy development and activity implementation. One strategy has been to build the capacity of each of the branches of uniformed personnel, through the creation of a Liaison Office, to provide more direct oversight and supervision of peer education activities. This allows HIV-related activities to become better integrated into day-to-day activities of uniformed personnel rather than being viewed as "extra" work. Similarly, a Coordination Office will be set up with representatives from the Ministry of Transport and the National Transporters Union for all interventions targeting truckers. Organizational and technical capacity building of local NGOs is provided to help them better support PLWHA and educate their communities. PSI will organize program planning and management trainings to build capacity of relevant stakeholders to continue program implementation. PSI also plans to work with relevant ministries to integrate HIV education into the curricula at training schools for the uniformed services.

Another strategy to support sustainability is to routinely include members of target groups in the implementation of project activities. For instance, target group representatives are trained to deliver and even supervise services (prevention, CT, care and support) so that activities can continue after the project ends. Military health structures are equipped and personnel are trained to integrate STI care and support services, CT, and palliative care, with enhanced referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15153

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15153	4582.08	HHS/Centers for Disease Control & Prevention	Population Services International	7062	5313.08	PSI CI Uniformed services VCT Promotion	\$600,000
10307	4582.07	HHS/Centers for Disease Control & Prevention	Population Services International	5313	5313.07	PSI CI Uniformed services VCT Promotion	\$350,000
4582	4582.06	HHS/Centers for Disease Control & Prevention	Population Services International	3537	3537.06	Rapid expansion uniformed services	\$200,000

Emphasis Areas

Gender

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

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5315.09

Prime Partner: National Agency of Rural Development

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5475.22368.09

Activity System ID: 22368

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$550,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

New activities in FY09 include:

- Initiate HIV/AIDS-related activities in primary schools through hygiene committees.
- Initiate debates and activities within existing youth associations in order for them to become advisory entities to village action committees.
- Support specific interventions by the national network of religious leaders ARSIP to strengthen religious leaders' capacities to contribute to the fight against HIV/AIDS in villages.
- Sensitize women's organizations so as to empower them to discuss AB-related issues with their children and young counterparts.
- Educate women/men and girls/boys on reproductive health, self-esteem, and nutrition as a vehicle for addressing AB issues.
- Monitor village action committees through quarterly meetings with ANADER specialists.
- Reproduce and disseminate AB sensitization materials developed by other partners (Hope Worldwide, JHU/CCP, and Ministry of Education).
- Begin a pilot Sports for Life activity in Abengourou and San Pedro.
- Evaluate the AB component of the project.

COMPLETE NARRATIVE

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. EGPAF intervenes in Abengourou and Tanda instead of ACONDA.

In the program area of AB Sexual Prevention, FY09 funds will be used to continue and strengthen FY08 activities in 10 departments (Dabou, Jacqueville, Sikensi, San Pedro, Abengourou, Tanda, Koun Fao, Bondoukou, Soubré, and Daloa). These activities, implemented through village HIV/AIDS action committees in 146 village sites, draw on ANADER's risk-mapping approach, which includes segmenting village populations to allow young women, young men, older women, and older men to discuss sexuality and HIV-related risks and risk-reduction strategies separately and together. Within local village action committees, three members (including at least one woman) are chosen by village authorities and committee members to become community counselors, based on several criteria: literacy level, time availability, willingness to engage in volunteer work, proven ability to be discreet, and acceptance among community groups. Local HIV/AIDS action committees and community counselors are supported, with the help of JHU/CCP, in applying culturally appropriate BCC strategies, curricula, and educational materials with abstinence, faithfulness, and gender-based violence-prevention messages. Specific programs are being developed for and with youth groups, with an emphasis on vulnerable girls and young women. Within the ANADER project, community counselors also link HIV prevention with promotion of HIV counseling and testing (through the project's mobile CT units and fixed-site CT services at rural health centers) and with provision of care and support services and OVC care and support.

Activities include coordinated BCC campaigns mediated by influential figures and peers and designed to a) delay sexual debut among youth, b) decrease number of sexual partners and c) promote mutual fidelity with knowledge of one's own and one's partners' serostatus. Use of methods of proximity (debates, sketches, videos, peer education, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches are reinforced by radio in local languages. Community counselors, traditional and religious leaders are empowered through tools such as the HIV/AIDS lexicon, interactions with networks such as ARSIP (a religious leaders' association), and use of participatory approaches to lead communities to address HIV/AIDS in their socio-cultural context, including addressing issues of negative gender attitudes and HIV-related stigma and discrimination. Community counselors visit individual homes and discuss issues related to mutual fidelity and secondary abstinence with couples. ANADER works with teachers to reach youth in primary and secondary schools, drawing on Ministry of Education (MEN) life-skills materials and approaches.

In FY09, a particular emphasis will be placed on encouraging youth and women's associations to become actors in the fight against HIV/AIDS by empowering them to discuss issues related to safer behavior and gender norms in the community and to serve as advisory entities to the village action committees.

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

Activities conducted with FY05-08 funds include:

- Identification of 146 village sites (each serving multiple surrounding villages) for intervention
- Baseline needs assessments in three departments: Tanda, Soubré, and Daloa
- Training of 130 ANADER staff in AB-targeted prevention

Activity Narrative: - Training of 36 ANADER workers/facilitators (three to five per department) and 528 community counselors (three per village site) in use of the local-language HIV/AIDS lexicon and AB-targeted prevention

- Training of 144 schoolteachers in AB-oriented prevention
- Training of 12 local radio announcers (two per department) in AB prevention, with REPMASCI providing the training and drawing on IRIN/JHU/CCP materials
- Delivery of video campaigns with community mobilization (at least three per village) and prevention campaigns on local radio (at least two per village)
- Creation of linkages among village action committees and agricultural cooperatives by involving members of cooperatives in village action committees
- Broadcast of 1,584 radio spots and 72 radio programs (in FY08) with AB prevention messages in all 10 departments
- Development, with technical assistance from JHU/CCP, of the Sports for Life program with youth organizations in two departments (San Pedro and Abengourou).

In FY09, AB activities will be guided by quantitative and qualitative assessments conducted in FY07 and the 2005 national AIDS Indicator Survey. To improve on the quality of AB and other prevention and care activities, ANADER will emphasize work with focus groups. ANADER will partner with ARSIP (religious leaders' network) to increase participation of rural religious leaders in the fight against AIDS. ANADER will continue to work with schoolteachers while seeking to increase youth participation as actors through school hygiene committees and village youth associations, and 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.

Between April 2009 and March 2010, activities supported by FY09 funding will reach 120,000 people (including 44,000 youth (37%) with A-only messages) through community outreach that promotes AB-oriented prevention and will train 1,129 people to promote AB-oriented prevention. FY09 funds will also be used to perform a general participatory evaluation of the project.

Specific activities with FY09 funds will include:

1. Training of trainers for 30 ANADER facilitators (five per department) and training for 438 village action committee members (three per village site in 146 villages) in AB-targeted prevention using the new national training guide.
2. Training of 146 schoolteachers in life skills and Sports for Life approaches.
3. AB sensitization through youth and women's associations (in all departments) and health clubs in secondary schools (Tanda, Abengourou, Jacqueville, Daloa, and Soubré).
4. On-site BCC training of five committee members per village in 146 village action committees.
5. Sensitization of members of agricultural cooperatives on fidelity and secondary abstinence, in "farmer field schools."
6. Initiation of HIV/AIDS-related activities through 12 pilot primary school hygiene clubs, with assistance from the MEN.
7. Implementation of a Sports for Life activity in two village sites (Abengourou, San Pedro).
8. Broadcast of AB prevention spots (1,108 in the six departments) and educational programs (36 emissions) on local radio;
9. At least two video campaigns in each village (a total of 292 video film projections in 10 departments).
10. Education of young women/men and girls/boys on reproductive health, self-esteem, and nutrition. These sessions will serve as a vehicle for addressing AB issues.
11. Training of 150 religious leaders in BCC, community mobilization, and reduction of stigma and discrimination.
12. Reproduction of educational materials on AB prevention, with assistance from JHU/CCP, Hope Worldwide, the MEN, and the National OVC Program (PNOEV)
13. Facilitation of thematic quarterly meetings with village action committee members (four per year).
14. Evaluation of knowledge on HIV transmission and AB prevention methods (comparative analysis between project sites and villages outside the project).
15. Evaluation of the effect of AB sensitization on the communities.
16. Evaluation of community counselors' mastery of A and B training tools and messages.
17. Production of a 26-minute documentary film on the project's four years of activities and results.
18. Exploration of potential new departments/districts to be included in the program, with a view to project extension.

The project will continue to implement an M&E plan based on national and USG requirements. ANADER will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANADER will participate in quarterly SI meetings and will implement decisions taken during these meetings.

ANADER strives to strengthen capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability of activities. Training of community counselors, other members of village HIV/AIDS action committees, and rural health center staff is designed to enable communities to carry on prevention, CT, and care activities after PEPFAR funding for the project has ceased. In 2009, ANADER will work to transfer to village action committees the capacities necessary to organize and perform most community outreach events (e.g. cine-village for HIV prevention and CT promotion).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15143

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15143	5475.08	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	7060	5315.08	U62/CCU02512 0-01 ANADER	\$562,401
9932	5475.07	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	5315	5315.07	U62/CCU02512 0-01 ANADER	\$485,000
5475	5475.06	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	3731	3731.06	U62/CCU02512 0-01 ANADER	\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5383.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 5162.22331.09	Planned Funds: \$350,000
Activity System ID: 22331	

Activity Narrative: With FY09 funds, USG technical staff will be supported (salaries, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded behavioral interventions aimed at influencing HIV-related behaviors, with primary emphasis on efforts to promote abstinence, fidelity, delay of sexual debut, partner reduction, and related social norms. This technical assistance is provided 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, in the harmonization and standardization of BCC tools.
- Support for implementation of the life-skills curricula
- 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, ANADER, JHU/CCP, and the ministries responsible for Education, Social Affairs, Health, and AIDS coordination.
- Development of a communications strategy, in coordination with JHU/CCP and REPMASCI (network of media professionals and artists against AIDS in Cote d'Ivoire), to promote HIV prevention.

PEPFAR CI will continue to support RIP+ (network of PLWHA organizations), REPMASCI, and COSCI (NGO collective against HIV, representing more than 400 organizations). PEPFAR CI will also continue to support faith-based organizations (ARSIP, an 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15167

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15167	5162.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7067	5383.08	CDC & RETRO-CI (Base)	\$550,000
10132	5162.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$349,878
5162	5162.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$302,461

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 5304.09**Prime Partner:** Ministry of National Education,
Côte d'Ivoire**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 4557.22376.09**Activity System ID:** 22376**Mechanism:** CoAg Ministry of Education
#U62/CCU24223**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$290,000

Activity Narrative: With PEPFAR support, the Ivoirian Ministry of Education (MEN) has implemented a 3.5-year project designed to improve HIV prevention and care services for students, teachers, and other MEN staff. In 2008, the MEN was awarded a new five-year cooperative agreement with CDC to continue and extend its HIV prevention and care activities through 2013. As part of a comprehensive multi-sectoral response consistent with the 2006-2010 HIV/AIDS National Strategic Plan, and in collaboration with other ministries and NGO/CBO/FBO partners, the MEN will build on FY04-08 achievements to improve:

- The quality and coverage of HIV prevention activities through skills training for students.
- The promotion of HIV prevention among students and teachers through age-appropriate abstinence and be faithful (AB) behavior change communication (BCC) designed to delay sexual debut, promote fidelity, encourage partner reduction, and promote HIV counseling and testing.

In FY05-07, with technical assistance supported by PEPFAR, the MEN developed, validated, and began piloting and evaluating a life skills curriculum integrated into 11 academic subjects, accompanied by support materials that were drafted and validated by teachers, each containing HIV prevention and healthy-living messages. The curriculum was implemented at 10 pilot sites, each consisting of 10 secondary schools (with 600 students per school) and four primary schools (150 students per school). An evaluation of the life skills curriculum, materials, and process has been completed. More than 80 MEN staff members have been trained, have started working with the support materials, and have begun integrating the life skills contents into pedagogic guides and teaching materials.

With FY08 funding, 18 new academic subjects are being added to the life skills program at the primary and secondary school levels, and the project is being expanded to 10 more sites. The MEN continues to elaborate guides and pedagogical supports to follow up curricula experimentation in those new subjects in the first 10 sites. An evaluation of the support and training process is being conducted with FY08 funds.

The AB life skills approach also extends to extracurricular activities through school health clubs. Conferences, group debates, games, theater, and Sports for Life (using soccer as a vehicle for HIV prevention education) are being conducted at 10 sites and are being extended to 10 new sites. Technical and audiovisual materials with AB messages have been disseminated to teachers, other personnel, parents participating as mentors, student group leaders, coaches for youth social clubs and sports teams, and others as part of a comprehensive HIV-in-the-workplace program.

Parent associations (COGES) and religious communities are being engaged at these sites to reinforce AB messages as a component of the life skills approach. The MEN has also developed partnerships and linkages with other ministries (Health; Family, Women, and Social Affairs) as well as other PEPFAR-funded partners (Alliance-CI, ANADER, FHI, JHU/CCP) to reinforce HIV sensitization messages and community outreach.

Using FY09 funding, the MEN will refine its strategy, finalize the life skills curriculum, and extend life skills implementation to 10 more sites (for a total of 30 sites by March 2010). The MEN expects to reach 60,000 students with AB and healthy-living messages between April 2009 and March 2010. Through close collaboration with its division of pedagogy and continuing education (APFC), the MEN will work to integrate life skills information in school books and will build the capacities of the staff unit responsible for life skills integration (CNFPMD). The MEN will teach life skills techniques to pedagogical supervisors and teachers from the APFC, train school health club supervisors, and strengthen its Sports for Life AB activities.

Primary activities with FY09 funding will include:

- Identifying 10 new implementation sites and organizing HIV/AIDS information and sensitization sessions at those sites.
- Strengthening the activities of at least 10 health clubs through the acquisition of audiovisual material (TV, CD players, DVD players) to facilitate the dissemination of HIV/AIDS audiovisual messages.
- Training peer educator instructors for health clubs at the new sites to implement HIV/AIDS activities.
- Reinforcing the capacities of peer educators and trainers at existing sites in BCC and life skills.
- Training pedagogical supervisors to monitor teachers implementing the life skills approach. This is an important step in evaluating the life skills strategy and implementation.
- Training trainers at in-service teacher-training institutions (ENS, INJS, INSACC) in order to build a pool of national trainers.
- Continuing to support school health club activities that promote HIV prevention and healthy living (health club newspapers, activities guides, theater sketches, debates, essay writing, music, dance competitions, Sports for Life events, etc.). Secondary school social clubs will also be supported in integrating gender-sensitive and anti-violence content in their activities.
- Piloting Men as Partners, an HIV prevention program that addresses male norms and seeks to involve men in HIV prevention and care, at 20 sites in collaboration with school health clubs.
- Developing an HIV/AIDS guide for girls to address gender vulnerabilities in the school setting.
- Developing brochures and posters that address appropriate relations between students and teachers and outline the legal consequences of intergenerational sex in the school setting. These brochures and posters will be distributed at all public and private schools.
- Strengthening AB outreach with integrated life skills messages through activities such as theater competitions and film development.
- Training teachers in training (CAFOP) in the life skills approach.
- Continuing sensitization activities during student vacation periods, in collaboration with parent associations and other partners.
- Training a group of 20 trainers (10 in BCC, 10 in life skills) at all 30 sites.
- Training 4,400 teachers (2,100 primary, 200 CAFOP, and 2,100 secondary) in life skills techniques and strategies with the APFC.
- Training 900 student peer educators in BCC, life skills, and Sports for Life.
- Training and reinforcing capacities of 300 school health club supervisors in BCC, life skills, and Sports for Life.
- Organizing at least 3,000 peer educator sensitization sessions on HIV prevention (100 for each site).

- Activity Narrative:**
- Conducting academic and behavioral monitoring of 5,022 students who have received life skills teaching to assess the impact of life skills teaching.
 - Conducting an outcome review/analysis of the life skills content for the 18 new subjects.
 - Developing and distributing 3,000 copies of health club newspapers that have HIV/AIDS prevention information.
 - Broadcasting 62 youth program radio spots about AB prevention in collaboration with REPMASCI (the Ivorian Network of Journalists and Artists in the Fight Against AIDS).

MEN M&E officers will work closely with regional antenna offices in charge of academic evaluation to track life skills pedagogic activities. The MEN will reinforce its coordination team at each site to track the progress of activities conducted in conjunction with NGOs and other partners in the school setting. The MEN will report quarterly program results and ad hoc requested program data to the USG strategic information team. To help build and strengthen a unified national M&E system, the MEN will participate in quarterly strategic information meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15138

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15138	4557.08	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	\$1,300,000
10045	4557.07	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	5304	5304.07	CoAg Ministry of Education #U62/CCU24223	\$1,350,000
4557	4557.06	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	3378	79.06	Cooperative Agreement with Ministry of National Education, #U62/CCU24223	\$500,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$200,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7217.09	Mechanism: NPI Le Soutien GHH-A-00-07-00022-00
Prime Partner: Le Soutien	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 16905.22387.09	Planned Funds: \$0
Activity System ID: 22387	

Activity Narrative: In 2006, the Ivorian NGO Le Soutien was awarded a New Partners Initiative grant, initially estimated at \$992,620 over three years, to provide OVC care and support in the severely war-affected western region of Cote d'Ivoire and in Abidjan.

Building on Le Soutien's past community-based work to promote HIV/AIDS prevention and testing and provide OVC care in the Abidjan quarter of Yopougon, the NPI project is designed to educate communities about HIV/AIDS, to mobilize and support them to promote and use HIV testing services, and to provide care and support to OVC and their families in 30 villages around Danane in western Cote d'Ivoire as well as in Yopougon.

The project helps establish HIV committees in all intervention villages and trains them to promote HIV prevention through abstinence, delay of sexual debut, partner reduction, and correct and consistent use of condoms, as well as to promote CT and OVC services. The village committees are made up of the village head, leaders of youth associations, women, men, traditional midwives, and community representatives.

Le Soutien's paid counselors are trained to identify, assess, and provide care and support for OVC, as well as to provide HIV prevention education and to use monitoring and evaluation tools. These counselors help train and support HIV village committees to conduct activities of mass, small-group, and proximity sensitization led by peer educators and members of CBOs selected for their involvement in the community and their field knowledge. Le Soutien provides technical assistance for care and support for OVC as well as for HIV prevention and M&E.

Sensitization sessions are directed toward the general population and specifically toward women, youth, and OVC host families, and they promote behavior change to reduce risk of HIV transmission (abstinence, fidelity, correct and consistent condom use) and to increase uptake of CT services.

OVC are identified by counselors from Le Soutien in collaboration with care providers for PLWHA as well as PLWHA organizations and support groups. Counselors (two per village) are trained and supported to conduct home visits, to assess the needs of children and their families using the Child Status Index in order to match available services to specific needs; and to provide or arrange for psychosocial, educational, medical, nutritional, and clothing support.

Le Soutien's community agents refer OVC for medical care in Danane. Children on ART are monitored and supported by counselors. Trained counselors also provide home-based palliative care for OVC requiring such care.

Le Soutien will advocate with the Ministry of Education (MEN) to ensure that all school-age OVC have access to school, with necessary supplies obtained from other sources (Ivorian government, UNICEF). For older OVC, Le Soutien provides vocational training (including apprenticeship kits and fees) and job-placement support. In order to improve the living conditions of OVC, the rehabilitation of some host families' homes is planned.

HIV-positive parents of OVC are referred to health facilities in the Danané department for medical care.

Project activities are conducted in collaboration with the technical ministries (National OVC Care Program (PNOEV) of the Ministry of the Family and Social Affairs, Ministry for the Fight Against AIDS (MLS), Ministry of Health), other PEPFAR partners (Alliance CI, ANADER, PSI, REPMASCI), community-based organizations (SIDAGBE, ACDL, GEALIS, COPOA, and others), traditional authorities, and with the Mano River Project.

In FY09, Le Soutien will continue and extend its HIV/AIDS prevention and HIV testing promotion in the district of Abidjan as well as in the Danané department. FY09 project activities will include:

- Installation of HIV/AIDS committees: In the Danané Department, 10 additional villages will be selected and added to the 20 initial villages for project implementation. In each of 10 new villages, a local HIV/AIDS committee will be set up. The HIV/AIDS committee installation will be carried out through an official ceremony, where the role and responsibilities of the committee will be defined. Village HIV/AIDS committees are made up of the village head, leaders of youth associations, women, men, traditional midwives and community representatives, among them people living with HIV. Le Soutien will provide each committee with a loudspeaker and a bicycle.
- Le Soutien will continue to provide support to village HIV/AIDS committees in conducting their community-based activities. The 20 original committees and 10 new ones will conduct HIV/AIDS prevention (AB) as well as HIV testing promotion activities under the supervision of Le Soutien counselors. HIV/AIDS committee members will be responsible for collecting and reporting program data. HIV committee members will also initiate and participate in cultural and social activities, providing advice for malaria prevention, and basic hygiene rules, etc. These activities, which will contribute to improving the living conditions of rural populations, will serve as a platform for introducing HIV/AIDS activities and reduce stigma toward PLWHA.
- HIV/AIDS sensitization: Le Soutien will conduct HIV/AIDS sensitization sessions in the 30 villages leading to development of messages about abstinence and being faithful. Abstinence messages will be targeted to youth and "be faithful" messages to married couples via door-to-door sensitization sessions. These activities, expected to reach 25,131 people, will also promote HIV testing, and a mobile testing unit will visit the 10 new villages to facilitate testing. Village-level HIV/AIDS sensitization sessions will also focus on OVC care and support issues.
- Training: Trainers from the national pool will provide training in HIV prevention as well as in monitoring and evaluation to 49 community agents. Counselors from the Danané branch office will perform training for 100 members of the 10 new HIV/AIDS village committees, along with refresher courses for the 200 members of the original 20 HIV committees.

- Activity Narrative:**
- Participation in World AIDS Day: Le Soutien will conduct community mobilization activities in Yopougon and Danane.
 - Le Soutien will participate in national and international meetings and seminars to build staff capacity.
 - An audit will be conducted to ensure compliance with USG procedures and help strengthen Le Soutien's financial management.
 - Le Soutien will work with the MLS, Measure Evaluation, and the PNOEV to implement training and data collection techniques adapted to community use and to contribute to strengthening the national M&E system.
 - Ten experience-sharing workshops will be organized for members of the 30 HIV/AIDS committees to improve village-level prevention and care activities.
 - Le Soutien will publicize its activities through monthly meetings with local media and information updates on its Web site. Le Soutien will work with JHU/CCP and REPMASCI (the national network of journalists and artists to fight against AIDS) to develop a communications policy and audiovisual materials, which will be made available to partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16905

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16905	16905.08	U.S. Agency for International Development	Le Soutien	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	\$0

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7225.09	Mechanism: IQC AIDSTAR
Prime Partner: IQC AIDSTAR	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 19365.22392.09	Planned Funds: \$250,000
Activity System ID: 22392	

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, estimated at 3.9% among adults (UNAIDS 2008), with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic marked by gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to scale up quality programs and coverage. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the AIDSTAR contractor will focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs.

In the program area of HIV prevention through AB methods, the AIDSTAR contractor will be responsible for managing, administering, and reporting results for sub-grants to at least three indigenous organizations promoting HIV prevention in FY09. Grants and technical assistance will enable the identified organizations to execute programs for HIV prevention along with activities promoting reduction of HIV-related stigma and discrimination, mobilization for counseling and testing, and links to care for people living with HIV and orphans and other vulnerable children. Subgrantee activities are expected to reach at least 55,000 people with AB outreach and train 214 people to conduct such outreach by September 2009.

The contractor will establish agreements with local organizations to administer grants, manage funds transfers, and reinforce financial accountability measures; ensure data quality and compliance with reporting requirements; and institute supervision and quality assurance processes. Continued support and a potential expanded number of grantees are subject to funds availability in subsequent years. Management, technical, and financial capacity building activities conducted by the contractor (described under Health Systems Strengthening) should result in grantees' improved ability to plan and deliver appropriate HIV prevention, testing, care, and/or treatment services to the target populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19365

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19365	19365.08	U.S. Agency for International Development	IQC AIDSTAR	8651	8651.08	IQC AIDSTAR	\$574,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5319.09

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

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4594.22403.09

Planned Funds: ██████████

Activity System ID: 22403

Activity Narrative: Note: Hope Worldwide's AB prevention activities are also supported by Track 1 funds (see separate entry).

Hope Worldwide (HWW) began its PEPFAR-funded HIV prevention activities in Côte d'Ivoire in FY06 with Track 1 support. The HWW AB prevention program is aimed at promoting abstinence and faithfulness and reducing behaviors that place youth (ages 10-14), parents, and monogamous couples at risk and at addressing social norms with men through behavior change communication (BCC) activities carried out in partnership with academic and religious organizations.

In FY 2008, Hope Worldwide collaborated with host government ministries and local organizations to implement AB activities, concentrating primarily on the southern, central, and western-central regions of the country.

HWW works closely with the Ministry of National Education (MEN) to identify resources from the faculty, administrative and technical representatives, and school parent committees (COGES) for training in parent-child communication. Training strengthened 25 existing youth networks and 24 networks of parents on resource mobilization, facilitation techniques, and elaboration of development projects. Financial support was given for networks to extend and expand activities that promote abstinence, parent-child communication, and voluntary testing. It was also given to eight PMO from Bondoukou and Bouaké for the implementation of similar AB activities.

HWW supported community networks of young people and parents in conducting HIV prevention and education activities for World AIDS Day. HWW also began country level adaptation, pilot site mobilization and early implementation of "Family Matters," an evidence-based intervention targeting parents of children aged 9-14 to improve their comfort and knowledge base in discussing difficult subjects such as sexuality, HIV, and risky behavior. This program is part of Hope's AB activities and takes into account those of parent-child communication.

In 2009, activity-specific and overall monitoring and evaluation will be continuously emphasized and improved as needed, based on quality assurance efforts and updated PEPFAR and national indicators. Specific activities supported with FY09 funding will include:

1. Strengthen the capacity of eight partners (PMO) in Abidjan, Bouake, and Bondoukou to improve the quality of interventions that promote abstinence targeting youth (school-based and school leavers) and parent-child communication. HWW will work in collaboration with CARE and ANADER to strengthen this capacity in rural areas with both young people and parents.
2. Assist PMOs in Bouake and Bondoukou to expand their interventions promoting abstinence in youth, parent-child communication into more rural areas in collaboration with CARE and ANADER. In addition, increase focus on programs that promote fidelity among adults.
3. Continue implementing and evaluating outcomes of the "Men as Partners" approach, translated and adapted in 2008, in collaboration with EngenderHealth and other partners.
4. Extend activities promoting abstinence and fidelity to Tiassalé (targeting adult men and women) and promote the reduction of gender-based violence using and evaluating results from the "Men as Partners" approach in collaboration with EngenderHealth.
5. Organize a career day and academic excellence for 300 young people (focusing on girls) practicing abstinence. These activities provide positive role models and career options and promote academic achievement, leadership and personal responsibility (life skills) among young people.
6. Organize HIV prevention through educational activities, Sports for Life, and other interactive approaches for 250 young people in collaboration JHUCCP, the Ministry of Youth and Sport and Recreation (MJSL), and socio-cultural town halls.
7. Facilitate group discussions with other organizations involved in AB prevention and participate in technical working groups led by the Ministry of the Fight Against HIV/AIDS (MLS). This TWG will review results and challenges to begin harmonization of AB interventions (activities, strategies, stakeholders, collection tools).
8. Assist other implementing organizations to expand use of new national abstinence training materials created in 2008.
9. Assist other organizations in quality assurance of abstinence interventions and parent-child communication in three sites.
10. Enter Phase 2 of the Families Matter pilot, conducting an evaluation of the FY08 three-month training cycle and expanding services into surrounding towns in the district of Tiassalé (N'douci and Singrobo). The pilot project, which will end in June 2009, will be evaluated in collaboration with CDC Atlanta, the MLS, MJSL, MEN, and MFFAS, and results and lessons learned will be shared with partners.
11. Transition to reduced support and periodic monitoring of activities at older, more autonomous sites and initiate youth and parent network mobilization at new sites in Abidjan, Bouake, Yamoussoukro, Tiassalé, Bassam, and Bondoukou.
12. Emphasize abstinence and parent-child communication activities for OVC and their parents. HWW's efforts in the area of care and support for OVC is to help young people ages 10-18 begin the practice and promotion of abstinence as peer educators. We also develop parent-child communication programs for parents of these young people, in order to improve communication between them and their children at sites in Abidjan, Bouake, Bassam and Bondoukou.
13. Extend HIV prevention activities involving education and community mobilization for PMTCT and CT to new sites in Abidjan, Bouake, Yamoussoukro, and Tiassalé.
14. Evaluate abstinence youth and parent-child communication projects.
15. Validate the training manual for the faithfulness program with national implementing partners and the MLS.
16. In collaboration with JHU/CCP, produce adapted HIV prevention BCC materials (flipchart, leaflets, manual, and cassettes) in support of parent-child communication.
17. Continue to support community networks financially and technically to expand activities that promote abstinence, parent-child communication, and voluntary testing. Financial support will be based on action plans and budgeted networks developed and validated by HWW in partnership with local officials. Networks are composed of voluntary peer educators from different religious organizations, schools, and academic

Activity Narrative: groups who received training on abstinence and parent-child communication. Networks serve as a forum to exchange experiences between parents and educators.

The youth networks coordinate various activities relating to the promotion of abstinence in young people in various religious organizations, schools, and academic and community organizations. Similarly, networks of parents coordinate activities to enhance parent-child communication in support of HIV prevention through risk avoidance and life skills. To promote sustainability, the networks are formed in a transparent, collaborative process that can then be supported by mayors and other local financing processes. Networks should inform health authorities about their action plans and submit reports on their activities.

For the year FY09, HWW expects to facilitate greater involvement of girls and women by increasing the number of females participating in various trainings and guiding actions targeting high school and college students.

SUPERVISORY APPROACH TO ENSURE QUALITY OF SERVICE

HWW will collaborate with MLS and other PEPFAR partners in 2009 focus on harmonizing indicators and approaches used in peer education activities. In addition, implementation of the overall program will be developed by the PMO and networks. The activities of the PMO and networks at each program site will be facilitated by a coordinator, and supervised by a program assistant in order to ensure the quality of program implementation. The PA will evaluate capacity, and facilitate the structural organization of PMO and networks based on validated assessment and planning tools. Tools for collecting data on the project (identification sheet, activity sheets, sheet planning, reporting and Sheet learning) and guidelines for implementation will be provided in order to strengthen the skills of local leaders,.

The site coordinator will organize field visits during the month to facilitate implementation of planned activities and assess their level of achievement. Meetings will be organized, each month, per site, to assess progress with all of the PMOs and networks, to help identify possible problems and solutions, but also ensure that the achievement of results is advancing as planned. The coordination team organized, every four months, supervisory visits to field staff, focal points of PMO or networks to evaluate the quality of service and data in order to improve their competence and quality of service.

Each quarterly review workshop and reflection will be organized for the benefit of the PMO and networks. It is a time for sharing experiences, best practices, guidance strategies, and defining next steps. Midterm and end of the fiscal year audits of PMO and networks will be organized, to assess the quality of data in order to make accurate recommendations for improvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15124

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15124	4594.08	U.S. Agency for International Development	Hope Worldwide	7052	5319.08	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00	\$620,000
10047	4594.07	U.S. Agency for International Development	Hope Worldwide	5319	5319.07	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00	\$500,000
4594	4594.06	U.S. Agency for International Development	Hope Worldwide	3534	3534.06	ABY CoAg: Hope Worldwide No GPO-A-11-05-00007-00	\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$6,222,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7225.09	Mechanism: IQC AIDSTAR
Prime Partner: IQC AIDSTAR	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 19362.22393.09	Planned Funds: \$450,000
Activity System ID: 22393	

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, estimated at 3.9% among adults (UNAIDS 2008), with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic marked by gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to scale up quality programs and coverage. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the AIDSTAR contractor will focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. In addition, the AIDSTAR contractor will assist partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and improve and increase use of the national training database. The primary objectives of these activities, as a whole, are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

In the program area of Condoms and Other Prevention, the AIDSTAR contractor will be responsible for managing, administering, and reporting results for sub-grants to at least 12 indigenous organizations promoting HIV prevention in FY09. Grants and technical assistance will enable the identified organizations to execute programs for HIV prevention along with activities promoting reduction of HIV-related stigma and discrimination, mobilization for counseling and testing, and links to care for people living with HIV and orphans and other vulnerable children. Activities are expected to reach at least 50,000 people with Other Prevention outreach.

The contractor will establish agreements with local organizations to administer grants, manage funds transfers, and reinforce financial accountability measures; ensure data quality and compliance with reporting requirements; and institute supervision and quality assurance processes. Continued support and a potential expanded number of grantees are subject to funds availability in subsequent years. Management, technical, and financial capacity building activities conducted by the contractor (described under Health Systems Strengthening) should result in grantees' improved ability to plan and deliver appropriate HIV prevention, testing, care, and/or treatment services to the target populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19362

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19362	19362.08	U.S. Agency for International Development	IQC AIDSTAR	8651	8651.08	IQC AIDSTAR	\$300,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7217.09

Prime Partner: Le Soutien

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16904.22388.09

Activity System ID: 22388

Mechanism: NPI Le Soutien GHH-A-00-07-00022-00

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$0

Activity Narrative: In 2006, the Ivorian NGO Le Soutien was awarded a New Partners Initiative grant, initially estimated at \$992,620 over three years, to provide OVC care and support in the severely war-affected western region of Cote d'Ivoire and in Abidjan.

Building on Le Soutien's past community-based work to promote HIV/AIDS prevention and testing and provide OVC care in the Abidjan quarter of Yopougon, the NPI project is designed to educate communities about HIV/AIDS, to mobilize and support them to promote and use HIV testing services, and to provide care and support to OVC and their families in 30 villages around Danane in western Cote d'Ivoire as well as in Yopougon.

The project helps establish HIV committees in all intervention villages and trains them to promote HIV prevention through abstinence, delay of sexual debut, partner reduction, and correct and consistent use of condoms, as well as to promote CT and OVC services. The village committees are made up of the village head, leaders of youth associations, women, men, traditional midwives, and community representatives.

Le Soutien's paid counselors are trained to identify, assess, and provide care and support for OVC, as well as to provide HIV prevention education and to use monitoring and evaluation tools. These counselors help train and support HIV village committees to conduct activities of mass, small-group, and proximity sensitization led by peer educators and members of CBOs selected for their involvement in the community and their field knowledge. Le Soutien provides technical assistance for care and support for OVC as well as for HIV prevention and M&E.

Sensitization sessions are directed toward the general population and specifically toward women, youth, and OVC host families, and they promote behavior change to reduce risk of HIV transmission (abstinence, fidelity, correct and consistent condom use) and to increase uptake of CT services.

OVC are identified by counselors from Le Soutien in collaboration with care providers for PLWHA as well as PLWHA organizations and support groups. Counselors (two per village) are trained and supported to conduct home visits, to assess the needs of children and their families using the Child Status Index in order to match available services to specific needs; and to provide or arrange for psychosocial, educational, medical, nutritional, and clothing support.

Le Soutien's community agents refer OVC to medical care in Danane. Children on ART are monitored and supported by counselors. Trained counselors also provide home-based palliative care for OVC requiring such care.

Le Soutien will advocate with the Ministry of Education (MEN) to ensure that all school-age OVC have access to school, with necessary supplies obtained from other sources (Ivorian government, UNICEF). For older OVC, Le Soutien provides vocational training (including apprenticeship kits and fees) and job-placement support. In order to improve the living conditions of OVC, the rehabilitation of some host families' homes is planned.

HIV-positive parents of OVC are referred to health facilities in the Danané department for medical care.

Project activities are conducted in collaboration with the technical ministries (National OVC Care Program (PNOEV) of the Ministry of the Family and Social Affairs, Ministry for the Fight Against AIDS (MLS), Ministry of Health), other PEPFAR partners (Alliance CI, ANADER, PSI, REPMASCI), community-based organizations (SIDAGBE, ACDL, GEALIS, COPOA, and others), and traditional authorities.

In FY09, Le Soutien will continue and extend its HIV/AIDS prevention and HIV testing promotion in the district of Abidjan as well as in the Danané department. FY09 project activities will include:

- Installation of HIV/AIDS committees: In the Danané Department, 10 additional villages will be selected and added to the 20 initial villages for project implementation. In each of 10 new villages, a local HIV/AIDS committee will be set up. The HIV/AIDS committee installation will be carried out through an official ceremony, where the role and responsibilities of the committee will be defined. Village HIV/AIDS committees are made up of the village head, leaders of youth associations, women, men, traditional midwives and community representatives, among them people living with HIV. Le Soutien will provide each committee with a loudspeaker and a bicycle.
- Le Soutien will continue to provide support to village HIV/AIDS committees in conducting their community-based activities. The 20 original committees and 10 new ones will conduct HIV/AIDS prevention (AB) as well as HIV testing promotion activities under the supervision of Le Soutien counselors. HIV/AIDS committee members will be responsible for collecting and reporting program data. HIV committee members will also initiate and participate in cultural and social activities, providing advice for malaria prevention, and basic hygiene rules, etc. These activities, which will contribute to improving the living conditions of rural populations, will serve as a platform for introducing HIV/AIDS activities and reduce stigma toward PLWHA.
- HIV/AIDS sensitization: Le Soutien will conduct HIV/AIDS sensitization sessions in the 30 villages leading to development of messages about abstinence and being faithful. Abstinence messages will be targeted to youth and "be faithful" messages to married couples via door-to-door sensitization sessions. These activities, expected to reach 25,131 people, will also promote HIV testing, and a mobile testing unit will visit the 10 new villages to facilitate testing. Village-level HIV/AIDS sensitization sessions will also focus on OVC care and support issues.
- Training: Trainers from the national pool will provide training in HIV prevention as well as in monitoring and evaluation to 49 community agents. Counselors from the Danané branch office will perform training for 100 members of the 10 new HIV/AIDS village committees, along with refresher courses for the 200 members of the original 20 HIV committees.

- Activity Narrative:**
- Participation in World AIDS Day: Le Soutien will conduct community mobilization activities in Yopougon and Danane.
 - Le Soutien will participate in national and international meetings and seminars to build staff capacity.
 - An audit will be conducted to ensure compliance with USG procedures and help strengthen Le Soutien's financial management.
 - Le Soutien will work with the MLS, Measure Evaluation, and the PNOEV to implement training and data collection techniques adapted to community use and to contribute to strengthening the national M&E system.
 - Ten experience-sharing workshops will be organized for members of the 30 HIV/AIDS committees to improve village-level prevention and care activities.
 - Le Soutien will publicize its activities through monthly meetings with local media and information updates on its Web site. Le Soutien will work with JHU/CCP and REPMASCI (the national network of journalists and artists to fight against AIDS) to develop a communications policy and audiovisual materials, which will be made available to partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16904

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16904	16904.08	U.S. Agency for International Development	Le Soutien	7217	7217.08	NPI Le Soutien GHH-A-00-07- 00022-00	\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5304.09	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: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 10505.22377.09	Planned Funds: \$125,000
Activity System ID: 22377	

Activity Narrative: With PEPFAR support, the Ivorian Ministry of Education (MEN) has implemented a 3.5-year project designed to improve HIV prevention and care services for students, teachers, and other MEN staff. In 2008, the MEN was awarded a new five-year cooperative agreement with CDC to continue and extend its HIV prevention and care activities through 2013.

The education sector in Côte d'Ivoire has been severely impacted by the HIV/AIDS epidemic. Large numbers of Ministry of Education staff, their children, and enrolled adolescents are infected or affected by HIV. Young children with HIV are starting to receive care and treatment on a larger scale, resulting in a growing cohort moving through the schools. HIV-related teacher absenteeism is a major problem undermining the quality and continuity of education. Students, many of whom are sexually active by age 15, often lack adequate information and skills about HIV prevention. Both teachers and students need multi-faceted support to mitigate the adverse effects of the epidemic. The MEN has created a national committee and an action plan 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 prevention, care, and treatment services, especially for staff based in rural areas.

With PEPFAR support and technical assistance from partners such as Abt Associates and FHI, the MEN conducts HIV prevention and care activities in the education sector, including Condoms and Other Prevention activities complementary to abstinence and being faithful (AB) messaging. At teachers' training centers (CAFOP), where training modules on life skills are being implemented, the MEN promotes condom use and behavior change communication (BCC) messaging. The MEN continues to support QUITUS, an NGO of teachers living with HIV/AIDS, whose activities include encouraging teachers to seek testing and promoting positive living for those who are seropositive.

The MEN is also committed to increasing parent outreach to reinforce preventative behavior among students. Parents are actively engaged through meetings with COGES (parent-led school management boards) and also serve as members of the management boards of student health clubs at secondary schools. The MEN continues to coordinate with other partners in training teachers and COGES members in order to improve communication and reinforce behavior change among the entire secondary school community.

In collaboration with ANADER, ACONDA-VS, and other partners, the MEN is strengthening its HIV-in-the-workplace program. Condom demonstrations have been conducted during workplace programs, and condoms have been made available to staff. More than 2,000 teachers have been trained in Other Prevention methods, and 8,000 have been reached with comprehensive ABC prevention messages. In addition, since 79% of primary school teachers and 86% of secondary school teachers are men, the MEN has prioritized prevention efforts to address male norms and encourage role model behavior in remaining faithful in relationships, reducing the number of casual partners, and encouraging the use of condoms.

Efforts have focused on scaling up life skills and ABC training for all 360 secondary and 112 primary-level regional teacher trainers at the 14 branch offices of the department of pedagogy. Teachers in rural areas are trained by PEPFAR partner ANADER to be "community development agents" to help link school-based and broader community initiatives in HIV prevention and care. Referral systems for staff and students needing HIV-related care and treatment are being strengthened.

Using FY09 funding, the MEN will continue to strengthen and expand Other Prevention activities, alongside its extensive AB prevention portfolio, to 10 additional sites, for a total of 30 intervention sites by March 2010, each consisting of all public and private secondary schools at that site. The MEN will engage trainers in life skills, BCC, and Sports for Life (using soccer as a vehicle for HIV prevention education) to disseminate Other Prevention messages, including promotion of condom use among teachers and students engaged in high-risk behavior. School health clubs and health committees will organize activities such as debates, radio spots, and theater competitions to convey Other Prevention messages through peer education. The MEN will work with QUITUS and other partners to train teachers and members of COGES to deliver BCC messages. The MEN will also collaborate with FHI to promote condom use as a component of HIV-in-the-workplace activities.

To address male norms that contribute to HIV risk, the MEN will collaborate with EngenderHealth to initiate a pilot program targeting men. Training in violence reduction and positive male norms will be conducted using a proven curriculum effective in other PEPFAR-supported countries (such as the Great Guy program in Uganda and Men as Partners in South Africa). These approaches will be adapted to the Ivorian context and then piloted at 10 intervention sites, including the main teacher training institute.

The MEN's primary activities with FY09 funding will be to:

- Establish 30 school health committees at the 10 new sites.
- Establish health clubs at the 14 teacher-training sites (CAFOP).
- Organize inter-CAFOP competitions on HIV/AIDS at CAFOP sites.
- Provide 100,000 condoms and 60 wooden phalluses for school health committees to use in promoting correct and consistent condom use.
- Train 300 coordination committee members (10 per site) in BCC and life skills approaches.
- Reach 9,600 students (15 and older), teachers, and staff with Other Prevention messages.
- Train 60 trainers in BCC, life skills, and Sports for Life.
- Organize 300 debate groups, conferences, and other activities that promote AB as well as other prevention. A campaign to promote HIV counseling and testing will be one component of these outreach activities.

The MEN will continue to implement routine monitoring and evaluation (M&E) activities to track all prevention activities. The MEN also will reinforce its coordination team at each site to track the progress of activities conducted in conjunction with NGOs and other partners in the school setting. The MEN will report quarterly program results and ad hoc request program data to the USG strategic information team. To help

Activity Narrative: build and strengthen a unified national M&E system, the MEN will participate in quarterly strategic information meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15139

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15139	10505.08	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	\$400,000
10505	10505.07	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	5304	5304.07	CoAg Ministry of Education #U62/CCU24223	\$75,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5315.09	Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 5477.22369.09	Planned Funds: \$200,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS :

New activities in FY09 include:

- Initiate HIV/AIDS-related activities in primary schools through hygiene committees.
- Initiate debates and activities within existing youth associations in order for them to become advisory entities to village action committees.
- Support specific interventions by the national network of religious leaders ARSIP to strengthen religious leaders' capacities to contribute to the fight against HIV/AIDS in villages.
- Sensitize women's organizations so as to empower them to discuss AB-related issues with their children and young counterparts.
- Educate women/men and girls/boys on reproductive health, self-esteem, and nutrition as a vehicle for addressing AB issues.
- Monitor village action committees through quarterly meetings with ANADER specialists.
- Reproduce and disseminate OP sensitization materials developed by other partners (Hope Worldwide, JHU/CCP, and Ministry of Education).
- Develop a package of activities for prevention targeting PLWHA, with the support of RIP+
- Evaluate Other Prevention activities.

COMPLETE NARRATIVE

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:

- 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, and PLWHA support, as well as palliative-care provision and referral to ARV treatment. EGPAF intervenes in Abengourou and Tanda instead of ACONDA.

In Other Sexual Prevention, FY09 funds will be used to continue and strengthen FY08 activities in 10 departments (Dabou, Jacqueville, Sikensi, San Pedro, Abengourou, Tanda, Koun Fao, Bondoukou, Soubre, and Daloa). These activities, implemented through village HIV/AIDS action committees in 146 village sites, draw on ANADER's risk-mapping approach. Within local village action committees, three members (including at least one woman) are chosen by village authorities and committee members to become community counselors, based on several criteria: literacy level, time availability, willingness to engage in volunteer work, proven discretion, and acceptance among community groups. Community counselors, traditional and religious leaders are empowered through tools such as the HIV/AIDS lexicon and use of participatory approaches to lead communities to address HIV/AIDS in their socio-cultural context, including addressing issues of negative gender attitudes and HIV-related stigma and discrimination. Local HIV/AIDS action committees and community counselors are supported in applying culturally appropriate BCC strategies and materials with messages about abstinence, faithfulness, and prevention of infection through other safe practices.

Activities include coordinated BCC campaigns mediated by influential figures and peers. Use of methods of proximity (debates, sketches, videos, peer education, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches are reinforced by radio in local languages. ANADER and community counselors work with teachers to reach youth in primary and secondary schools, drawing on Ministry of Education (MEN) life-skills materials and approaches. In FY09, a particular emphasis will be placed on encouraging youth and women's associations to become actors in the fight against HIV/AIDS by empowering them to discuss issues related to safer behavior and gender norms in the community and to serve as advisory entities to the village action committees.

Activities complement and build on other PEPFAR-funded initiatives, such as Ministry of the Fight Against AIDS (MLS) and JHU/CCP activities to develop effective BCC approaches; MEN and Ministry of Family and Social Affairs (MFFAS) activities in support of youth and OVC; Care International support for CBO/FBOs and PLWHA; and Ministry of Health (MOH) 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 as part of a comprehensive HIV/AIDS prevention package that also includes behavior-change communication promoting delay of sexual debut among youth, partner reduction, and mutual fidelity with knowledge of one's own and one's partners' serostatus. The project supports or helps establish condom vending points at 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 the project's CT services (at rural health centers and through mobile CT units) 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 organizations) 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. Community outreach events (e.g. video projections with community discussion) address barriers to CT and disclosure, including stigma. Existing tools such as films on PLWHA testimonials support communication activities to promote acceptance and minimize stigma.

Activity Narrative: Discordant couples are a target population for prevention counseling, CT promotion, and free condoms; it is estimated that 240,000 male condoms will be distributed in FY09 to discordant and HIV-positive couples. Community-awareness sessions will deal with reducing other risk factors for HIV infection, often revealed during risk-mapping sessions, such as sharing knives and razors for male circumcision, female genital mutilation, and scarification. Whenever 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.

Within the ANADER project, community counselors will also link HIV prevention with promotion of HIV counseling and testing (through the project’s mobile CT units and fixed-site CT services) and with provision of care and support services, including OVC care and support, and ART adherence support.

The project is also piloting income-generating activities for community counselors and village committee members to help support their HIV/AIDS prevention work (including transport and lodging when they work in distant villages), motivate them to continue working, and help ensure the sustainable functioning of the action committees. IGAs are selected by committee members and implemented with ANADER agricultural technical assistance.

Activities conducted with FY08 funds include:

1. Community-wide, small-group, and individual outreach promoting condom use and other HIV prevention methods, as well as HIV counseling and testing, including 288 theatrical presentations
2. Training of 25 ANADER agents and 96 community counselors in prevention for PLWHA and STI prevention and care
3. Delivery of 432 video campaigns with community mobilization and discussion (three per village)
4. Community outreach reaching 45,000 people with Other Prevention messages
5. Broadcast of 612 ABC prevention spots on local radio
6. Broadcast of 40 radio programs with ABC prevention messages, including village competitions broadcast on local radio with an HIV prevention theme to generate attention and interest
8. Strengthening of linkages between village action committees and agricultural cooperatives
9. Expansion of income-generating activities for community counselors and village committee members to 48 villages in Soubre and Daloa
10. Production of educational materials targeting potentially risky traditional cultural practices, with the technical assistance of JHU/CCP.
11. Production of a documentary film on the project’s activities and results.

FY09 Other Sexual Prevention activities will be informed by assessments in FY06 and FY07 and the 2005 AIDS Indicator Survey. Between April 2009 and March 2010, activities will reach 180,000 people through community outreach that promotes HIV prevention through condoms and other prevention methods beyond AB and will train 400 people to promote such prevention.

Activities with FY09 funds will include:

1. Community-wide, small-group, and individual outreach promoting condom use and other HIV prevention methods, as well as HIV counseling and testing, including 292 theatrical presentations
2. Training of 50 community counselors (one per village in Jacqueline, Daloa, and Soubre) in prevention for PLWHA and STI prevention and care
3. Training of 72 ANADER agents in prevention for PLWHA
4. Training of at least 60 PLWHA support-group leaders in prevention for PLWHA
5. 72 exchange workshops with action committees on prevention for PLWHA
6. Two workshops (one per three ANADER zones) on creation and management of PLWHA associations
7. Training of 72 traditional healers and 146 religious leaders in prevention for PLWHA
8. Delivery of 438 video campaigns with community mobilization and discussion (three per village)
9. Community outreach reaching at least 180,000 people (April 2009-March 2010) with Other Sexual Prevention messages
10. Broadcast of 1,600 prevention spots on local radio (400 ABC, 400 PMTCT, 800 gender-based violence and prevention for PLWHA)
11. Broadcast of 36 radio programs with ABC prevention messages
12. 36 village youth radio programs with an HIV prevention theme to generate attention and interest
13. Sensitization of at least one existing women’s organization per village (146) so as to empower it to discuss other sexual prevention related issues among the members, with their older children, and with young female counterparts.
14. Education of youth and women’s groups on reproductive health, self-esteem, and nutrition as a vehicle for addressing OP issues.
15. Monitoring of village action committees through quarterly meetings with ANADER specialists (expertise of other partners may be sought)
16. Supply of 138,240 male condoms for sale, demonstrations, and distribution to 146 action committees (five boxes per year)
17. Capacity building for 438 community counselors in support to PLWHA for status disclosure to their partner
18. Evaluation of the results attained by village action committees for OP activities
19. Extension of income-generating activities to two new village action committees in Jacqueline.
20. Reproduction and dissemination of OP sensitization materials developed by the program or by other partners (Care Int., JHU/CCP, APROSAM, Alliance CI, etc.)
21. Strengthening of linkages between village action committees and agricultural cooperatives
22. Identification of potential new departments, with a view to expanding the project.

The project will continue to implement an M&E plan based on national and USG requirements. ANADER

Activity Narrative: will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANADER will participate in quarterly SI meetings and will implement decisions taken during these meetings.

ANADER strives to strengthen capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability of activities. Training of community counselors, other members of village HIV/AIDS action committees, and rural health center staff is designed to enable communities to carry on prevention, CT, and care activities after PEPFAR funding for the project has ceased. In 2009, ANADER will work to transfer to village action committees the capacities necessary to organize and perform most community outreach events (e.g. cine-village for HIV prevention and CT promotion).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15144

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15144	5477.08	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	7060	5315.08	U62/CCU02512 0-01 ANADER	\$200,000
10051	5477.07	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	5315	5315.07	U62/CCU02512 0-01 ANADER	\$130,000
5477	5477.06	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	3731	3731.06	U62/CCU02512 0-01 ANADER	\$125,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7078.09

Mechanism: NPI RIP+ GHH-A-00-07-00016-00

Prime Partner: Network of People Living with
HIV/AIDS

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17293.22363.09

Activity System ID: 22363

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$50,000

Activity Narrative: Note: Country funds have been added to this NPI mechanism.

RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHAs organizations created in 1997, works to establish and protect the legal rights and improve the quality of life of persons living with HIV/AIDS. Through fund raising, sub-granting, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 50 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS), Ministry of Health (MOH), and Ministry of Family, Women, and Social Affairs, as well as many other technical ministries, RIP+ participates in the design and implementation of national policies and strategies as a member of various technical working groups and committees.

In late 2006, RIP+ was awarded a three-year grant, one of three Ivorian organizations selected in the first round of the New Partners Initiative (NPI). Through the NPI program, RIP+ is implementing Project SERVIR in Côte d'Ivoire to achieve the following objectives: (1) build administrative capacity of PLWHA organizations, (2) train the members of all PLWHA NGOs in positive HIV prevention, (3) implement positive-prevention activities, (4) institutionalize a national HIV testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based care and support to those in need.

RIP+ manages the project and provides sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, are delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing (CT) for at least 100,000 youths and adults through Cote d'Ivoire Testing Day and to provide direct care and support services to at least 17,500 PLWHA nationwide.

With FY07 and FY08 NPI funds, RIP+ has collaborated with JHU/CCP, MLS, MOH, and other national key stakeholders to develop, launch, and institutionalize a Côte d'Ivoire Testing Day (CITD). The first CITD is planned for Dec. 15, 2008.

In FY09, RIP+ will build on its experience and on outreach activities of its affiliates to continue to strengthen and expand the capacity of local PLWHAs organization to respond to HIV/AIDS in their communities, including strengthening access to and uptake of CT as a critical component of prevention, care, and treatment strategies. RIP+ has worked with a variety of partners (including RIP+ affiliates, local NGOs, JHU/CCP, the District of Abidjan, PSI, Hope Worldwide, Alliance CI, Clinique de Confiance, and the private-sector network CGECI) to mobilize communities and increase demand for CT, using innovative approaches such as door-to-door, family-centered services provided by mobile units. At least 4,503 persons were reached through community mobilization activities. These community mobilization efforts highlighted the need to harmonize stakeholder understanding of scale-up to support a national testing day. RIP+ worked in support of a new simplified algorithm allowing whole-blood, finger-prick rapid testing and promoted understanding of home- and community-based service-delivery approaches. In FY09, the MLS and MOH will spearhead the national testing day, and RIP+ will lead community mobilization efforts. RIP+ will ensure that an effective, client-friendly national referral system is put in place to ensure a continuum of quality care for PLWHA newly diagnosed during the second CITD (2009).

Working with the MLS and national stakeholders, RIP+ will continue to make prevention technologies more available to highly vulnerable populations. RIP+ will procure condoms and lubricant and distribute them to highly vulnerable populations including men who have sex with men, people living with HIV and AIDS, and CSW. For specific groups including MSM and CSW, some condoms and lubricant will be made available as an income generating source to ensure sustain renewal of stocks. Condoms and lubricant will also be distributed in conjunction with outreach, community-based prevention and positive prevention programs.

With FY08 and FY09 NPI funds, RIP+ will provide logistic, technical and financial support for community mobilization activities involving PLWHA, NGOs, and other HIV/ AIDS organizations sponsoring community-awareness activities and promoting HIV prevention for negative people and positive prevention for PLWHAs. JHU/CCP and Alliance will continue to assist RIP+, providing technical assistance to assure quality, prevention-related communication and community-mobilization activities.

RIP+ will continue to promote uptake of voluntary counseling and testing (VCT) by highly vulnerable populations by linking condom and lubricant distribution to awareness-raising activities and VCT services. People living with HIV who are on treatment will be linked to these outreach activities, and those who test positive will be referred to existing care and treatment activities through RIP+ referral network, which includes MLS, Alliance CI, and FHI.

With FY09 funding, RIP+ will collaborate through a partnership agreement with ANANDER to complement and support the national rural development program with a comprehensive, positive prevention component implemented by RIP+. RIP+ contribution will focus on three activities: 1) Individual level counseling and activities intended to develop PLWHA self esteem, 2) Organizational support to build a strong structure that mobilizes, manages and sustains resources, and 3) Awareness raising activities at the community level to create an enabling environment for PLWHA. These interventions will result in a greater involvement of PLWHAs (GIPA).

Based on its previous collaboration with PACT, RIP+ will enhance community coping mechanisms through smart communication strategies and support for a Côte d'Ivoire Media Exchange (CIMEX). CIMEX will be a year-long activity to increase awareness and reduce HIV/AIDS stigma and discrimination. CIMEX will promote media involvement through a partnership with the network of journalists. The CIMEX Advisory Committee will be composed of key stakeholders from civil society, the media, and the public and private sectors. The CIMEX Advisory Committee will develop a media action plan that lays out strategies, key activities and timeframes. Some of the planned activities include broadcast talk shows and mass media advertisements on positive prevention. CIMEX messages will focus on HIV prevention among youth and reducing HIV stigma and discrimination in the general population. The culmination of CIMEX will be a highly publicized ceremony covered by the national mass media channels with three major awards: (1) award of the best media contribution to the HIV/AIDS fight, (2) award for the best NGO for its contribution to the fight against HIV/AIDS and (3) award for the most committed company. RIP+ expects this activity to

Activity Narrative: reach the entire country and generate enough interest and enthusiasm to become financially self-sustainable within the lifespan of the project. CIMEX will help reach at least 10,000 young people throughout the country.

FY09 funding will also support the hiring of a staff person to coordinate activities related to lay counselors/community workers and volunteers.

The RIP+ project will be monitored by ongoing data collection and a periodic feedback meeting among stakeholders. A final evaluation combining a focus group discussion with PLWHAs, key stakeholder interviews, and routine data analysis will assess the project's effectiveness. Final evaluation will include external evaluation of project's process, effect and impact.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17293

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17293	17293.08	U.S. Agency for International Development	Network of People Living with HIV/AIDS	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	\$0

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5313.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 11056.22351.09

Activity System ID: 22351

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$250,000

Activity Narrative: PSI expanded 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.

Though still recovering from political and economic instability, Cote d'Ivoire is a transport and trade hub of the West African region, characterized by high mobility of people. To mitigate the spread of HIV associated with highly mobile populations, cross-border interventions targeting core and bridge groups and populations along the main migratory routes have been identified as national and regional priorities.

PSAMAO (Prevention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest et du Centre), started with USAID funding and expanded into 17 countries, 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), social marketing of condoms, treatment for sexually transmitted infections (STI), and HIV counseling and testing (CT) promotion and referrals.

Studies conducted by the PSAMAO regional project showed that from March 2005 to November 2006, the consistent use of condoms rose from 44% to 53% among commercial sex workers and from 36% to 77% (with occasional clients) among truckers. The surveys also showed that use of condoms during last sexual encounter among both commercial sex workers and truckers increased significantly with exposure to PSAMAO activities, regardless of the type of partner (regular, occasional, or commercial) outside of an established partnership. However, studies have also 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 important determinants of the nation's HIV epidemic.

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 BCC based on a participatory approach. As of November 2006, an estimated 1,075 commercial sex workers and 1,702 truckers each month were being reached with communications activities across the eight sites. More than 87% of commercial sex workers and truckers at these sites said that they had been exposed PSAMAO communications activities. Along with exposure to BCC activities, these populations were also referred to institutions providing CT and STI services. PSI's HIV project targeting the uniformed services also ensured access to affordable condoms in and around PSAMAO sites. Through this USAID funded PSAMAO program, two health centers in Abidjan also participated in a training program on STI syndrome management and were provided with STI syndromic treatment kits.

Given the end of USAID funding, PSAMAO activities were incorporated into PEPFAR funded activities starting with FY07 funds. With FY07 and FY08 PEPFAR funds, PSI is extending these interventions to new sites on the border and in the interior of the country, for a total of 22 intervention sites. Target populations include truckers, sex workers, customs and uniformed officials, and "migrant" populations. More than sixty members from the National Transport Union and local Red Cross were trained as peer educators.

With FY09 funding, PSI will continue to implement the range of PSAMAO BCC interventions by community-based educators, including gender-based training focusing on sexual violence, alcohol, vulnerability, and condom negotiation, and will expand these activities to customs and other officials (formal and informal) in 14 border crossing zones.

Specific activities that will be undertaken with FY09 funding include:

- Ensuring continued implementation of the project's communications activities by community educators and supervisors, targeting sex workers and their partners (including transactional sex workers such as waitresses, bartenders, and vendors). Peer and community educators will conduct interpersonal communications activities (IPC) as well as mass media events at bus stations, at border crossing points, in bars and restaurants, and in other areas where the target populations congregate, as well as within identifiable brothels and hotels used for transactional sex. IPC and mass media activities will be complemented by the distribution of flyers and posters in high-traffic areas.
- Training additional community education agents in BCC to increase coverage in the existing 22 project sites. The education agents and supervisors will be selected among Transportation Union members to promote sustainability of education activities. Selection will be based on identified criteria.
- Training commercial sex worker peer educators in BCC in seven project sites. This training will be done in consultation with FHI. Training modules validated at the national level will be used.
- Delivering the project's BCC messages via IPC activities and public demonstrations using the project's mobile video unit in all existing 22 PSAMAO project sites.
- Producing and installing billboards with education messages on PSAMAO transportation routes. PSI collaborates with relevant partners in the production of all education/communication materials.
- Ensuring the continued availability and re-supply of condoms at all condom access points created in conjunction with the condom social marketing project implemented by AIMAS.
- Supervising and reinforcing diagnosis and care for STIs at 14 fixed sites identified in FY07, as well as the extension of STI services to all 22 project sites in collaboration with the Ministry of Health and in coordination with relevant implementing partners.
- Supervising and reinforcing Croix Rouge, already sub-contracted to implement PSAMAO activities across various project sites.

The relevant district and regional health departments (DD and DR) will play an important role in identifying project intervention sites within their geographic regions, as well as being involved in monthly and quarterly

Activity Narrative: project planning activities. PSI's site supervisors will participate in the decentralized health committee meetings held by the DD and DR and will also invite DD and DR representatives to participate in regular supervisory activities. PSI will also share with the DD and DR all results from activity implementation and surveys conducted in their respective geographic areas.

The project will promote sustainability by creating a Liaison Office based on lessons learned and best practices from the Uniformed Personnel Liaison Office. Members will include Croix Rouge, the Ministry of Transport, and the National Transport Union. PSI will also seek to participate in relevant coordination forums at local, regional, and national levels, complementing activities of PEPFAR and other partners.

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

PSI will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build and strengthen a unified national M&E system, PSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Sustainability is a priority of the PSI program and has been a key component in strategy development and activity implementation. One strategy has been to build the capacity of each of the branches of uniformed personnel, through the creation of a Liaison Office, to provide more direct oversight and supervision of peer education activities. This allows HIV-related activities to become better integrated into day-to-day activities of uniformed personnel rather than being viewed as "extra" work. Similarly, a Coordination Office will be set up with representatives from the Ministry of Transport and the National Transporters Union for all interventions targeting truckers. Organizational and technical capacity building of local NGOs is provided to help them better support PLWHA and educate their communities. PSI will organize program planning and management trainings to build capacity of relevant stakeholders to continue program implementation. PSI also plans to work with relevant ministries to integrate HIV education into the curricula at training schools for the uniformed services.

Another strategy to support sustainability is to routinely include members of target groups in the implementation of project activities. For instance, target group representatives are trained to deliver and even supervise services (prevention, CT, care and support) so that activities can continue after the project ends. Military health structures are equipped and personnel are trained to integrate STI care and support services, CT, and palliative care, with enhanced referral systems.

A network of condom sales points has been set up around program sites, and linkages have been created with the traditional national distribution network through private wholesalers to ensure continued product availability for the target population.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15154

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15154	11056.08	HHS/Centers for Disease Control & Prevention	Population Services International	7062	5313.08	PSI CI Uniformed services VCT Promotion	\$225,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5313.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 10049.22352.09

Activity System ID: 22352

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$500,000

Activity Narrative: PEPFAR 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 experienced a prolonged political and military crisis, the USG team has targeted uniformed services and their sexual partners for special attention. From 2002 until recent months, the country saw active mobilization and deployment of various uniformed services (national army, gendarmes, and police) as well as rebel forces. Increased mobility with separation from spouses, economic disparities with the surrounding population, and crisis-related shifts in perceptions likely contributed to heightened sexual risk behaviors among these populations. Access to information, HIV counseling and testing (CT), and health care has been limited for uniformed services on active deployment.

In 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) applied successfully for PEPFAR funding to expand HIV prevention, CT, and care interventions targeting the uniformed services (including child soldiers) and their partners in Cote d'Ivoire. Increased access to and uptake of combined HIV prevention 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 services through a strong referral network to complementary services.

In the program area of Condoms and Other Prevention, PSI's activities are 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 anti-retroviral therapy (ART) adherence. Activities at 45 project sites throughout the country target all six major uniformed services – the national military (FANCI), the rebel forces (FAFN), the gendarmes, the police, the customs service, and Water and Forest officials – and include training of peer educators to promote HIV prevention, counseling of other prevention methods, dissemination of prevention methods via mass media and group events, diagnosis and treatment of sexually transmitted infections (STIs), 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 for peer educators. PSI's implementing partner AIMAS is responsible for creating condom sales points in high-risk areas and ensuring condom promotion and accessibility to high-risk target groups, while JHPIEGO has trained and supervised providers for the diagnosis and treatment of STIs. Espoir FANCI, an NGO of military PLWHA, works to reduce stigma through testimonials and peer education. PSI and its partners work to link activities with other HIV prevention, care and treatment, and social services.

Project activities complement and build on other PEPFAR-funded efforts, including prevention, care, and treatment activities by various ministries (AIDS, Health, 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. All communication materials are developed and validated with the involvement of the government as well as international organizations (UNFPA, ONUCI, PNDDR, PEPFAR) and key implementing partners (JHU/CCP, FHI, REPMASCI, ARSIP, COSCI, RIP+, Care, ANADER, and Alliance CI). PSI also collaborates with Care, Alliance, EGPAF, ACONDA, and other partners to ensure a continuum of care for those testing HIV-positive.

With FY09 funding, the project will continue and reinforce current activities, Specific activities, which are expected to reach at least 17,925 people with Other Prevention outreach and to train at least 360 people between April 2009 and March 2010, will include:

- Behavior change communication via interpersonal communication (IPC) techniques as well as mass media promoting HIV prevention. Issues involving social norms and beliefs will be addressed using a combination of mass media tools (posters, flyers, radio spots, etc.) designed to shift perceptions and attitudes on issues such as fidelity, discrimination against PLWHA, and sexual violence and coercion. These tools will be augmented by efforts to involve key community leaders and influential members of the target groups. These approaches will be complemented by IPC activities designed to address individual attitudes and behaviors, thereby enhancing risk perception, self-efficacy, and other key behavioral determinants. IPC activities will include small-group sessions led by a peer educator and touching on key issues such as risk perception, partner reduction, correct condom use, stigma, the negative effects of drug and alcohol use in relation to HIV, and the promotion of CT. Peer educators will use a variety of interactive strategies, such as games, role-plays, and discussions of educational films, to achieve sustained behavior change among the target group. These IPC activities will be conducted by peer educators and community-based educators.
- Training of additional peer educators charged with conducting communications activities promoting correct and consistent condom use and other means of HIV/AIDS prevention. Training will cover the full range of issues related to HIV/AIDS prevention, with an important module on how peer educators can address gender issues, including issues of rape and sexual coercion.
- Training of peer educators in the "Men as Partners" approach at six pilot sites (one per uniformed service). Based on lessons learned in 2009, this approach can be scaled up to other project sites. PSI will train BCC trainers among the uniformed personnel, who will then train peer educator supervisors and peer educators in pilot sites. PSI will also consult with EngenderHealth to ensure that best practices in this approach are included.
- Management and re-supply of 1,500 condom sales points created during previous years of the project.
- Distribution of 500,000 male condoms during IPC sessions, group events, and CT sessions, with demonstrations of correct condom use.
- Updating and dissemination of a map of functional condom sales points.
- Distribution of male condoms to new recruits and to uniformed personnel departing on peacekeeping

Activity Narrative: Missions.

- Adaptation and validation of STI and HIV/AIDS training modules in military schools/uniformed services academies.
- Training of 60 health professionals in syndromic STI care and treatment.
- Diffusion of TV spots produced in previous years on the promotion of correct and consistent condom use, couples CT, and stigma reduction.
- Promotion of "positive prevention" among PLWHA. These activities, conducted by men and women selected in consultation with Espoir FANCI and/or the national PLWHA network RIP+, will include assisting people with HIV/AIDS to protect their sexual health, avoid newly acquiring STIs, delay the progression of the disease, and avoid transmitting HIV to others. This will be achieved via self-help groups that will promote couples CT, the adoption of healthy and safe behaviors, and safe disclosure of one's sero-status to partners and family members.
- Support for people testing HIV-negative to maintain their HIV-negative status, to get tested regularly, to bring their partners for testing, and get involved in promoting CT.

The impact of BCC activities will be evaluated via PSI's TRaC (Tracking Results Continuously) surveys. These surveys are used to identify key behavioral determinants for specific behaviors (such as consistent condom use or partner reduction), measure exposure to project activities, and follow the evolution of the adoption and retention of the desired behaviors over time. Having received approval of the study protocol in FY07, PSI conducted a baseline study at the beginning of 2008, with a follow-up TRaC planned with FY09 funding.

PSI will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build and strengthen a unified national M&E system, PSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Sustainability is a major priority of the Population Services International (PSI) program and has been a key component to strategy development and activity implementation. One of PSI's primary priorities has been building the capacity of each of the branches of uniform personnel (Military- FANCI, Gendarmes, Forces Armees Forces Nouvelles (FAFN), Police, Customs, and Water & Forests) through the creation of a Liaison Office to provide more direct oversight and supervision of peer education activities. Therefore, HIV related activities become better integrated into day to day activities of uniformed personnel rather than being viewed as an "extra" work. Organizational and technical capacity building of local non-government organizations (NGOs) such as the Military Wives Association (AEMCI) is also provided so that these organizations can better educate their communities. Furthermore, PSI plans to work with related Ministries to integrate HIV education into uniformed schools' curricula so that HIV information is provided from the moment an individual enters uniformed service.

Sustainability is a priority of the PSI program and has been a key component in strategy development and activity implementation. One strategy has been to build the capacity of each of the branches of uniformed personnel, through the creation of a Liaison Office, to provide more direct oversight and supervision of peer education activities. This allows HIV-related activities to become better integrated into day-to-day activities of uniformed personnel rather than being viewed as "extra" work. Similarly, a Coordination Office will be set up with representatives from the Ministry of Transport and the National Transporters Union for all interventions targeting truckers. Organizational and technical capacity building of local NGOs is provided to help them better support PLWHA and educate their communities. PSI will organize program planning and management trainings to build capacity of relevant stakeholders to continue program implementation. PSI also plans to work with relevant ministries to integrate HIV education into the curricula at training schools for the uniformed services.

Another strategy to support sustainability is to routinely include members of target groups in the implementation of project activities. For instance, target group representatives are trained to deliver and even supervise services (prevention, CT, care and support) so that activities can continue after the project ends. Military health structures are equipped and personnel are trained to integrate STI care and support services, CT, and palliative care, with enhanced referral systems.

Additionally, a network of condom sales points has been set up around all program sites, and linkages have been created with the traditional national distribution network through private wholesalers to ensure continued product availability for the target population.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15155

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15155	10049.08	HHS/Centers for Disease Control & Prevention	Population Services International	7062	5313.08	PSI CI Uniformed services VCT Promotion	\$325,000

Emphasis Areas

Gender

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

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5343.09

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: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 9931.22454.09

Planned Funds: \$67,000

Activity System ID: 22454

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- ANS-CI will build on its ICOP strategy to develop and implement prevention activities around community-based CT centers in a holistic approach. Prevention and CT activities will be linked with care and support, OVC, and TB/HIV services in the community.
- Stigma reduction will be systematically introduced in OP training curricula as a cross-cutting area to help create environments of safe dialogue and open discussion of the realities of risk behavior and HIV prevention and to encourage care and support for people living with HIV/AIDS.

COMPLETE NARRATIVE:

The ANS-CI Nationale Contre le VIH/SIDA 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 ANS-CI and PEPFAR funds in order to build the technical and organizational capacity of civil-society organizations to achieve their HIV and health related objectives working at the community level.

In 2008, ANS-CI is providing sub-grants and technical assistance to eight local organizations promoting prevention methods other than AB, including local NGOs delivering prevention services to key populations (sex workers, students on campus, and internally displaced women in Bongouanou) and using innovative methods (e.g. mobile units). Fifty-two individuals were trained to promote HIV/AIDS prevention through other behavior change, and it is expected that 7,000 people will be reached by such prevention services. Also in 2008, 25 people were trained to become trainers in stigma reduction, setting the stage to expand this further in 2009.

With FY09 funding, ANS-CI will build on its approach called ICOP (Initiative Communautaire Participative) to develop a comprehensive package of HIV/AIDS-related activities around CT facilities. ANS-CI will provide additional funds and support to 11 CT centers to implement strengthened personal risk analysis and reduction in AB- and OP-focused activities in conjunction with community-based care and support for OVC and PLWHA as part of a comprehensive and holistic approach. ANS-CI will support training of five persons per site to provide AB and OP activities for people visiting the CT center.

Technical assistance will be provided CT staff to promote evidence-based prevention messages focusing on abstinence and fidelity, partner reduction, healthy life choices, STI prevention and treatment, "prevention for positives" and support for sero-discordant couples, gender equity, stigma and discrimination, correct and consistent use of condoms, and alcohol use as a risk factor. ANS-CI will support the CT staff to develop prevention for positives activities in the community through post-test clubs and support groups for PLWHA in towns where CT centers are located. ANS-CI is aiming to reach at least 15,000 individuals with OP prevention interventions and train at least 50 people to conduct OP outreach by September 2009.

ANS-CI will work closely with JHU/CCP and the behavior change communication (BCC) and highly vulnerable populations (HVP) technical working groups, led by the Ministry for the Fight Against AIDS (MLS) to ensure that appropriate BCC materials and approaches are used to reach adults and sexually active youth with age- and gender-appropriate messages, including messages focusing on cross-generational sex and gender norms that place women at risk. In CT center locations, ANS-CI will utilize existing local radio channels to develop community sensitization and BCC strategies that promote HIV counseling and testing for the general population, reduction of cross-generational sex (including discussion of "false friends" who give gifts for sex) plus use of condoms and responsibility in relationships. Through this approach, ANS-CI is aiming to reach at least 20,000 individuals with OP prevention interventions by September 2009.

ANS-CI will implement AB and OP prevention strategies in close collaboration with other national and PEPFAR partners with experience in this domain, including PSI, FHI, Care International, and ANADER. Community health workers will play a key role in delivering prevention messages and promoting sustainability, with their involvement from the beginning to the end of these activities. ANS-CI has signed agreements with community-based NGOs and decentralized governments and will work with each of them to develop individual operational plans. The ICOP approach will enable sub-grantees to ensure that plans systematically establish linkages between prevention interventions and CT in an integrated manner.

Through a district-based approach involving the district health officer, ANS-CI program officers and M&E staff will conduct collaborative formative supervisions to ensure that activities are consistent with national guidelines and principles and are integrated into the district's standardized minimum package of services. This approach will ensure that NGOs are providing adequate prevention interventions for sero-discordant couples and PLWHA in collaboration with care and treatment facilities supported by EGPAF, ACONDA, and ICAP-Columbia.

ANS-CI will also 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. ANS-CI will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANS-CI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16765

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16765	9931.08	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	7039	5343.08	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$0
9931	9931.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$420,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8262.09	Mechanism: Department of Defense
Prime Partner: US Department of Defense, In-Support	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 25959.09	Planned Funds: \$400,000
Activity System ID: 25959	

Activity Narrative: HIV prevention is a priority for Cote d'Ivoire's Ministry of Defense (MoD), whose mostly young, often mobile members face a heightened risk of infection. Building on the MoD's existing program for prevention of STIs, including HIV/AIDS, the US Department of Defense (DoD) provides technical assistance for the revision and implementation of a comprehensive HIV/AIDS management policy. This activity has strengthened the partnership between the MoD and the USG and is helping to mobilize the Ivorian armed forces (MoD, police, customs, Water & Forests forces) and the Forces Armées/Forces Nouvelles (FAFN) for HIV prevention activities, policy development, and aggressive management of the HIV/AIDS epidemic.

With FY09 funding, the DoD will continue to provide technical assistance for the development, monitoring, and evaluation of PEPFAR-supported HIV prevention, care, and treatment activities targeting the military in Cote d'Ivoire. At least 20 key Ivorian armed forces commanders and staff members will be trained in HIV stigma reduction, and two commander's conferences will be held to explain the latest MoD HIV/AIDS policy and stigma reduction program. Altogether, at least 1,000 people will be reached through Other Prevention outreach, and at least 100 people will be trained to provide such outreach.

PEPFAR funding will continue to support a DoD coordinator position whose broad responsibilities include management, coordination, and support of PEPFAR-supported activities targeting the military, in collaboration with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), and PEPFAR implementing partners. These funds will cover costs for travel, training, workshops, and equipment. Support for the coordinator will also come from the Defense Attaché, CDC, and DoD headquarters.

FY09 funding will also support the training of military physicians. The objective of the program is to develop human capacity and strengthen the ability of the armed forces to treat the military population, their families, and nearby communities by training key military clinical physicians, using a training-of-trainers approach, in state-of-the-art HIV prevention, diagnosis, clinical management, and treatment, with the expectation that they will transfer information into operational use throughout the country. The program emphasizes treatment of opportunistic infections, provision of antiretroviral therapy, prevention and clinical management of HIV, epidemiologic surveillance, and clinical laboratory diagnosis. Five Ivorian physicians are being trained through this program with FY08 funding, and two more will be trained with FY09 funding.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$130,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5383.09	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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10345.22339.09

Planned Funds: \$300,000

Activity System ID: 22339

Activity Narrative: With FY09 funds, USG technical staff will be supported (salaries, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded behavioral interventions designed to influence HIV-related behaviors, with a primary emphasis on sexual prevention for HIV-positive, at-risk, and highly vulnerable populations, such as professional and transactional sex workers, uniformed services and ex-combatants, truckers, and prisoners. This technical assistance is provided 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, in the harmonization and standardization of BCC tools.
- 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, ANADER, JHU/CCP, and the ministries responsible for Education, Social Affairs, Health, and AIDS coordination.
- Development of a communications strategy, in coordination with JHU/CCP and REPMASCI (network of media professionals and artists against AIDS in Cote d'Ivoire), to promote HIV prevention.

PEPFAR CI will continue to support RIP+ (network of PLWHA organizations), REPMASCI, and COSCI (NGO collective against HIV, representing more than 400 organizations). PEPFAR CI will also continue to support faith-based organizations (ARSIP, an interfaith alliance of religious leaders), youth organizations, and other community activists and leaders in mobilizing their communities for the promotion of a comprehensive ABC approach to HIV prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15168	10345.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7066	5554.08	CDC-RETRO-CI GHAI	\$50,000
10345	10345.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$15,000

Emphasis Areas

Gender

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

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism**

Mechanism ID: 5310.09	Mechanism: TBD-GH-08-2008 RESPOND
Prime Partner: Engender Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 16766.22486.09	Planned Funds: \$45,000
Activity System ID: 22486	

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic (prevalence 4.7%) marked by strong gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of AIDS (MLS), other government bodies, and PEPFAR implementing partners to build capacity to provide higher-quality prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to implement and scale up quality programs and coverage. Within this context, the USG CI program supports comprehensive HIV/AIDS prevention interventions targeting the general population and specific sub-populations in urban and rural areas across the country.

Primary HIV prevention priorities for Cote d'Ivoire include promoting behavior change to delay sexual debut and promote life skills for in- and out-of-school children and youth; decrease cross-generational and coerced sexual relationships; promote fidelity linked to HIV testing within sexual partnerships; decrease hospital-related HIV infection through improved blood-safety and injection-safety programs; and reduce risk among high-risk populations. Abstinence and Be Faithful (AB) components target adult men and women as well as youth. These include working with women and girls to emphasize linkages to prevention of mother-to-child transmission (PMTCT), working with men and boys to promote messages about gender equity and violence, and working with children and youth through life-skills and Sports for Life programs. All sexually active target populations receive messages about the importance of HIV counseling and testing.

EngenderHealth recognizes the importance of partnership between women and men, as well as the crucial need to reach out to men with services and education that enable them to share in the responsibility for health. To address this, EngenderHealth established its Men as Partners (MAP) program in 1996. Through its groundbreaking work, this program works with men to play constructive roles in promoting gender equity and health in their families and communities. EngenderHealth works with individuals, communities, health care providers, and national health systems to enhance men's awareness and support for their partners' health choices, increase men's access to comprehensive health services, and mobilize men to take an active stand for gender equity and against gender-based violence. EngenderHealth has developed MAP programs in 15 countries in Africa, Asia, Latin America, and the United States. MAP is designed to address attitudes and behaviors that adversely affect the health of men and women and to link gender equity, male involvement, and improved health for men and women. The MAP approach consists of workshops in which men and mixed groups explore gender roles with the aim of promoting gender equality. The program challenges contemporary gender roles that equate manliness with a range of risky behaviors, such as violence, alcohol use, multiple sex partners, and domination over women. MAP addresses both the HIV epidemic and violence against women within a comprehensive framework for recognizing and dealing with the complexities of how gender roles affect men's and women's lives. The intervention combines a community-based participatory group approach with interactive educational activities. Preliminary evaluations of the program in South Africa indicate that the program is a promising intervention for HIV prevention.

In FY08, the USG CI program funded EngenderHealth Care International, and Hope Worldwide to adapt the Men as Partners program for the Ivoirian context, in collaboration with relevant ministries, HIV and health-sector partners, and other donors.

With FY09 funding, EngenderHealth will work with JHU/CCP and the Ministry of AIDS (MLS) to ensure that adapted Men as Partners materials are validated and included in national communications strategies. EngenderHealth will also support scale-up of the MAP program by building the capacity of new MAP partners, including the CI Ministry of Education, the CI Ministry of Defense, and ANADER, to implement the MAP program. MAP workshops will mobilize participants to promote behavioral change among their peers and within the communities where they live. These efforts will be supported by large-scale community events and campaigns.

EngenderHealth will work with local organizations and stakeholders to distribute MAP BCC materials and to promote and distribute condoms at MAP community events. EngenderHealth will also provide technical support to partners for evaluating MAP activities using a modified version of the Gender Equity Male (GEM) Scale.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16766

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16766	16766.08	U.S. Agency for International Development	Engender Health	7046	5310.08	GH-08-2008 RESPOND EngenderHealth	\$45,300

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 7226.09**Mechanism:** JHU-CCP Communication
2008**Prime Partner:** Johns Hopkins University
Center for Communication
Programs**USG Agency:** U.S. Agency for International
Development**Funding Source:** GHCS (State)**Program Area:** Sexual Prevention: Other
sexual prevention**Budget Code:** HVOP**Program Budget Code:** 03**Activity ID:** 6382.22481.09**Planned Funds:** \$300,000**Activity System ID:** 22481

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With an expanded focus on girls and women, PLWHA, and sero-discordant couples, JHU/CCP's Other Prevention portfolio in 2009 will focus on alcohol use and risk behaviors, cross-generational relationships, and multiple concurrent partnerships.

COMPLETE COP09 NARRATIVE:

As PEPFAR Cote d'Ivoire's main partner providing technical assistance for behavior change communication (BCC), JHU/CCP will continue to transfer capacity and provide technical support and tools to PEPFAR partners by developing, disseminating, and evaluating the use of BCC tools that enable diverse communities to engage in dialogue about HIV/AIDS risk, behavior, and social norms to achieve behavior change.

With an expanded focus on girls and women, rural populations, PLWHA, discordant couples, and religious and traditional communities, FY09 activities will include HIV prevention messages that promote uptake of HIV testing, positive prevention for PLWHA (PwP) including discordant couples, and social inclusion of people affected and infected by HIV. Materials will address issues of HIV stigma, male norms related to multiple concurrent sexual partners, cross-generational sex, and the role of alcohol and other drugs in HIV transmission. Approaches will target youth using video and print materials complemented by local activities.

JHU/CCP expects to reach at least 20,000 people with community outreach promoting Other Prevention and to train at least 250 people to conduct such outreach by September 2009.

African Transformation

In 2008, CCP produced four 10-minute AT video profiles for youth on social roles, gender, intergenerational sex, and HIV/AIDS, accompanied by a facilitator's guide. CCP also conducted a training of 25 trainers in the community-based AT approach, as well as outreach activities through four Abidjan-based NGOs.

In 2009, CCP will expand the "African Transformation" approach for promoting normative change through video profiles and accompanying discussion modules. It will provide a forum to engage other partners in considering how materials and modules complement or can be used within existing programs to achieve specific outcomes while still advancing the holistic program.

CCP will conduct the next round of interviews with a sample group of young people who participated in the assessment during 2008. This follow-up will permit monitoring perceived changes since the youth have been trained and are putting their newly acquired skills into practice. In addition, Lot Quality Assurance Sampling (LQAS) will be used in selected communities to conduct a rapid assessment of the impact of the community-based activities.

In 2009, CCP will produce three additional youth profiles with discussion guides on PLWHA, OVC, and alcohol use among young men, and will conduct training of trainers for key PEPFAR, ministry, and NGO partners.

Mini HIV Movies Based on FY06 Literary Contest

In 2009, CCP will develop three 10-minute "mini-movies" based on the winners of its successful HIV/AIDS book *Juste pour Gouter* printed in 2007 and 2008. These brief edu-entertainment films will be used as reinforcement materials for CCP activities such as Sports for Life (SFL, see AB narrative) and African Transformation, as well as for local youth groups, religious congregations, and CBOs working in HIV/AIDS. The BCC TWG will once again serve as a forum for CCP to engage other partners in envisioning appropriate use of these new resources in to re-invigorate existing programs.

Radio Diary Program

- Stigma and discrimination directed toward people infected with or affected by HIV/AIDS is a persistent barrier to promoting improved HIV prevention, care, and support in Cote d'Ivoire. Radio diaries promotes more favorable attitudes toward PLWHA by enabling listeners in the general population to gain "day in the life" insights into the lived experience of PLWHA and their families.

- In 2008, CCP identified two Radio diarists and one RD producer, trained them and broadcast two PLWHA Radio diaries on ONUCI FM and four local radios in Abidjan with TA from REPMASCI. After this pilot phase, CCP will extend the intervention to five other local radios outside Abidjan and explore the possibility to broadcast the Radio Program in local languages.

Positive Prevention

- In 2009, CCP will also produce audiovisual materials with discussion guides addressing sero-discordant couples' challenges, promoting positive living and prevention of re-infection for PLWHA. This involves two short videos – one with a sero-positive couple and another with a sero-discordant couple – to share how they have come to terms with their status and how they protect each other. These videos will be disseminated on DVD with a discussion guide and made available to all PEPFAR partners. CCP will also explore opportunities or partnerships that enable use of the videos in a televised talk-show or panel discussion setting.

Alcohol and Risk Behavior

Alcohol has disinhibitory effects and increases risky sexual behaviors such as unprotected sex, early sexual debut, and multiple partners, all of which can lead to HIV transmission. Alcohol adversely affects health and

Activity Narrative: can contribute to violence against women. Widespread alcohol use by young people in Cote d'Ivoire's popular bars is a risk factor that needs to be addressed through behavior change strategies.

A half-day module on alcohol and HIV/AIDS has been developed by CCP in Uganda. It puts emphasis on helping participants to understand what is abuse and what is responsible use of alcohol, and includes a self-assessment tool that participants use to see if they have been abusing alcohol.

In 2009, CCP will translate and pilot this module, and train PEPFAR partners to use communication in addressing social norms that contribute to alcohol abuse and risky behaviors. CCP will mount an advocacy campaign to affect social attitudes so that drinking and subsequent violence against women are publicly condemned. CCP will identify at least one champion, such as international soccer player Yaya Touré Gnégny (SFL Ambassador), to carry this message and promote responsible, respectful relationships.

Condom Use in Multiple Concurrent Partnerships

In 2009, CCP's "next generation" approach will place increasing emphasis on developing messages to increase awareness of multiple concurrent partnerships as a risk factor for HIV infection.

CCP will develop prevention messages through mass media and ICC/ P activities to address all domains of the concurrency risk matrix:

- Reducing high partner turnover and short relationships with little commitment; emotional maturity to space relationships; taking longer to initiate sex; avoiding concurrency; avoiding transactional rationale for sex; avoiding inter-generational sex
- Correct and consistent condom use with all partners, unless other strategies adopted (i.e. relationship management, commitment to no MCP, VCT)
- Knowledge of own HIV status, knowledge of sexual partner HIV status in established relationships

MSM Initiative

- In 2009, CCP will develop targeted messages and communication tools on HIV prevention and risk reduction, mobilization for testing and encouragement to access health care services and messages for men who have sex with other men (MSM). CCP will collaborate with the MLS-led HVP working group to review findings of 2008 formative research with MSM in Abidjan, and respond to MSM prevention needs and motivation to use services. This includes collaborating with MOH and HVP team on development of job aids for service providers to use with MSM and orientation of service providers to updated information and resources.

All activities will be conducted in consultation with national partners, led by the Ministry of AIDS. CCP's M&E system will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, CCP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15126

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15126	6382.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7226	7226.08	JHU/CCP Communication USAID 2008	\$250,000
10299	6382.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$200,000
6382	6382.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3827	3827.06	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)	\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10721.09

Prime Partner: Central Contraceptive Procurement

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 25236.09

Activity System ID: 25236

Mechanism: Contraceptive Commodities fund

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$375,000

Activity Narrative: This contract will provide male and female condoms for use in HVP prevention programs serving people living with HIV and AIDS, commercial sex workers and their clients, military personnel, transportation workers, and sexually active university students who are also targeted with messages on fidelity and risk reduction. This stock will complement other international donor and national efforts to provide condoms for use in a comprehensive reproductive health commodities strategy by the Ivoirian government. It is designed to avoid a shortfall in condoms, which would impair the sustainability and effectiveness of HVP programs, with consequences for populations at potentially elevated risk of HIV transmission, who also may serve as transmission bridges to the general population.

PEPFAR works with the National Public Health Pharmacy (PSP), SCMS, and the National HIV/AIDS Care and Treatment Program (PNPEC) to strengthen national capacity to quantify, manage, and distribute commodities necessary to HIV prevention, care, and treatment services. Complementing SCMS procurement of antiretroviral drugs and most other HIV/AIDS-related commodities, this procurement of condoms is in alignment with partner needs to ensure stock levels respond to program reality at the local, district, and national levels. It is imperative that PEPFAR program support a normalized pre-planned schedule of condom purchases along with capacity reinforcement to help integrate these efforts to provide a primary method of protection for sexually active HVP target groups.

Male and female condoms will be acquired through this procurement mechanism to support PEPFAR partners' activities as part of a comprehensive cross-cutting "prevention for positives" program at all service sites where HIV testing is provided (including all counseling and testing (CT), PMTCT, care, and treatment sites) as well as in conjunction with peer outreach targeting highly vulnerable populations of PLWH/A, sex workers, and the military. These activities will complement comprehensive risk-reduction counseling, including within uniformed services and sex worker peer education programs. To address women's control of their own protection, female condoms will be purchased, but in much lower numbers than male condoms. Previous social-marketing efforts have led to interest in the female condom as an alternative method of protection among commercial sex workers but have not produced a large-scale uptake, broad distribution network, or reduction in price over time.

The USG country team's procurement focal point will provide overall supervision of the project and will assure liaison with USAID project management staff and technical branch chiefs for prevention and care & treatment. The focal point will liaise with GSO staff to manage the tax-exempt importation and customs clearance processes. The recipient implementing partners are part of national distribution channels, in collaboration with the National Public Health Pharmacy (PSP), and with technical assistance from SCMS will manage storage and distribution. Partners will estimate their needs according to current and projected client loads. Consumption will be monitored, and orders will be adjusted accordingly. PEPFAR implementing partners who will have access to USG-procured condom supplies include ACONDA, EGPAF, ICAP, FHI, PSI, Care International, IRC, RIP+, the Ministry of Education, EngenderHealth, and ANADER.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7218.09

Prime Partner: Geneva Global

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17365.22408.09

Activity System ID: 22408

Mechanism: NPI-Geneva Global GHH-A-A-00-07-00005-00

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$0

Activity Narrative: Geneva Global is a U.S. based professional-services firm that advises private donors on effective philanthropic investment in the developing world. Its core competencies include identifying effective local CBO/FBOs; analyzing and building their organizational, technical, financial, and governance capacities; and monitoring and evaluating funded projects.

In late 2006, Geneva Global was awarded a three-year grant of \$2 million as one of three Cote d'Ivoire projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, Geneva Global will support 12 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; to provide and promote HIV counseling and testing CT; and to provide care and support and OVC services.

In FY07, Geneva Global launched its project by finalizing a work plan, opening an office and hiring staff in Abidjan, and identifying local sub-partners through a grant bidding conference and capacity assessments. Geneva Global invited and trained 19 CBOs and FBOs on PEPFAR guidelines and requirements as well as best practices in HIV/AIDS mitigation and began the mentorship process, assessing sub-partners' financial and organizational systems, building capacity through coaching and a due-diligence process, and providing technical assistance in project conception and budgeting.

Geneva Global selected 12 partners using its due diligence tools as well as AED tools for institutional capacity assessment and strengthening. It has also used mentoring, shadowing, coaching, workshops, and linkages to build subpartner capacities. Ongoing supervision is helping Geneva Global to monitor how much progress the subpartners are making, and in 2009, Geneva Global will administer the AED tool again to determine its strongest partners. If a requested cost extension beyond the project's November 2009 end date is granted, Geneva Global and its subpartners are capable of increasing targets in all program areas.

In the program area of Condoms and Other Prevention, Geneva Global will provide sub-grants, training, and mentoring to 12 local organizations working in Abidjan and surroundings as well as Yamoussoukro, Aboisso, Bloulequin, Gagnoa and Guiglo: Alliance Biblique de Cote d'Ivoire (ABC), AMEPOUH, Africa Christian Television (ACT), Groupe Biblique Hospitalier (GBH), Lumiere Action, Cote d'Ivoire Prosperite (CIP), CMA, Groupe Biblique Universitaire pour l'Afrique Francophone (GBUAF), MUDESSA, Femme Action Development (FEMAD), and Renaissance Sante Bouake (RSB). ACT, GBH, GBUAF, and Ruban Rouge will focus on life-skills education for behavior change, while the others will support condom-distribution sites combined with prevention education. FY09 funds will support 50 condom outlets and community-outreach interventions reaching at least 23,000 people.

Geneva Global will continue to use project management teams and to implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. Geneva Global's strategy is to support prevention education through peer educators, influential figures, local HIV/AIDS committees and clubs that promote delay of sexual debut, partner reduction, fidelity with knowledge of HIV-status, correct and consistent condom use for high-risk groups, and uptake of HIV counseling and testing. Messages also will address gender issues (gender norms, transactional and intergenerational sex, and gender-based violence) and seek to reduce HIV-related stigma and discrimination.

Geneva Global defines prevention through a behavior-change framework that seeks to sensitize young boys and girls (ages 9-14) to delay their sexual debut; teaches older boys and girls (age 15 years and above) to delay their sexual debut or practice fidelity to a single sexual partner; and targets men, women of childbearing age, and high-risk groups (sex workers, discordant couples) with appropriate ABC prevention interventions promoting partner reduction and condom use. Geneva Global will fund prevention activities focusing on individual and community behavior change and attitude development through a variety of participatory methods, including peer education in group and one-on-one settings in classrooms, churches, community committees, and clubs, as well as through film projections and referrals to CT services and to religious leaders for psychosocial and spiritual support.

Other behavior change interventions beyond abstinence and being faithful include the targeting of behaviors that increase risk for HIV transmission, such as engaging in casual sexual encounters, engaging in sex in exchange for money or favors, having sex with an HIV-positive partner or one whose status is unknown, and using drugs or alcohol in the context of sexual interactions.

Sub-partners' prevention activities will include peer-educator work, small groups with trained facilitators, and the training and equipping of community and religious leaders and influential figures for prevention activities. Partners will be supported to assess community needs and available resources, including educational outlets such as church youth groups and cooperatives. Peer educators will be trained in group recruitment and facilitation. Peer educators will use appropriate age- and gender-sensitive materials and will work in after-school settings, youth groups, women's groups, workplaces, and church groups.

Geneva Global partners will use appropriate HIV prevention education methodologies that may include theater, picture sheets and cards, role modeling and role play, debates, films, and prevention education during home-based palliative care and OVC activities. Prevention activities will cover topics including HIV/AIDS and STI awareness, life-skills development, sexuality and safer sex, relationships, and peer pressure and gender norms. With support from JHU/CCP and Hope Worldwide, Geneva Global subpartners will work to promote parental involvement and parent-child communication, including the use of signed contact forms.

Prevention programs will be tailored to specific groups to obtain a higher degree of effectiveness. Geneva Global implementing partners will work to reduce the vulnerability of commercial sex workers through provision of focused information, improved access to CT services, establishment of peer-support groups, availability of key medical and STI treatment, support for accessing PMTCT, activities to reduce community stigmatization, outreach to those who use sex-worker services, and support for F/CBOs that seek to prevent entry into the trade through education and income-generation activities.

Activity Narrative: Geneva Global will work in coordination with JHU/CCP, other PEPFAR partners, and national authorities to ensure that appropriate BCC materials are available for partner use, and will participate in partners' selection and training of animators, peer educators, and supervisors. All materials are developed based on nationally approved documents. The strategic partners will participate as possible in partners' selection and training of animators, peer educators, and supervisors.

All project activities will be coordinated with the Ministry for the Fight Against AIDS and will follow and support the National HIV/AIDS Strategic Plan. Geneva Global will participate in relevant technical working groups and will work with other PEPFAR partners (Care International, ANADER, Hope Worldwide Cote d'Ivoire, Alliance Cote d'Ivoire) and other donors to avoid duplication and maximize synergies.

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Geneva Global will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To strengthen capacity building for subpartners, Geneva Global will conduct another assessment of sub-partner capacity to identify areas improved since the FY08 assessment. Supervision missions will be carried out at least twice at each site to supervise and monitor activities and progress.

Geneva Global works to promote sustainability by building local capacity and linking subpartners with another in collaborative and mentoring "clusters," with HIV forums at district and regional levels, with the expertise of other PEPFAR partners, and with other public and private funding sources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17365

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17365	17365.08	U.S. Agency for International Development	Geneva Global	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5314.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4558.22412.09

Activity System ID: 22412

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$1,930,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY 09 funds, FHI will build on ongoing programs with technical and financial support while continuing to provide sub-grants to the implementing ONG of prevention activities in 13 main existing prevention sites and their satellite sites. The main programmatic focus will be on improving quality of prevention services for the target population. This will be accomplished by elaboration of new standardized BCC guidelines, strengthened supervision visits, quality assessment audits in all sites, and piloting of a quality improvement project in one site.

More specifically, in FY09 FHI will update or carry out new activities:

1. STI/HIV kits will be made available to victims of sexual violence, and a green line (telephone line) will be opened for reporting sexual violence and receiving referral.
2. Implement a training plan in collaboration with MLS and MSHP. More specifically, FHI will organize in collaboration with other PEPFAR partners delivering activities for SW, a second national training of trainers' workshop in 2009.
3. In the area of formative research contributing to public health surveillance, FHI in collaboration with MSHP and EGPAF, will conduct an evaluation of the compliance and the sexual risk behavior of SW who are on ART, after analysis of existing data
4. Provide a subgrant to APROSAM for coordination and coaching to improve implementation of activities conducted by CERBAS and FURBAS. FHI will also apply the same strategy for Espace Confiance which will mentor ARC-EN-CIEL, a local NGO made of MSM to conduct interventions targeting MSM.
5. Provide technical and financial support to Espace Confiance and ARC-EN-CIEL to develop, implement and evaluate a minimal package of services for MSM
6. Initiate a female condom social marketing campaign among female sex workers in order to increase acceptability and use of this HIV prevention resource.
7. Conduct a cost-effectiveness study of both mobile clinics delivering prevention, counseling and testing and care services for sex workers in Abidjan and San Pedro regions.

COMPLETE NARRATIVE:

In FY08, FHI's Highly Vulnerable Populations Project (PAPO-HVP) supported the strengthening and expansion of sexual risk-reduction interventions as part of a comprehensive prevention, HIV counseling and testing (CT), and care package of services targeting transactional sex workers (SW) and their partners. These interventions have been carried out at 13 main existing sites and their satellite sites delivering behavior change communication (BCC) interventions targeting highly vulnerable populations (HVP). The key results achieved at the 13 HVP prevention sites were:

- 1,500,000 male and female condoms distributed
- 40,000 individuals (SW and their partners) reached through community-based BCC messages and HIV/AIDS prevention sensitization focusing on correct and consistent use of condoms.
- 150 people trained to promote HIV/AIDS prevention among HVP, especially SW and their partners.

During the same period, FHI supported the implementation of BCC Quality Assurance (QA) through the dissemination of QA tools at the 13 HVP BCC sites and the training of 150 service providers in the use of these tools. In addition, management and resource mobilization tools were disseminated at the national level in collaboration with the Ministry of AIDS (MLS). Extension and sustainability plans were revised and updated at the existing HVP BCC sites to document progress achieved by the NGOs.

The PAPO-HVP project continued to collaborate with other PEPFAR partners such as Alliance-CI for capacity building and technical assistance to NGOs in the management of the CT mobile units in order to provide prevention and care services for difficult to reach SW in Abidjan and San Pedro.

In FY08, FHI strengthened ongoing programs with technical and financial support while continuing to provide sub-grants to the 13 existing implementing NGOs/sites. In addition, FHI expanded PAPO-HVP to 7 new communities through strategically selected sub-partners - providing partners with capacity strengthening tools to improve the quality of service delivery. New service providers were trained, supervised, and coached in providing the minimum package of services (MPS) which includes BCC/prevention through peer education, CT, management of sexually transmitted infections (STI), palliative care, and antiretroviral treatment (ART).

Through leveraged funding from the Belgian Development Cooperation (BC) in FY09, FHI will support public health surveillance and scale up program evaluation activities. Technical support provided by FHI and its partners (the Institute of Tropical Medicine [ITM] and Espace Confiance) to implementing partners will include training of new service providers, the dissemination and use of quality assurance (QA) and M&E standardized tools, regular participatory program reviews, and supervision. To this effect, Espace Confiance will continue to provide practical training sessions and coaching for health care providers in prevention, care, and treatment at Clinique de Confiance (CdC) site.

The PAPO-HVP project has established links with other PEPFAR partners such as Alliance, CARE, and EGPAF for the training of clinic service providers to expand beyond the main HVP BCC sites. PAPO-HVP continues to conduct studies related to condom use and STI prevalence (Activity 19136: Consistent Condom Use and STI/HIV Prevalence Among Sex Workers Attending Project Clinics in Côte d'Ivoire as well as capture-recapture techniques for the SW size estimation at various sites (Activity 19137: Estimation of the Size of Sex Worker Populations). At the regional level, PAPO-HVP has collaborated with ITM to exchange project experiences achieved in Côte d'Ivoire with those of other HVP projects including a sex worker program in Kisumu, Kenya.

With FY09 funding, FHI will build onto ongoing programs with technical and financial support while continuing to provide sub-grants to the 13 existing implementing NGOs/sites. The main programmatic focus

Activity Narrative: will be on improving quality of prevention services for the target population. This will be accomplished by elaborating new standardized BCC guidelines, strengthening supervision visits, conducting quality assessment audits in all sites, and piloting a quality improvement project in one site.

More specifically, FHI will conduct the following activities using FY09 funding:

1. Continue to provide technical support to the 13 existing prevention sites implementing sexual risk-reduction interventions towards HVP, especially SW and their partners in Côte d'Ivoire.
2. Complete the data collection and analysis on SW size estimation. FHI will support the increase of BCC services coverage by 25% through an increase in coverage of the existing sites by improving quality and outreach of BCC services to selected sites (e.g. Korhogo to Ferkesedougou, Man to Touba), and if needed by the opening of new centers in non-covered areas such as Odienné.
3. Continue to improve the mapping of SW. Through the use of GPS tools and the capture-recapture method, FHI will support quantitative data collection for reliable planning of field activities and a better appreciation of the coverage of BCC interventions.
4. Continue to provide technical support to reinforce BCC activities prior to mobile CT and care services offered by Espace Confiance in Abidjan and APROSAM in San Pedro to SW living in difficult-to-reach areas. FHI will also support availability of condoms in venues such as hotels and bars.
5. Continue to assist sub-partners in the procurement of condoms (male and female), STI kits, and lubricant gel.
6. Continue to evaluate the acceptability of female condom use among female sex workers.
7. Improve coverage and quality of clinic-based and community outreach prevention and CT-promotion activities conducted by peer health educators and community workers. Specifically, FHI, in collaboration with MLS and the Ministry of Health (MSHP), will support the standardization of BCC services for SW in the project sites through the development and dissemination of standardized tools (such as reference manuals and Peer Health Educators Tool Kits) and the strengthening of the referral system for prevention of mother-to-child transmission (PMTCT), orphans and vulnerable children (OVC), and antiretroviral (ARV) programs. In addition, FHI will also develop practical guidelines to be used by peer health educators in the field and collaborate with MLS, URC and other prevention partners in harmonizing recommended outcome and impact indicators for BCC peer education programs.
8. Continue to address stigma and sexual violence by providing HVP-friendly services delivered by staff with nonjudgmental attitudes and by conducting behavior change communication (BCC) activities with 16,000 other HVP (such as partners of sex workers, clients of sex workers, and bar owners). In addition, quality assessment tools will be used to measure client satisfaction in areas such as HVP-friendly service, non stigmatization, and non judgmental staff attitudes.
9. Continue baseline study and capture–recapture studies.
10. Ensure availability of STI/HIV kits to victims of rape and sexual violence, as well as establishing a green line (telephone line) for reporting sexual violence.
11. Continue to reinforce 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. More specifically, FHI will continue to support the capacity building implementation plans of each NGO.
12. Continue to support the revision, update, and dissemination of quality-assurance tools developed in 2006 and 2008 in collaboration with other partners to better evaluate the quality of services. The system will be part of the current program management system. Quality evaluation activities will be performed periodically, in accordance with national guidelines, to improve the quality of BCC and other prevention services.
13. Conduct at least one quality improvement project. The project and site will be chosen after conducting a quality evaluation audit at all PAPO-HVP sites. Potential subjects of the quality improvement include: coverage of BCC activities and client retention rates at the clinic. The FHI Quality Improvement Model, based on the model of Langley et al., will be used. The model focuses on systems change and team work. A quality improvement team will be established in order to understand the system, measure performance, identify changes that target system components, and test system changes. Experiences and results will be shared with all implementing partners in order to expand the project to other sites.
14. Train health staff and focal points in outreach activities at all sites in the use of quality assurance tools. FHI will also support the elaboration, review, and implementation of capacity building plans for NGOs and the revision of tools (elaborated in 2006) for the management and mobilization of funds.
15. Implement a training plan in collaboration with MLS and MSHP. More specifically, FHI will organize a second national training of trainers' workshop in FY09 for service delivery to SW in collaboration with other PEPFAR partners.
16. Continue to increase coordination among NGOs and other associations by providing technical assistance to the national government's working groups, particularly the Sex Work and HIV/AIDS working group within the MLS, the TWG on BCC, and the TWG on STI (GTT/IST).
17. Support the revision of the PAPO-HVP extension plan following its evaluation. This plan was elaborated in 2006, and revised in 2007 and 2008 in collaboration with key partners. It includes geographical extension to zones formerly under control of the nongovernmental New Forces as well as extension of the target population to occasional sex workers. A revised plan will allow a reorientation of interventions to include nationwide coverage of primary health services for people living with HIV/AIDS (PLWHA) and PwP.
18. Support an annual evaluation of the sustainability plan of project activities. PAPO-HVP 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.
19. Support ministries (MLS, MJ, MFFAS, MEN, MJDH, MIS) and local organizations (CBOs, FBOs, NGOs) and associations, in collaboration with partners (PSI, Alliance, Care), to identify and develop strategies for non traditional sex workers such as transactional sex populations who inconsistently enter sex work;
20. Continue to work with MLS, MSHP, CDC and its partners to design and implement a baseline study on knowledge, attitude and practices and IST/HIV prevalence among MSM using Respondent Driven Sampling. FHI will also support an appropriate PAPO-HVP partner to conduct the CT component of that 2008-funded research project on attitudes, practices and access to services among MSM in Abidjan.
21. Support MLS and MSHP, in collaboration with key partners (PSI, Alliance, RIP+) to develop and implement innovative prevention and care strategies for MSM after the baseline study conducted by CDC

Activity Narrative: and its partners.

22. Support in collaboration with JSI/Measure Evaluation and CDC/RetroCI/SI, MLS/DPPSE and MSHP/DIPE, in developing strategies (data collection tools, KAP survey) to track behavior change among SW frequenting HVP clinics to better understand if BCC and other prevention interventions are having an impact;
23. Conduct a baseline assessment of HIV prevalence and preventive behavior in 4 new service sites in FY09.
24. In the area of public health surveillance, FHI in collaboration with MSHP and the Elizabeth Glaser Pediatric Foundation (EGPAF), will conduct an evaluation on ARV adherence and safe sex behavior of SW who are on ART.
25. Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.
26. Provide technical and financial support to Espace Confiance and the local NGO Arc en Ciel to develop, implement, and evaluate a minimum package of services for MSM.
27. Initiate a female condom social marketing campaign among female SW in order to increase acceptance and use of this HIV prevention option.
28. Conduct a cost-effectiveness study for mobile clinics delivering prevention, CT, and care services for SW in Abidjan and San Pedro regions.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 15117**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15117	4558.08	HHS/Centers for Disease Control & Prevention	Family Health International	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	\$1,386,529
10050	4558.07	HHS/Centers for Disease Control & Prevention	Family Health International	5314	5314.07	CoAg FHI/ITM (HVP) #U62/CCU324473	\$1,440,000
4558	4558.06	HHS/Centers for Disease Control & Prevention	Family Health International	3379	81.06	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473	\$900,000

Emphasis Areas

Gender

- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$740,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5306.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16771.22421.09

Activity System ID: 22421

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$50,000

Activity Narrative: This entry represents the Other Prevention portion of the comprehensive prevention package. This programmatic area is addressed in several components of the intervention. Counselors will be trained to assess and address sexual risk behavior and to deliver tailored OP messages using culturally appropriate visual aids. In each of these interventions, patients are encouraged to remain abstinent to protect their own health and avoid transmission to partners. Patients who are sexually active are also encouraged to remain faithful to one partner. Furthermore, the prevention approach, "positive prevention," aims to protect the health of HIV-infected individuals and prevent the spread of HIV to sex partners and infants. Because an HIV-positive person is involved in the transmission of each new infection, prevention interventions aimed at people infected with HIV can have a particularly significant effect on controlling the spread of HIV infection. This makes positive prevention an essential part of a comprehensive prevention approach. Key prevention steps at each clinic visit will be the delivery of behavioral prevention messages (including addressing issues relevant to discordant couples), STI management, discussing family planning needs, and assessment for heavy alcohol use and ARV adherence.

According to the 2005 HIV Indicators Survey, only 12% of women and 30% of men reported having used a condom during their last 'high risk' sexual encounter.

HIV prevention using condoms is intended to reduce high risk sexual interactions that occur without correct and consistent condom use. To achieve this objective, it is necessary to promote both male and female condoms: 1) at sites through community counselors coordinated via RIP+; and 2) in communities via community health workers and through organizations such as COSCI and other national networks like ARSIP. Two community counselors will be assigned per EGPAF care and treatment site. The counselors will work closely with the social worker on site.

On site, providers will be educated to offer a prevention for positives package. During every individual and group counseling session, counselors will address risky sexual behavior and discuss HIV prevention strategies using abstinence, being faithful and condom use. Counselors will organize support groups of 10-20 HIV-positive persons and lead demonstrations related to correct condom use.

The number of individuals reached through community outreach has been revised to be more realistic- 12,500 in FY09, rather than 105,000 as was proposed in FY08.

Facility-based health services represent a critical opportunity to impact patient behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients effectively with community-based care services. To use the opportunity to reduce risky sexual behavior, and thus HIV transmission, all PEPFAR Cote d'Ivoire ART and PMTCT service providers will ensure that their package of services includes HIV prevention behavior-change communication messaging promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care targeting both HIV-positive and HIV-negative clients. In addition, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative-care services.

HIV-negative clients at PMTCT and CT sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a community counselor for behavior change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients at PMTCT and ART sites:

Addressing prevention with HIV-positive patients is an important part of a comprehensive prevention strategy. Through healthy living and reduction of risk behaviors, these prevention interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to partners and infants born to HIV-infected mothers and protect the health of infected individuals.

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a community counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non- PEPFAR funded partners. Condoms will be provided free of charge.

EGPAF will engage enough counselors to allow every site to provide this prevention and referral package to all clients. As a rule of thumb, one counselor will be expected to provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1)

Activity Narrative: basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements of 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16771

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16771	16771.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$50,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5316.09
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: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 5016.22445.09
Planned Funds: \$750,000
Activity System ID: 22445

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- The period of this proposal is for one year
- The main focus in FY09 will be on consolidating and ensuring the quality of existing activities.
- Efforts will be made to reach more peri-urban and rural areas.
- Supervision visits will be made to providers and partners trained during FY05-08.
- Care will work with national networks RIP+, COSCI, and ARSIP to create regional NGO coordination networks in Duekoue and Bouna.
- Support to local partners previously supported by the Global Fund Project PREMA will be added in FY09 (AFESFAC in Korhogo, Jekawili in Bouake, and ODAFEM in Man).
- Care will provide a subgrant to IRC for conducting HIV prevention activities, focusing on GBV prevention
- Community health agents (ASC) will be selected and trained in basic HIV/STI prevention using IEC/BCC techniques to reach more rural areas.
- Care will reinforce support groups for PLWH/A and help bring groups together to work against stigmatization.
- Care will build upon its relationship with migrant communities in Abidjan to conduct HIV prevention activities with populations from Niger, Burkina, Ghana, Guinee, and Nigeria and sex workers in Port Bouet, Abobo, and Adjame and the CNO zones.

FY09 NARRATIVE

This activity contributes to building an indigenous, sustainable response to the HIV epidemic through the expansion of culturally appropriate HIV/AIDS prevention and care interventions that target populations in northern and western Côte d'Ivoire, where health-care services have been severely disrupted since civil conflict split the country in 2002. With the socio-political situation improving, FY09 will see the increased presence of government actors and health-care workers returning to the CNO zone.

With FY09 funds, Care will continue to provide sub-grants to local partners that conduct prevention activities focusing on condom distribution and education and other types of HIV prevention. These "primary" partners will oversee OP activities in the five "hub" sites of Bouake, Korhogo, Man, Duekoue, and Bouna as well as in nine satellite sites and rural areas targeted by the project.

In addition, Care will leverage its relationships in Abidjan to add prevention activities within the high-risk communities of migrant workers from Niger, Nigeria, Burkina Faso, Ghana, and Guinee residing in Port Bouet, Abobo, and Adjame. While far from home and away from social networks, these workers engage in high-risk sexual activity, often with professional sex workers, thus placing themselves and their families at risk of HIV infection. Care has developed strong ties with these communities over the past three years and will begin using PEPFAR funds to work to support local efforts by the newly created NGO known as the Angels of the Migrants, a grassroots effort by migrants to begin addressing the health concerns of their populations. Care will work with peer educators to conduct small-group sensitizations with Imams, women, community health agents, youth, matrons, and traditional healers or "barbeurs" who often perform circumcisions in dangerous conditions.

In its primary intervention area (North and West), Care will coordinate with the national networks RIP+ (PLWHA organizations), COSCI (HIV/AIDS organizations), and ARSIP (religious leaders) to create regional NGO coordination networks in Duekoue and Bouna. Care will work with both new and existing networks to improve their functioning to ensure a continuum of HIV care and support. These networks will be encouraged to work closely with and facilitate the decentralization of activities by the ministries of AIDS (MLS), Health (MOH), and Family and Social Affairs (MFFAS).

OP interventions with FY09 funds will include targeted BCC campaigns involving religious and traditional leaders in the community as well as teachers and peer educators in schools. Messages will be designed to:

- a) Encourage the correct and consistent use of condoms for groups engaging in high-risk behavior
- c) Promote HIV counseling and testing, including mutual testing for couples
- d) Promote positive prevention for PLWHA
- e) Decrease inter-generational sex, sexual coercion, and gender-based violence

Small-group communication methods (peer-education sessions in and out of schools, local leader sensitizations, and debates/discussions) will be used in community settings, schools, mosques, and churches. Partners will focus on the gender aspects of prevention, tailoring messages to particular audiences, and ensuring that girls and women receive appropriate and correct information. To reach rural populations, Care will continue to identify and train active community health workers to deliver BCC interventions. Care will be advised by ANADER on the best methods for reaching village chiefs, "queen mothers," youth leaders, and other "opinion catalysts" who influence general perceptions and attitudes.

Working in areas where the Ministry of Education (MEN) has not yet extended its prevention interventions for students, Care will continue to collaborate with the MEN to implement the life-skills curriculum (based on the Peace Corps curriculum), which delivers age-appropriate prevention messages to children and youth, including instruction on the use of condoms for older, sexually active youth and gender sensitivity training as part of a comprehensive ABC approach.

With the help of JHU/CCP, Care partners will apply culturally appropriate BCC strategies and sensitization materials, including condom promotion. Programs focusing on prevention activities with peer educators will continue in schools (both religious and secular) and will include explanations of strategies for negotiating sex and condom use as well as gender messages (including gender-role discussions for boys and young men).

Positive prevention efforts will take a family approach, targeting not only PLWHA but also those in their immediate environment with prevention education messages, access to condoms, and referral to CT sites.

Activity Narrative: Care will also continue to grow nascent prevention activities with private companies, focusing on coffee and cocoa plantations in the West, cotton and sugar plantations in the North, and large transport companies in the center. The Care model for HIV workplace programs involves an HIV committee responsible for conducting appropriate prevention activities within the company. Prevention activities will focus on areas surrounding large factories, mines, etc., where transactional sex is frequent. Care and the business association CECI will work together to coordinate this effort.

Care will work with IRC to introduce programming in response to results of ongoing research on the effects of gender on HIV vulnerability. Although specific actions will need to be determined based on research results, likely activities will include targeted prevention and mobilization activities to reduce women's vulnerability based on socio-economic protective and risk factors; sensitizations of local partners and leaders on the link between gender and HIV; increasing work with police to improve gender awareness around issues of domestic violence, excision, and methods to protect the rights of women and girls; and potential advocacy activities at the national level to reinforce policies that will protect girls' and women's rights.

Care will also expand efforts to grow the economic self-sufficiency of women and girls through support of village savings and loan groups put in place by Care's transversal POWER Project in FY07-08. Members of groups include sex workers, youth, and PVVIH. Village savings and loan groups, once functional for at least nine months, may be provided with support to identify feasible income-generation activities to allow more economic independence and thus address a root cause of transactional sex and HIV vulnerability.

Care will also continue to support efforts with FHI to train local prevention partners to provide prevention services (with psychosocial support and counseling) adapted to sex workers and will facilitate exchange visits for partners at an FHI-supported site (RSB Bouake) with experience in this area. Care field staff will supervise peer educators on a monthly basis to provide guidance and feedback on the quality of sensitization sessions. In addition to working in bus and train stations in Bouake, Korhogo, Ferke, and other sites, Care will coordinate with PSI to ensure that truck drivers are included in prevention activities by local partners.

To enhance links between prevention and facility-based services, Care's prevention partners will be required to conduct regular sensitizations at CT and treatment sites.

Project activities will be coordinated through relevant national, regional, and district forums, including MLS decentralized coordination units (CTAILs) in each hub site. Activities will be coordinated with other Care projects, including the Global Fund-supported HIV Round 2 project (OASIS), as well as the Solidarity Against AIDS Project in Abidjan. The joint work plan will be updated to avoid duplication and enhance synergies. The PEPFAR-funded CARA project will expand into PREMA sites, with partners that are already operational, as the PREMA project is ending in early FY09.

All Care HIV projects will emphasize the prevention, identification, treatment, and care of malaria among HIV-affected and -infected populations and will be coordinated with the Round 6 Global Fund Malaria project.

Using FY09 funds to consolidate activities in satellite sites around Bouake, Korhogo, Man, Bouna, and Duekoue zones, the project will reach at least 120,000 people with prevention messages and train at least 835 people on OP-related strategies between April 2009 and March 2010. Activities will include:

1. Provide sub-grants to at least four local NGOs to support school-based ABC activities in 10 new schools per zone (40 schools). Teachers in schools (80 total) and 10 peer educators per school (400 total) will be trained to provide age-appropriate ABC information using the MEN's life-skills curriculum (based on the Peace Corps curriculum).
2. Provide sub-grants to five local NGOs to support prevention activities that focus on highly vulnerable populations.
3. Train 120 traditional/religious leaders (in urban, rural, and migrant communities) to conduct community-based BCC sessions/sensitizations that promote OP messages.
4. Train 50 community health agents in an effort to reach more rural areas.
5. Train 30 people to provide Other Prevention outreach with a focus on gender issues.
6. Support 50 (10 per zone) representatives of PLWHA peer-support groups with training and materials to continue positive-prevention and advocacy activities with their groups.
7. Translate and disseminate OP messages in local languages in collaboration with JHU/CCP to ensure the visibility and cultural appropriateness of messages in each project site.
8. Provide refresher training for at least 30 "group promoters" on the village savings and loan methodology and simple accounting, followed by support for the development of group-based income-generating activities.
9. Follow-up supervision visits to counselors, health workers, and police provided with GBV prevention training in FY07-08 will be provided through a subgrant to IRC.
10. Continue to provide support to three private companies per zone with HIV prevention-in-the-workplace efforts, coordinated with CECI. Training will be provided for five persons per company (75 persons in 15 companies).
11. Continue follow-up of 45 condom kiosks.
12. Conduct joint supervision visits each semester with the MLS and the MOH's community health department (DSC) to ensure the quality of HIV prevention activities.

Care will continue to adapt its M&E plan and evaluate prevention activities, possibly adding new indicators to help measure quality, based on discussions with PEPFAR and the new PEPFAR partner in this area, and using national tools. Standardized supervision tools will be revised based on FY08 experiences and will be used by Care staff as part of an emphasis on tracking the evolution of partner capacity. Care's research coordinator will focus on evaluating the impact of the project during this last year of the project. Care will work with PEPFAR to determine the best methods for evaluating the effectiveness of behavior-change

Activity Narrative: efforts. Ideas include training technical assistants to conduct focus-group discussions each quarter to assess client satisfaction and community response to prevention activities and to use questionnaires to assess KAP indicators for prevention participants before and after a 10-week cycle of OP peer education.

Care will continue to work closely with national coordination bodies, including the relevant ministries (MLS, MOH), to help with the redeployment of staff and the reinforcement of activities in the CNO zones. Supervisory visits will be conducted with MLS and MOH representatives to ensure awareness of project partners and activities. District-level offices will be supported with Internet capability and USB keys to help enable the collection and transfer of national health data. Regional and district health directors will continue to be included in quarterly supervision visits and coordination meetings.

Care will hire a higher-level subgrants manager who will focus on providing staff the tools and training necessary to measure institutional capacity building. Particular emphasis will be placed on building administrative capacity among local partners to increase their autonomy as the project nears its end.

Care incorporates flexibility into its partnerships with local NGOs to avoid dependency and encourage autonomy. A strong accent is placed on training of trainers and regular instructive supervision so that necessary technical skills are transferred to local partner staff. Subgrant managers with financial backgrounds have been hired and continue to support partners with budgeting and financial justification on site. Care is also emphasizing the development of project-writing skills so that partners can apply directly for funding in the future. Institutional capacity building will continue through equipment purchases (including motorcycles and computers) and linking of partners into the national commodities circuit. Care will also continue to link local organizations with district health authorities by facilitating quarterly supervision visits and ensuring that service provision sites are monitored and authorized by national authorities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15104

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15104	5016.08	HHS/Centers for Disease Control & Prevention	CARE International	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$435,000
9944	5016.07	HHS/Centers for Disease Control & Prevention	CARE International	5316	5316.07	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$445,000
5016	5016.06	HHS/Centers for Disease Control & Prevention	CARE International	3536	3536.06	Rapid expansion North West: RFA # AAA070 North & West of CI	\$100,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Estimated amount of funding that is planned for Education \$25,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7220.09

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16770.22435.09

Activity System ID: 22435

Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$50,000

Activity Narrative: Facility-based health services represent a critical opportunity to impact client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients effectively with community-based care services. To use the opportunity to reduce risk behavior and thus HIV transmission, all ICAP supported sites will ensure that their package of services includes HIV prevention behavior-change communication interventions promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care targeting both HIV-positive and HIV-negative clients. In addition, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative care services.

HIV-negative clients at PMTCT and CT sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a community counselor for behavior change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients at PMTCT and ART sites:

Addressing prevention with HIV-positive patients is an important part of a comprehensive prevention strategy. Through healthy living and reduction of risk behaviors, these prevention interventions can substantially improve quality of life and reduce rates of HIV transmission. The goal of these interventions is to prevent the spread of HIV to partners and infants born to HIV-infected mothers and protect the health of infected individuals.

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a community counselor or peer educator for individual counseling that will include HIV prevention interventions and referral to community based OVC and palliative care services. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners. Condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based

OVC care and palliative care services tailored to their individual needs. ICAP will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals.

In collaboration with local organizations, ICAP will involve counselors to allow every site to provide this prevention and referral package to all clients. Counselors will be trained to assess and address sexual risk behavior and to deliver tailored AB messages using culturally appropriate visual aids. In each of these interventions, patients are encouraged to remain abstinent to protect their own health and avoid transmission to partners. Patients who are sexually active are also encouraged to remain faithful to one partner. Abstinence is also promoted in the family planning and STI trainings as a method of preventing pregnancy and STI transmission.

HIV risk reduction counseling, including counseling about the importance of condoms, condom distribution and condom demonstrations will be integrated into all HIV services offered at the health facility, and at other service delivery points including family planning. Condoms (female and male) will be offered free of charge to all patients after counseling and testing, especially for those who test HIV positive. In addition, condoms will be distributed during the support groups and community activities (e.g. outreach, meetings with community leaders, prevention activities targeting young people and students)

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16770

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16770	16770.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$10,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 16767.22463.09	Planned Funds: \$30,000
Activity System ID: 22463	

Activity Narrative: Since its creation in 2002, the Ivorian NGO of health professionals ACONDA has provided comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. 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 with a continuum of care through links with local PLWHA and community organizations.

In addition to providing medical care and treatment, facility-based health services represent a critical opportunity to affect client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, plus connect clients efficiently and effectively with community-based care services.

This will be done through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients (opt-out for those testing positive or negative). In fact, ACONDA will engage enough counselors to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

All PEPFAR Cote d'Ivoire CT, TB, ART and PMTCT service providers will ensure that their package of services includes HIV prevention behavior-change communication promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, reducing multiple concurrent partners, minimizing alcohol use, and promoting STI prevention and care targeting both HIV-positive and HIV-negative clients. Furthermore, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative-care services. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ACONDA will ensure that community-based services capable of meeting these needs are identified, and ACONDA will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non- PEPFAR funded partners, and condoms will be provided free of charge.

Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services for persons living with HIV. The program's effort will reflect the funding and proportions noted here.

ACONDA's activities targeted towards parents will include HIV prevention education; strengthening interpersonal communication skills to help them encourage their children to choose abstinence and delayed sexual debut; and support for creation of parent focus groups to discuss problems related to the education of adolescents. For the community health workers supporting this activity, ACONDA will include training on prevention through abstinence, fidelity in responsible relationships and correct and consistent use of condoms for those engaged in risk behavior. This will help strengthen community based activities in association with care and treatment sites supported by ACONDA. The NGOs engaged by ACONDA to deliver these community based prevention services will be encouraged to sign agreements with health centers to ensure a coordinated referral process for HIV counseling and testing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16767

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16767	16767.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$30,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7221.09

Prime Partner: University Research Company

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 26445.09

Activity System ID: 26445

Mechanism: Healthcare Improvement Project
QA/WD Follow-On

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$150,000

Activity Narrative: Background:

The use of peer educators is important in Cote d'Ivoire's HIV prevention strategy. Peer educators are particularly important for reaching most-at-risk populations, including vulnerable youth, commercial sex workers, and men who have sex with men (MSM). Quality standards for peer education, however, have not been developed. Different programs tend to be of varying quality, and there is a risk of important messages being missed or diluted by poor programs and inconsistent approaches. To address these problems, URC will work with the Cote d'Ivoire government (Ministry of AIDS (MLS)), the PEPFAR CI strategic information and prevention teams, partners, and stakeholders (including individuals who act as peer counselors, their supervisors, and members of communities reached by peer counseling programs) to develop standards and indicators for peer education programs and to standardize and harmonize the key components of courses used for training peer educators. The goal of this initiative is to help steer partners and programs into those activities that are most likely to lead to reductions in HIV transmission.

Objectives:

1. Develop national standards for core competencies of peer counselors
2. Develop national indicators, systems, and tools to measure the outcomes of peer education programs on targeted audiences
3. Develop national process-level indicators and tools that can be used to supervise staff and improve peer education programs
4. Develop a consensus protocol, to be used by partners, to assess and standardize peer education courses

Approach:

1. Program planning

URC will support the MLS to carry out a situation analysis of current peer education programs that will map out, among other things, target audiences; selection, training, supervision, and incentives for peer educators; and underlying theories of behavior change. URC will also start to review the national and international evidence to prepare for the harmonization of core competencies and quality standards.

2. Define core competencies and quality

Following the situation analysis, URC will collaborate with the MLS, the PEPFAR prevention team, implementing partners, and other international groups to identify and reach consensus on the core competencies required by peer counselors and the elements that define quality within peer counselor programs. The first step will be to form a technical working group (TWG) to lead the process. The TWG will include staff from all stakeholders, including individuals who act as peer counselors and members of communities who are targeted by peer education programs. URC will organize a workshop to develop draft core competencies and definitions of quality for peer education program focused on youth, most-at-risk populations (MARPs), and PLWHA, and to develop plans aimed ultimately at the standardization of training courses.

URC will coordinate the work of the TWG in finalizing the core competencies and definitions of quality, including dissemination of standards.

3. Develop indicators to capture quality of programs and harmonize approaches to measure outcomes for behavior change communication (BCC) programs

URC will work with the PEPFAR strategic information and prevention teams, ministries (AIDS, Health, Youth, Education), and other partners, including community members, to review and recommend indicators that can be used to monitor peer education programs (in addition to the required PEPFAR indicators). URC will support the government to develop a common list of indicators that all partners will report to the government and to PEPFAR. Possible outcomes to be measured will include:

- % of people (disaggregated by age, gender and population group) who know how HIV is transmitted and prevented
- % of people with multiple concurrent partners
- Median age of sexual debut

In addition to the outcome indicators, URC will work with peer educators, their supervisors, and other stakeholders to develop process-level indicators that can be used to supervise peer educators and to improve the quality of services in peer education program. As part of this process, URC will collaborate to develop common standards for supervising peer educators.

URC will help determine the criteria used to select indicators and will work with PEPFAR and the government to develop systems to collect data for these indicators, including data quality protocols.

4. Review and harmonize core training content for peer education programs

Once the TWG has developed harmonized core competencies for peer educators and standards for quality, URC will review with the TWG the curricula of peer education training programs to assess how the knowledge and skills that build these core competencies are addressed. With the MLS, PEPFAR, and the TWG, URC will develop a protocol for assessing the training programs. URC will then conduct an assessment of a number of peer education training programs.

A workshop aimed at harmonizing training courses for peer educator training will be conducted. Because different programs provide different ranges of services, it may not be possible to develop one standardized training program for peer educators. URC will instead support stakeholders to standardize the training for the core competencies identified early in the process.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 12169.09

Mechanism: New CDC TA Mech FHI

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29662.09

Planned Funds: \$200,000

Activity System ID: 29662

Activity Narrative: In April 2009 reprogramming, funds are being allocated to FHI under the new CDC TA mechanism for HIV prevention and care activities targeting MSM.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$4,550,000

Program Area Narrative:

Prevention of biomedical transmission of HIV remains a high priority for Côte d'Ivoire (CI) and the PEPFAR CI team in 2009. Despite continuing challenges due to the political environment, which have limited expansion of blood-safety and injection-safety activities, the Ministry of Health and Public Hygiene (MSHP) has made an increasing commitment to strengthening service quality and national ownership by building local capacity and encouraging sustainable national systems. In the area of blood safety, the MSHP's National Blood Transfusion Service (NBTS) will continue, with PEPFAR support, to ensure an adequate and safe supply of blood while increasing its autonomy by assuming responsibility for directly contracting all needed technical and administrative assistance, previously provided by an international Track 1 partner. In the area of injection safety, the MSHP will take over the lead on injection safety and medical waste management from John Snow Inc. (JSI)

Blood Safety

The NBTS is responsible for recruiting and retaining blood donors and for collecting, testing, processing, storing, and distributing blood nationwide. Its strategy, based on WHO recommendations for the development of centralized national blood programs,

focuses on ensuring an adequate and safe supply of blood for transfusion through the recruitment of low-risk, voluntary, non-remunerated donors; comprehensive laboratory screening for transfusion-transmissible infections (TTI) on all donated blood; strengthening of policies and infrastructure (e.g. maintaining an effective cold chain); and training prescribers on the appropriate use of blood products.

PEPFAR support has helped improve the NBTS' ability to meet the national demand for blood. It is estimated that Côte d'Ivoire needs to collect 170,000 units of whole blood per year (based on 1% of the total population) to have an adequate supply of blood and blood products. Since 2003, the NBTS has made substantial progress in increasing the number of whole blood units collected each year. By 2007, annual whole blood collections had increased by 36%, to 92,000 units. During the same period, the NBTS strengthened its capacity to fractionate whole blood into blood products and to collect blood directly into pediatric-size bags. In conjunction with the development of national guidelines and training on the appropriate use of blood and blood products, these improvements further increased the availability of blood products nationwide. In 2006, more than 121,000 units of whole blood and blood products were produced and derived from 86,000 units of whole blood collected.

The safety of collected blood has been improved by advances in the NBTS laboratory system; testing at the Abidjan laboratory has been mostly automated. HIV prevalence among donated units has declined marginally since 2003, while upward trends in the prevalence of hepatitis B (HBV), hepatitis C (HCV), and syphilis have been observed. In 2005, prevalence rates among repeat donors were 0.3% (HIV), 0.4% (syphilis), and 1.2% (HBV and HCV). By September 2007, the prevalence of syphilis, HBV, and HCV had increased (to 2.3%, 0.8%, and 1.8%, respectively), but the prevalence of HIV among repeat donors had decreased to 0.1% (compared to a 1.2% HIV prevalence among first-time donors). Only 6.7% of donors return to receive their test results. For donors who test seropositive for HIV, the NBTS has established an on-site clinic that serves as a national reference center and provides follow-up care.

All blood units are collected from voluntary, non-remunerated donors, 41.4% of whom are regular donors. To increase the donor pool, the NBTS implements community-mobilization activities, such as establishing donor groups in schools, churches, and in the workplace. Rigorous pre-screening questionnaires serve to narrow the donor pool to the most low-risk donors. Information from a knowledge, attitudes, and practices (KAP) survey about blood donation will help the NBTS to recruit and retain donors with a lower behavioral risk profile for sexually transmitted infections.

The NBTS distributes blood products through a regional network and through hospital blood banks in an effort to decentralize collection, storage, testing, and distribution and thus reduce logistical barriers to access. Côte d'Ivoire's political crisis created significant challenges to scale-up of blood-related services, but the NBTS reopened two collection and transfusion centers in the North (Bouake, Korhogo) with PEPFAR support in 2007, greatly increasing access to services in the formerly rebel-occupied region. Nine blood transfusion centers and 41 blood banks were renovated in 2008 with PEPFAR support. Three new satellite collection sites have been opened since 2006, and two blood collection vans are in service. More than 200 hospitals nationwide are performing transfusions with blood from NBTS blood centers and blood banks.

The NBTS conducts trainings to reinforce the capacities of local staff and improve the national blood management system. These trainings have included instruction in the operation and maintenance of Progesa and E-Progesa blood-tracking software, blood collection and preparation procedures, monitoring and evaluation (M&E), blood donor screening and selection processes, and the appropriate use of blood products for prescribers.

Program monitoring is ongoing through routine M&E activities and supervision visits. Quality assurance measures such as technical audits and inter-laboratory control systems continue to be implemented to ensure consistent and high-quality service delivery.

PEPFAR supports blood safety in Côte d'Ivoire through CDC cooperative agreements with the NBTS and Social and Scientific Systems (SSS), a Track 1 technical assistance provider.

FY09 Priorities in Blood Safety

Improving donor recruitment and mobilization: New strategies based on the results of the KAP study among current and potential blood donors will be developed to strengthen outreach activities and encourage repeat donations from low-risk donors so that the NBTS can reach its target of 160,000 units donated in FY09. Partnerships with donor clubs and associations will be strengthened to increase the pool of eligible donors and conduct community-mobilization activities. Radio and TV spots informing the public about blood donation will contribute to recruitment efforts.

Increasing access through renovation and rehabilitation: Renovation of blood-transfusion centers in Abengourou, Bondoukou, and Abidjan, as well as the opening of new collection sites in Ferkessedougou, Bonoua, and Adzopé, will contribute to increasing access to donation and transfusion. These centers will be equipped with the appropriate blood-bank software and network system to enable communication and tracking among blood banks. The NBTS will also restore and equip 12 hospital blood banks in FY09 in order to improve clinical transfusion.

Testing and quality control: The NBTS will continue to strengthen its laboratory quality control management systems. Quality assurance procedures will continue to be implemented in hospital blood banks. A national hemovigilance system will be finalized and implemented to better track the use of transfused blood products such as red cell concentrates and other blood component preparations.

Technical assistance: Since FY 2004, the NBTS has worked in close collaboration with Track 1 technical assistance provider SSS. Starting in FY09, SSS will be phased out, and capacities will be transferred to the NBTS, which will contract for technical and administrative assistance as needed. Among others, the NBTS will partner with the Belgian Red Cross and the NGO Transfusion and Development to improve the blood-management system in Côte d'Ivoire.

Training: Training shortfalls in FY08 will be addressed in FY09 through more rigorous training scheduling. Specialized training in serology and immunohematology, quality assurance, and hemovigilance will be organized for senior staff. Trainings will also be conducted on topics such as E-Progesa software utilization, M&E, and best practices in blood collection. Physicians will be provided with training in appropriate and rational uses of blood. In-service training for data managers and M&E staff will be ongoing.

Policy and guidelines: The NBTS will disseminate policy and guideline documents on the prescription of blood products for hemorrhages to allow for more standardized approaches to blood utilization in clinical settings. Policy documents on the legal framework of blood transfusion in Côte d'Ivoire will be developed to reinforce the legal position of NBTS within the Ivorian health-care system.

Sustainability: In addition to the continued transfer of capacity and ownership to the NBTS, the partner has developed a sustainability working group that will work to develop long-term strategic plans to reinforce local capacity and increase government engagement. The strategy will document the phased integration of the national blood safety program in the MSHP budget, with diminishing PEPFAR inputs over the next five years. It will include an analysis of the costs associated with producing a unit of blood.

Injection Safety

In 2004, PEPFAR awarded JSI a five-year cooperative agreement under the MMIS project to provide a rapid response to prevent the medical transmission of HIV and other blood-borne infections by improving the safety of medical injections in health facilities. The project was funded to provide capacity building, logistics management, behavior change communication (BCC), waste management, and monitoring and evaluation (M&E). The project has made significant strides in covering 45 districts nationwide with injection safety and medical waste management interventions, including training health care workers and waste handlers; procuring auto-disable syringes, retractable syringes, and safety boxes; disseminating radio and TV spots for BCC; updating the National Waste Management Strategic Plan; conducting supervision visits with district supervisors; rehabilitating incinerators; and advocating for incinerator construction.

With the JSI/MMIS agreement ending in September 2009, and to promote a smooth transition, there is a need to transfer capacity and ownership to Ivorian entities to strengthen the national commitment to injection safety, reinforce national and local capacity, and encourage program sustainability. With FY09 funding, the MSHP will take the initiative in spearheading the national injection safety program. While the JSI/MMIS project transitions out, the MSHP will establish an injection safety team, housed at the Public Hygiene Regulation Department (DRHP), to ensure the availability of safe injection supplies, conduct injection safety training, reduce nosocomial infections of HIV due to needle-stick injuries, and work toward establishing a standardized national system of medical waste management.

FY09 Priorities in Injection Safety

Training: JSI/MMIS will continue to conduct trainings in injection safety and waste management, focusing on a pool of district-level trainers to promote sustainability and maintain institutional memory amidst high turnover of health care workers. JSI/MMIS will collaborate with medical training institutes to integrate injection safety concepts into medical curricula. After transition to the MSHP injection safety team, MSHP will continue to develop these pre-service training modules, along with in-service training modules, in close collaboration with the National Institute of Training for Healthcare Workers (INFAS), to increase safe injection and improve phlebotomy practices.

Commodities procurement: JSI/MMIS will release all stocks of injection safety commodities to the districts through the National Public Health Pharmacy (PSP) while maintaining remote monitoring of both the distribution and management of these stocks. Because the PSP has a 1.5-year supply of syringes in stock from JSI, the Partnership for Supply Chain Management Systems (SCMS) will procure only safety boxes in FY09. Although funds for commodities procurement will be provided directly to SCMS, the MOH will be heavily involved in determining supply volume and needs in the field. Collaboration with the PSP will ensure district-level procurements, help in tracking stocks and responding to demands from local hospitals and health centers for safe-injection supplies, and help manage the large stock of syringes.

BCC: JSI/MMIS will continue to reproduce and distribute existing BCC materials and job aids to reinforce injection safety messages. A nationwide multimedia campaign will focus on changing community attitudes toward injections, aiming to reduce the demand for unnecessary injections. Based on these models, the MSHP will develop a BCC strategy for health centers and the community, including information sessions for prescribers and community-outreach activities for the public.

Waste management: JSI/MMIS will focus on supporting several health districts in the repair and rehabilitation of incinerators. Results of a pilot intervention on medical waste segregation conducted in Port-Bouet and Alépé will be used to develop similar interventions at the University Hospital Center at Treichville and other health centers. The MSHP will continue to lead the collaboration of partners involved in national medical waste management, including the Ministry of Environment, WHO, World Bank, and GAVI. Based on pre-identified needs, incinerators will be constructed, repaired, and maintained with the technical and financial assistance of other key actors. The MSHP will also provide training in safe waste management.

Advocacy: With the evolution of the MSHP injection safety team, advocacy activities in favor of hepatitis B vaccination for health care workers as prevention against contamination during accidental needle sticks will be conducted. In addition, the MSHP will advocate for the availability of post-exposure prophylaxis (PEP) in health centers and hospitals. With FY09 funding, the MSHP will work toward developing a national protocol for the reporting of needle-stick injuries among health care workers to help ensure that exposed workers are provided with appropriate treatment and follow-up.

M&E: Injection safety task force meetings will focus on assessing transition strategies and reflections on the way forward.

JSI/MMIS will continue ongoing M&E activities and waste management working group meetings. After the transition, MSHP will conduct district supervision visits to observe adherence to correct injection safety and medical waste management practices and will lead national working group meetings to establish strategies for injection safety and waste management.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 5383.09	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: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 25960.09	Planned Funds: \$50,000
Activity System ID: 25960	
Activity Narrative: With FY09 funds, USG technical staff will be supported (salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded interventions designed to ensure a safe supply of blood in Cote d'Ivoire. This technical assistance is provided in close consultation with relevant ministries (Health, Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 7641.09	Mechanism: MOH BLOOD Safety TA #U62/CCU324047
Prime Partner: Social and Scientific Systems	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 9708.22348.09	Planned Funds: \$100
Activity System ID: 22348	
Activity Narrative: With PEPFAR support, Social & Scientific Systems Inc. (SSS) has provided technical assistance (TA) to the National Blood Transfusion Service of Côte d'Ivoire (NBTS) since 2004. This assistance has focused on training for blood-donor recruiters, laboratory technicians, phlebotomists, data managers, and program administrators. The bulk of this assistance has been provided via sub-contracts with technical experts from the Belgian Red Cross and a French NGO (Transfusion et Developpement). Between FY04 and FY07, a portion of SSS's technical assistance was provided by a technical expert on SSS's staff. This arrangement allowed SSS to provide consistent follow-up advice before and after technical visits by the Belgian and French experts.	
<p>After the enormous contributions of SSS, the NBTS has reached a stage where the program is no longer in need of the same TA services. In an effort to increase program sustainability, build national capacity, and strengthen national engagement in Phase II of PEPFAR, FY09 Track 1 funding for technical assistance will be allocated to the NBTS, which will contract with technical experts as needed.</p> <p>A token award (\$100) will be made to SSS to allow the cooperative agreement to expire as planned on March 31, 2010. However, SSS will not have any new technical responsibilities in FY09. SSS has been asked to produce a work plan to exhaust all of its FY08 funding, including any carryover that may remain on March 31, 2009. The bulk of the remaining FY08 funds will be used to support an Abidjan-based project manager who has worked closely with the NBTS since FY06.</p>	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17083	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17083	9708.08	HHS/Centers for Disease Control & Prevention	Social and Scientific Systems	7641	7641.08	MOH BLOOD Safety TA #U62/CCU324047	\$500,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 4933.09	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 GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 9707.22383.09	Planned Funds: \$4,499,900
Activity System ID: 22383	

Activity Narrative: The National Blood Transfusion Service (NBTS), part of the Ministry of Health and Public Hygiene (MSHP) of Cote d'Ivoire, is responsible for recruiting and retaining blood donors and for collecting, testing, processing, storing, and distributing blood nationwide. The NBTS also coordinates training for donor recruiters and clinicians who prescribe blood.

PEPFAR-supported program activities of the NBTS are designed to increase the supply of safe blood to meet national demand, build local capacity, and contribute to the prevention of HIV infections. These objectives will be reached through an expansion of the NBTS' regional blood collection and distribution network and through improved communication with hospital blood banks. Decentralizing collection, storage, testing, and distribution activities will reduce logistical and personnel barriers to access to donation and transfusion. The decentralized network will allow more blood to reach more patients in a shorter time. Key emphasis areas are training, infrastructure, quality assurance, community mobilization, policies, and guidelines. Target populations are host country government workers, health care providers, low-risk communities, and the general population. In FY09, the NBTS aims to have 160,000 units of blood and blood products available for distribution.

FY08 funding is supporting the following NBTS activities:

- Rehabilitation and renovation: Nine blood transfusion centers and 41 blood banks are being reopened after renovations. Three new satellite collection sites are being opened and equipped, for a total of nine new sites since 2006. Two blood collection vans and three supervisor vehicle are being procured and put in service. The software PROGESA is being upgraded to E-PROGESA at the Abidjan NBTS, and hardware is being purchased.
- Donor mobilization: The findings of a knowledge, attitudes, and practices (KAP) survey will be used to inform donor recruitment strategies. Sixty new donor clubs are being established. Other public outreach activities include World Blood Donor Day, a national blood donor day, and NBTS open house events.
- Strengthening of laboratory testing and quality assurance in all NBTS labs and development of a national hemovigilance system: A new national quality assurance (QA) lab was established and equipped to expand the capacities of blood product units in Abidjan and Daloa. This will reduce physicians' reliance on whole blood. The NBTS is developing a hemovigilance system, starting with systems to improve the traceability of blood products. In addition, an NBTS Quality Management Manual is being prepared.
- Development and dissemination of national policies and guidelines: Work has begun to draft national policies on the appropriate use of blood to treat anemia. These guidelines are based in part on input from conferences during FY06-FY08, including a conference on the legal framework of blood transfusion in Côte d'Ivoire. This groundwork was essential to reinforce the legal position of the NBTS within the Ivorian health-care system and to ensure continued government commitment to the NBTS budget. In addition, a reference manual on the clinical use of blood products was approved and distributed.
- Training: Training from external technical assistance providers (Social and Scientific Systems Inc. (SSS), Belgian Red Cross) includes instruction on the operation and maintenance of the PROGESA and E-PROGESA blood tracking software to facilitate the decentralization of activities and decision-making to the regional centers and to support the QA system. Training is also being conducted in best practices in laboratory and other stock management, monitoring and evaluation (M&E), blood collection and preparation, blood donor screening and selection, and the appropriate use of blood products for prescribers. Training on clients' reception at blood collection and distribution units are being organized, as well as training of peer educators. NBTS staff capacity is being built through short courses and practical trainings in France and Belgium as well as international conferences. Altogether, 150 CNTS staff are being trained in best practices in blood collection, donor selection, and blood testing, production and storage, and 100 peer educators and 200 prescribers and users of blood products are being trained in the appropriate use of blood to treat anemia and hemorrhages.
- Monitoring and evaluation: M&E activities are benefiting from an information technology network that was strengthened with USG support in FY07. The newly installed E-PROGESA blood tracking software facilitates periodic evaluations of NBTS activities and helps produce reports to inform training as well as operational and quality assurance decisions. Quarterly, semi-annual, and annual reports are prepared and transmitted to the PEPFAR country team.
- Sustainability: The NBTS is implementing the recommendations of its sustainability working group, including developing and implementing a process to ensure that technical skills are transferred from PEPFAR-funded contract staff ("Equipe Projet") to other NBTS staff.

FY09 funding will support the continuation of FY08 activities, with an emphasis on the sustainability of the project's activities and on bridging into the PEPFAR Phase 2 blood safety project. The blood service's major partners will remain the same, with the addition of several new blood donor associations. Altogether, FY09-funded activities will support 77 service outlets and provide training for 800 people by September 2009. Specific activities will include:

1. Rehabilitation and renovation: Renovation activities will be completed or launched for blood transfusion centers in Abengourou, Bondoukou, and Abidjan, increasing the number of blood transfusion centers nationwide to 11. New blood collection sites will be opened in Ferkessedougou, Bonoua, and Adzopé, increasing the number of blood collection sites to 12. Each new center and site will be provided with blood collection vehicles and supervision vehicles, as well as materials and equipment, procured through the standard procurement system of the MSHP. The NBTS will also restore and equip 12 hospital blood banks. Key to this expansion of blood transfusion activities is the procurement of cold-chain equipment and the acquisition of information technology to link these centers to the NBTS network.

2. Donor recruitment and mobilization: New strategies based on results of a KAP survey will be developed to strengthen outreach activities and encourage repeat donations from low-risk donors. Partnerships with donor associations will be reinforced to emphasize community-based activities that will help increase the pool of eligible blood donors and encourage these donors to give blood more than once a year. Other recruitment efforts will include radio messages (in partnership with community radio stations), television messages, a TV series on blood donation, creation of new blood donor clubs, new public-private partnerships, and information on blood donation through the NBTS Web site. In addition, the NBTS will

Activity Narrative: organize an experts meeting on blood donation, donor mobilization, and donor recruitment.

3. Testing and quality control activities, including:
 - a. Manage the laboratory quality control system.
 - b. Manage the inter-laboratory quality control system (NBTS, blood collection centers, and university hospitals).
 - c. Diversify blood products according to demand from client hospitals.
 - d. Implement QA procedures for hospital blood banks.
 - e. Implement a hemovigilance system, especially a traceability system for transfused blood products, including information about the proportion of HIV patients receiving blood products.
 - f. Implement hygiene and safety (H&S) protocols. The H&S standard operating procedures defined for NBTS units will support this process.
 - g. Increase the proportion of donors who receive their test results and are given appropriate referrals.
 - h. Establish agreements with the National HIV/AIDS Care and Treatment Program (PNPEC) for the referral and treatment of donors who test positive for HIV and other transfusion transmissible infections (TTI). Donor associations working with the NBTS, in partnership with local/community organizations involved in the care and treatment of HIV-positive patients, will support this referral system.
 - i. Establish agreements with the PNPEC for the referral of HIV-negative clients from counseling and testing (CT) centers to the NBTS as potential donors. Donor associations working with the NBTS will help recruit HIV-negative clients from CT centers in their communities.

The blood centers in Daloa, Bouaké, Korhogo and Yamoussoukro will be equipped with blood screening automates. The NBTS will ensure that adequate support is given to the Donor Follow-up Center.

4. Policies and guidelines: National policy documents on the prescription and use of blood products for anemia and hemorrhages and on the legal framework for transfusion in Côte d'Ivoire will be disseminated through workshops at the national level to all actors involved in transfusion activities (MSHP, NBTS, hospital blood banks, prescribers, users, etc). These policies and guidelines will reinforce good clinical use of blood products and the legal position of the NBTS within the Ivorian health care system, which will ensure continued government support for the NBTS and safe blood activities nationwide. A third training program for 150 prescribers and users of blood products will be held. A consensus conference is also planned to evaluate the cost of production and the retail prices of blood products. This will allow for better allocation of government support and for improved financial resources mobilization.

5. Training will cover:
 - a. Use of the E-Progesa blood tracking software: 40 physicians, pharmacists, computer experts, engineers, and biotechnologists.
 - b. Stock management and logistics: 30 pharmacists, physicians, and logistics experts.
 - c. M&E: 50 physicians, pharmacists, engineers, and computer experts.
 - d. Best practices in blood collection, testing, preparation, and storage: 150 physicians, pharmacists, nurses, engineers, and technicians.
 - e. Appropriate use of blood: 350 physicians, nurses, and technicians.
 - f. Laboratory practices for screening and production of blood products: 40 physicians, pharmacists, nurses, engineers, and technicians.
 - g. Quality assurance: 140 pharmacists, physicians, nurses, engineers, and technicians.

Training will be provided to blood bank staff as new centers become operational. Specialized training in serology and immunohematology, quality assurance, and hemovigilance will be organized for senior staff (physicians, laboratory technicians, etc.) in France and Belgium. Selected NBTS staff members will attend international conferences. Using FY09 funding, NBTS training will continue to include practical, "hands-on" modules to complement classroom sessions.

6. M&E: Internet-connected IT equipment at regional sites will improve communications and record keeping. The purchase of ArcView software will enable the NBTS to establish a cartography of its network of centers, blood collection sites, and blood banks. Installation of the E-Progesa blood tracking software will improve the speed and accuracy of evaluations and reports. The NBTS will continue to implement an integrated M&E system. An annual financial and programmatic audit of the project will be carried out by an approved auditor.

7. Sustainability: The NBTS will continue to implement recommendations from its sustainability working group, particularly for the mobilization of funds at the national and international levels. The NBTS will continue the transfer of skills from technical assistance consultants to NBTS staff and will implement activities such as the development of an analytical accounting system and a final evaluation of the project to identify areas requiring additional emphasis and support, which will also serve as a justification for renewed partner commitments.

For the effective implementation of activities with FY09 funding, the NBTS will continue to seek technical assistance in blood safety and transfusion. Since Track 1 technical assistance provider SSS is phasing out its project, the NBTS will now contract directly with various national and international technical assistance providers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15137	9707.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	7057	4933.08	Track 1 MOH-CNTS (Blood Safety) #U62/CCU023649	\$4,000,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$2,096,851

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5383.09	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: Biomedical Prevention: Injection Safety
Budget Code: HMIN	Program Budget Code: 05
Activity ID: 25961.09	Planned Funds: \$50,000

Activity System ID: 25961

Activity Narrative: With FY09 funds, USG technical staff will be supported (salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded interventions designed to promote the safety of medical injections in Cote d'Ivoire. This technical assistance is provided in close consultation with relevant ministries (Health, Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5414.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 25677.09

Activity System ID: 25677

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Injection Safety

Program Budget Code: 05

Planned Funds: \$50,000

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

FY09 Activities

Procurement

Because the PSP has a 1.5-year supply of syringes in stock from JSI, the Partnership for Supply Chain Management Systems (SCMS) will procure only safety boxes in FY09. Although funds for commodities procurement will be provided directly to SCMS, the MOH will be heavily involved in determining supply volume and needs in the field. Collaboration with the PSP will ensure district-level procurements, help in tracking stocks and responding to demands from local hospitals and health centers for safe-injection supplies, and help manage the large stock of syringes. The program will ensure that a rational distribution plan is pre-calculated for each site, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Technical Assistance and Training

SCMS will continue to improve the quality, accuracy, and frequency of injection safety commodities forecasting and supply planning in partnership with other donor organizations, MMIS and other key partners through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site. In FY09, the systems that track and manage ARVs will be expanded to include these other commodities with the introduction of a Laboratory LMIS. SCMS will also ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Activity Narrative: Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5301.09

Mechanism: MOH- CoAg #U2G PS000632-01

Prime Partner: Ministry of Health, Côte d'Ivoire

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 26610.09

Planned Funds: \$1,400,000

Activity System ID: 26610

Activity Narrative: Using FY09 PEPFAR funding, the Ministry of Health (MOH) of Côte d'Ivoire, through the Public Hygiene Regulation Department (DRHP) of the General Direction of Public Hygiene, will take the initiative in spearheading the national injection safety program to prevent the transmission of HIV and other blood borne diseases by improving medical injection safety. With the John Snow Inc. (JSI) CDC cooperative agreement ending in September 2009, the transfer of capacity to the MOH will serve to strengthen national commitment, reinforce local capacity, and encourage program sustainability in the area of injection safety.

An injection safety team under the MOH will oversee national injection safety activities in the following domains: capacity building, logistics management, behavior change communication (BCC), advocacy, waste management, and monitoring and evaluation (M&E).

1-Capacity building: MOH will engage in both pre-service and in-service injection safety training for 800 health care workers to encourage safe injection practices, and decrease occupational exposures to HIV and other blood borne diseases. MOH will work in close collaboration with the National Institute of Training for Health Care Workers (INFAS) to develop in-service training modules for health care workers through a pool of regional and district-level trainers. The MOH will work to ensure the integration of injection safety into the national medical, nursing, and midwifery curricula for pre-service training.

2-Logistics management: At present, 34 districts are being provided with safe-injection materials, which include auto-disable syringes, retractable syringes, and safety boxes for syringe disposal. Because the PSP has a 1.5-year supply of syringes in stock from JSI, the Partnership for Supply Chain Management Systems (SCMS) will procure only safety boxes in FY09. Although funds for commodities procurement will be provided directly to SCMS, the MOH will be heavily involved in determining supply volume and needs in the field. Collaboration with the PSP will ensure district-level procurements, help in tracking stocks and responding to demands from local hospitals and health centers for safe-injection supplies, and help manage the large stock of syringes. FY09 funding will also be used to equip the 34 intervention districts with adequate waste management equipment such as waste bins, waste bin liners, and disposal carts.

3-Behavior change communication: The MOH will develop strategies to address BCC both in health centers and among the community. Information sessions for prescribers will encourage a decrease in non-necessary injections. Strategies for community outreach and sensitization will be developed to educate the public about injection safety and waste management, particularly concerning ways to reduce non-necessary injections, through BCC materials and multimedia campaigns in collaboration with other PEPFAR partners.

4-Waste management: The MOH will lead the collaboration of partners involved in national medical waste management including the Ministry of Environment, WHO, World Bank, and GAVI. The MOH will work with partners to map the placement of district incinerators and identify locations where there is a need for incinerator construction or repair. The MOH will fund the strategic construction (and repair) of incinerators where needed and in collaboration with other partners. This construction and repair will accompany training of incinerator operators and the provision of their protective equipment.

In line with the JSI injection safety project's displaying the feasibility and advantages of waste segregation through its pilot study, the MOH will develop a strategy to enforce the Tri-system of waste segregation on a national level. Hospitals and health centers will be provided with necessary waste management training and protective equipment for waste handlers. The MOH will put in place a system of district-level medical waste collection, storage, and transport.

5-Advocacy: The MOH will conduct advocacy activities promoting hepatitis B vaccination for health care workers as a means of prevention against contamination during accidental needle sticks. In addition, the MOH will advocate for the availability of and training for post-exposure prophylaxis (PEP) in health centers and hospitals. The MOH will also conduct advocacy activities for increased involvement of local authorities (municipal centers, local councils, etc.) in the construction and repair of incinerators.

6-Monitoring and evaluation: In collaboration with JSI, the MOH will conduct a nationwide baseline analysis to evaluate work that has already been conducted in the areas of capacity building, logistics management, and BCC for injection safety and waste management activities. This analysis will serve to better guide annual work plan development and strategy elaboration for next steps.

The MOH will designate and train an M&E focal point for each district to ensure effective monitoring and tracking of project activities. These individuals will be responsible for the regular monitoring of injection safety and waste management indicators in their district. As a part of ongoing M&E activities, the MOH will conduct district supervision visits to observe adherence to correct injection safety and medical waste management practices. Site visit reports will be produced from these visits and challenges will be addressed both on the district level as well as during coordination meetings for injection safety and waste management working groups.

Using FY09 funding, the MOH will work to develop a national protocol for the reporting of needle-stick injuries among health care workers. This national protocol will ensure that all needle-stick injuries are properly documented, and that exposed health care workers are provided with appropriate treatment and follow-up. The MOH will submit quarterly, semi-annual, and annual reports to PEPFAR as a part of its M&E activities.

The MOH will also take the lead in developing and/or finalizing national norms and directives documents in injection safety and medical waste management. It will ensure the reproduction and dissemination of these documents to national district health structures, and will enforce their implementation through district supervisions. More specifically, the MOH will also finalize and disseminate the National Healthcare Waste Management Plan in conjunction with the Medical Waste Management Working Group. The MOH will also lead reflection groups and organize quarterly meetings for the national working groups in injection safety and medical waste management, bringing together implementing partners to harmonize activities, discuss national strategies, and address challenges in the field. As needed, the MOH will solicit assistance from

Activity Narrative: national and international technical assistance providers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4932.09

Prime Partner: John Snow, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 10194.22391.09

Activity System ID: 22391

Mechanism: JSI Injection Safety

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Biomedical Prevention: Injection Safety

Program Budget Code: 05

Planned Funds: \$596,851

Activity Narrative: The goal of John Snow International's Making Medical Injections Safer (MMIS) project is to build the capacity of the government of Cote d'Ivoire to prevent the transmission of HIV and other blood-borne diseases by improving the safety of medical injections. Despite remaining effects of Côte d'Ivoire's five-year crisis, including severe disruptions in the national health system, MMIS now conducts safe-injection activities in 45 health districts (63% of all health districts). The program benefits from a collaborative work environment with local partners and responsive technical support from MMIS-Washington as well as USG technical staff. MMIS works in collaboration with WHO, UNICEF, and other partners to complement and support safe-injection activities implemented by the Ministry of Health (MSHP).

MMIS' approach focuses on building local ownership and sustainability of injection safety and waste management (ISWM) activities. In 2008, MMIS is expanding to nine more districts in areas formerly under rebel control in the North, West, and center of the country, and is supporting:

Capacity Building: 2,824 health workers and waste handlers were trained in ISWM practices from March to September 2008 in 15 health districts, one teaching hospital, and one private-sector institution. A total of 8,049 persons have been trained from October 2004 to September 2008.

Logistics Management: 45 districts are being regularly supplied with safety syringes (auto-disable and retractable) and safety boxes. The program works through the MSHP Supplies Distribution Network, which is managed by the National Public Health Pharmacy (PSP).

Behavior Change Communication: Job aids and other communication aids for health care workers were produced, tested, and disseminated in all program intervention districts. Field visits were conducted in intervention districts to promote behavior change among health workers and to advocate for resources for building incinerators. Discussions and sensitization sessions were organized for media professionals and leaders of health worker associations. Radio and TV messages for behavior change in communities were developed and tested.

Waste Management: MMIS assisted the MSHP in updating the 2009-2011 National Waste Management Strategic Plan. The project also supported two intervention districts in repairing incinerators.

Monitoring and Evaluation: Supervision visits were conducted with central and district-level supervisors in intervention districts, focusing on key programmatic indicators.

Activities planned with FY09 funding are consistent with MMIS' 2005-2009 Strategic Plan. With limited funding as the project approaches its end (September 2009), MMIS will be able to operate at approximately a 60%-75% activity level. The MMIS-Cote d'Ivoire team is committed to working closely with the PEPFAR country team and the MSHP to define priority activities in each technical area and review the ongoing technical support that MMIS provides to in-country partners to assure a smooth transition to MSHP leadership of injection-safety activities.

With FY09 funding, MMIS expects to expand to nationwide coverage and build on the project's successes by reaching 15 additional districts and one teaching hospital. MMIS plans to implement interventions that will continue beyond the life of the project, focusing on coordinating activities with key injection-safety partners at the national, district, and local levels, while supporting the transition of activities to the MSHP. Collaboration with other PEPFAR partners remains a priority and will be achieved through regular meetings and ongoing communication.

In training and capacity building, MMIS will focus on training 60 district-level trainers and 1,400 health care workers. MMIS will provide support to each of the 15 new districts and the teaching hospital of Cocody in elaborating integrated injection safety and health care waste management plans. These plans will stipulate all injection-safety interventions to be implemented in each district, including staff training. MMIS will equip trainers with training materials, including trainer's handbooks, to facilitate continuous training in the long term.

MMIS will continue to work with the Directorate of Nursing and directors of the various medical training institutions to revise training curricula to include injection-safety concepts, including phlebotomy and post-exposure prophylaxis (PEP) procedures. An orientation manual will be elaborated to cover the needs of new health care workers recruited after injection-safety training has taken place in their facilities.

To reinforce training efforts and strengthen the capacity of providers to administer only safe and necessary injections, joint supportive supervision visits will be conducted with the MSHP, PEPFAR country team, and district authorities using MMIS-developed supervision checklists. This activity will have the added benefit of training supervisory authorities on using indicators in monitoring injection safety and health care waste management. MMIS will advocate with the MSHP to integrate these indicators into the national health management information system (HMIS) as well as with the PEPFAR country team to develop an integrated checklist that includes injection safety-related indicators for all PEPFAR-supported projects.

As part of MMIS' transition plan for procurement and commodities management, the project will release all stocks of injection-safety commodities to PSP and the districts, maintaining remote monitoring of both the distribution and management of these stocks. Results of a feasibility study that PSP will conduct will be critical in promoting the continued use of syringes with re-use prevention features as well as the utilization of safety boxes. MMIS will continue to support the PSP in the analysis and development of strategies resulting from the study. As stipulated by the revised MOU signed by the PSP and MMIS-Côte d'Ivoire, the PSP will assume responsibility for training health care workers and building the capacity of district pharmacy managers to effectively use the logistics information management system to ensure that adequate injection supplies are available at service delivery points. Since a significant portion of injection devices in the country are provided through the private sector, MMIS will engage private-sector importers through targeted advocacy and sensitization.

Behavior change communication (BCC) and advocacy efforts will contribute heavily to MMIS' work in the expansion districts. The project will also continue to reproduce and distribute existing BCC materials and job aids to reinforce injection-safety messages in earlier intervention districts. To complement facility-based interventions, a nationwide multimedia campaign will focus on changing community members' attitudes

Activity Narrative: toward injection safety in the expansion districts. MMIS will also work with the health communications unit of the MSHP and with district authorities to create district communications teams that will be equipped with materials to guide BCC and outreach strategies within the districts. Targeted communication will also be directed toward health professional associations and unions.

Health care waste management efforts during this period will focus on advocacy with the government and other partners in the health sector for resources for additional incinerators. Results of a pilot project on health care waste management in large hospitals conducted in Port-Bouët and Alépé will be used to develop interventions in one teaching hospital (CHU Treichville) while MMIS continues technical assistance to experimental hospitals. MMIS will continue to provide personal protective equipment (PPE) to waste handlers while advocating for the inclusion of a budget line at all health facilities for health care waste management to ensure sustainability in this area.

To bolster advocacy efforts to protect health worker safety, MMIS will support the MSHP in conducting a national workshop to develop and harmonize strategies to manage occupational exposure to blood and biological fluids, including needle-stick injuries. Advocacy for systematic vaccination of health workers against hepatitis B will also continue. Joint supervision visits are planned to monitor the use of PPE and job aids that reinforce training elements.

With respect to phlebotomy, MMIS will finalize a situational analysis of phlebotomy practices in the country and will use the results to support the MSHP and other partners in developing effective strategies to implement safety measures in this area.

To ensure continuous monitoring and evaluation of activities in this last year of the project, particularly with respect to sustainability strategies, injection-safety taskforce meetings will focus on assessing transition strategies and reflections on the way forward. Quarterly supervision activities with PEPFAR partners will be leveraged to further promote norms and standards related to improved injection practices, while monthly meetings with the PEPFAR country team will be used to fine-tune phase-out strategies. Finally, a stakeholders' review of the project will provide an opportunity to assess achievements as well as elaborate a five-year strategic ISWM plan that will also address issues such as sustainability, quality assurance, and an ISWM standard package of interventions.

Overview of transitional issues and sustainability strategies

Training and supervision: Strategies for sustainability of MMIS activities in the area of training include both in-service and pre-service training. For in-service training, efforts will focus on training of trainers at central and district levels. Pools of trainers, including trainers from the PSP, will be supplied with operational manuals to enable them to continue training on ISWM. Building partnerships with national health programs (i.e. malaria, reproductive health, the National HIV/AIDS Care and Treatment Program (PNPEC)) and other PEPFAR partners to integrate ISWM in their existing training programs and modules will also play a major role in the sustainability of in-service training.

Integration of ISWM in pre-service training institutions started with the National Institute of Health Worker Training (INFAS) and will be expanded to other pre-service training institutions (for physicians, pharmacists, and dentists).

Although field supervision remains irregular within the national health system, integration of key ISWM items in a district-level supervision checklist is the most relevant way to sustain MMIS supervision activities.

Procurement and logistics: Globally, logistic and procurement activities implemented under JSI/MMIS will be carried on with SCMS through a close partnership with the MSHP and PSP. The introduction of safety devices (auto-disable syringes, retractable syringes, and safety boxes in the public-sector curative-care system through the PEPFAR injection-safety project) has greatly helped in tackling issues such as the reuse of needles and syringes, accidental needle-stick injuries, and the improvement of sharps-waste management. As a result, the MSHP and PSP have decided to continue supplying health facilities with these devices, particularly safety boxes. In order to sustain the procurement and distribution of safety supplies after MMIS, a feasibility study by the PSP is expected to draw scenarios on logistics, market, and financial issues that will inform MSHP decision making. Regarding the private sector, advocacy toward private importers and distributors will continue for the promotion of safety devices (especially safety boxes) and their integration into the private-sector procurement and distribution network under the leadership of the national MSHP regulatory authority, the Direction of Pharmacy and Medication.

BCC: BCC and advocacy activities implemented under JSI/MMIS target health workers, patients, and health system managers, as well as the general population. These interventions will be maintained by reinforcing the commitment of media, local NGOs, and health professional labor associations. At the district level, focal points for communication should continuously be informed and refreshed on ISWM issues that are being integrated.

Health care waste management: Sustainability of waste management interventions – particularly the use of safety boxes, whose introduction and broad use in curative-care sector is one of the major accomplishments of MMIS – will be possible through continued procurement and distribution by the PSP with the support of SCMS. In the long term, the purchase of safety boxes from local manufacturers, as a result of ongoing advocacy for manufacturing by local enterprises, will contribute greatly to sustainability efforts. The waste-segregation system that has been successfully experimented in two hospitals should continue and progressively expand to other health facilities under the leadership of the General Direction of Public Hygiene (DGHP). Construction of incinerators for proper final destruction of health waste remains a great challenge that could be addressed by joint efforts from all partners: MSHP, WHO, Global Fund, UNICEF/GAVI, World Bank (MAP project), local government entities (conseils généraux), and municipal governments (mairies), under the strong leadership of the DGHP.

Health care worker safety and safe phlebotomy practices: Reinforcement of health care worker safety,

Activity Narrative: including promotion of hepatitis B immunization, surveillance of accidental needle-stick injuries, advocacy for the provision of PEP, and the improvement of safe phlebotomy practices in laboratories, are among JSI/MMIS activities to be maintained and/or further developed. Sustainability of interventions in these sub-areas will require the leadership of the MSHP operational program (the PNPEC) in liaison with other partners, such as health professional labor associations, national and international organizations addressing occupational health issues, the National Public Health Laboratory, and the CDC/Retro-CI laboratory.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15132

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15132	10194.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	7054	4932.08	JSI Injection Safety	\$2,412,646
10194	10194.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4932	4932.07	JSI Injection Safety	\$0

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$134,829

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$6,450,000

Program Area Narrative:

Background

Côte d'Ivoire's adult HIV prevalence is estimated at 3.9% (UNAIDS 2008). The most recent National AIDS Indicator Survey (2005) showed that the epidemic is marked by important gender and geographic differences. Females in all age groups are more likely than males to be infected with HIV (6.4% vs. 2.9% overall, 14.9% vs. 5.6% among ages 30-34). Prevalence is marginally higher in urban vs. rural settings and markedly higher in the South and East (5.5% or higher) than in the Northwest (1.7%). Access to and uptake of PMTCT and CT services are low. Only 11% of women and 8% of men report ever having had an HIV test, and only 7% of women access PMTCT services during antenatal care (AIS 2005). Among an estimated 420,000 adults living with HIV/AIDS, about 190,000 are estimated to be in need of ART (UNAIDS 2008).

Within the context of a country moving toward stability but limited by poorly equipped, critically understaffed health and social services, the USG program is working to build a continuum of comprehensive HIV/AIDS prevention, care, and treatment services. Care and support services are delivered at 240 health facilities (September 2008), as well as through community- and home-based caregivers, mobile services, and organizations targeting high-risk populations, such as teachers, the uniformed services, and commercial sex workers. Between October 2007 and September 2008, 84,270 people with HIV received care and support with direct USG support (17% coverage).

Access to ART is improving, with continuing progress in scaling up services. With USG support, the National HIV/AIDS Care and Treatment Program (PNPEC) expects to meet the PEPFAR and national five-year target of 77,000 people on ART by September 2009. As of September 2008, 40,329 people were receiving ART at 160 sites with direct USG support, and the Global Fund (GF) was supporting 9,906 and UNICEF 323 ART patients. With client accrual of more than 1,600 per month, the USG team expects to be treating 60,000 patients (92% adults) by September 2009.

PEPFAR-supported care and treatment services are provided by EGPAF, ACONDA, and ICAP Columbia University, with a new partner planned for FY09. With collaboration from the PNPEC, the USG has adopted a regional approach to improve program monitoring and service quality: Services in Ministry of Health (MOH) facilities in the mideastern part of the country are assigned to EGPAF, those in the far west to ACONDA, and those in between to ICAP. Abidjan and surrounding areas are supported by both EGPAF and ACONDA. Facilities in the lower-prevalence and conflict-affected North and West receive support through the GF, although implementation of services has been weak.

FY07-08 Response

Adult Care and Support

The national palliative-care policy (finalized in FY06 with USG support) defines minimum standards of care for clinic, community, and home settings, and an implementation plan outlines training and supervision approaches. These guidelines incorporate guidance on cotrimoxazole prophylaxis (recommended for all HIV-infected persons with CD4 counts <350), but systematic provision has not been achieved. Most programs also support treatment for OIs, malaria, and STIs; basic pain management; screening for TB; and psychosocial support. Some programs are working to incorporate provision of insecticide-treated nets (ITNs), nutritional assessment and supplementation, HIV testing for family members, and interventions to improve hygiene and water safety.

In FY07-FY08, PEPFAR continued to support the PNPEC in developing a comprehensive care and support program and integrating it within the continuum of care as defined by national standards. Guidelines for community-based care and support, policy documents on nutrition for PLWHA, and guidelines on the use of opioids were developed, followed by training of providers. The PNPEC has validated a policy defining the scope of work, recruitment process, and salary scale of lay counselors to be hired in support of prevention, care, and treatment services at health care centers and in the community. Despite important accomplishments, the number of adults receiving quality care is a small proportion of those in need, and linkages between facility- and community-based programs are poorly defined in some regions. There is a need to improve linkages to other programs (e.g. TB centers, ART sites, PMTCT clinics, and CT) and to expand integration of preventive services into care programs.

Adult Treatment

As of June 2008, the PNPEC listed 177 accredited ART sites, of which 143 were receiving direct PEPFAR support. (By September, PEPFAR partners were supporting 160 sites.) The functionality of GF sites has been incomplete due to lack of biological monitoring and ongoing support, resulting in an increased patient load at PEPFAR-supported sites in some regions.

The basic HIV clinical treatment package provided by USG partners includes ART, cotrimoxazole prophylaxis, biological monitoring, and limited OI prevention and care, with links to community-based care and support. Improved data management and use include longitudinal follow-up and ARV-resistance evaluations. The PNPEC has revised national guidelines on ART and basic laboratory monitoring tests for ART patients, including a shift from a D4T-containing regimen to an AZT-containing regimen as the first line for all patients infected with HIV-1. A first-line regimen containing a protease inhibitor (lopinavir) continues to be recommended for HIV-2 and HIV-1/2 (dual) infections. In August 2008, the MOH discontinued its ARV cost-recovery system, offering ART free of charge for all adult patients. This act of political will is likely to increase the number of patients receiving ART.

The USG is providing continued technical and financial assistance to train trainers in service delivery, to support TOT for ARV providers, and to develop treatment performance standards. PEPFAR partners are continuing to promote better support and referral systems, better interpersonal communication for more effective care and treatment, and mass-media campaigns to promote CT, raise awareness of available HIV/AIDS services, and reduce stigma and discrimination.

A number of implementing FBO/NGO/CBOs are being funded through a performance-based competitive sub-granting process in

an effort to address barriers such as lack of motivation of personnel and human-resource deficits, especially in the North. The USG supports the implementation of a network model with linked services at the regional and district levels. District pilot models are used to develop and evaluate a comprehensive approach featuring a continuum of care with community mobilization and follow-up. In FY08, implementing partner activities are promoting referrals to clinical care for PLWHA at the district level.

Priorities for FY09

Care and treatment strategies in FY09 will focus on evidence-based, lifesaving interventions; training and supervision for care providers; and strengthening of support and links through trained, full-time counselors at all sites. Key goals in FY09 include:

1. Increased geographic and population coverage. Based on the new regional approach, USG implementing partners will continue rapid expansion of services with a goal, by September 2009, of supporting (i) 174,800 non-ART-eligible adult patients at 490 care and support sites (excluding TB); (ii) 55,200 adult patients on ART at 255 sites, including sites in all 19 regions of the country down to the district general hospital level and in some cases to the community health center level.
2. Systematic provision of cotrimoxazole as the most important evidence-based means of decreasing morbidity and mortality, delaying disease progression, and improving quality of life. The current policy for CTX prophylaxis is to provide CTX to adult patients with CD4<350. USG will continue to work with PNPEC to change the policy in order to provide CTX prophylaxis to all adult HIV-positive patients regardless of CD4 count. ITNs will be provided through care and support programs in regions not covered by the Global Fund Malaria Project, prioritizing high-risk groups (pregnant women). Clean-water kits (container and chemical) will be provided to patients in regions with low water quality.
3. Improved linkages between facility- and community-based services and between care, and treatment, and other services will ensure that more patients benefit from a continuum of quality HIV/AIDS services. All PEPFAR-supported ART, PMTCT, and HIV/TB service providers will be funded to engage counselors at all sites who will provide a comprehensive package of HIV prevention interventions for all clients and effective support, follow-up (including provision of medications where feasible), and referrals to community-based care and support services for HIV-positive clients. All PEPFAR partners providing community- and home-based care and support will be funded to cross-train their community counselors to provide OVC services. For maximum effectiveness, partners will be encouraged to engage PLWHA in these positions.
4. Improved reach and quality of care and treatment services. In FY09, PEPFAR-supported programs will reach about 174,800 adult patients with care and support. Quality improvements will include efforts to strengthen training and supervision for facility- and community-based care providers; to promote systematic screening for TB; to improve nutritional assessment and support; to reduce loss-to-follow-up before initiation of ART; to diagnose and treat OIs, piloting cervical cancer screening among sex workers and other high-risk populations; and to pursue opportunities for wraparound services with other donors/partners, such as provision of heavily subsidized ITNs through the Global Fund, clean-water commodities through the private sector, and nutritional support in partnership with the World Food Program.
5. Ensure that supportive policies and practices for HIV-related care and treatment are in place. Several partners will continue to work with the PNPEC and stakeholders to implement supportive policies related to opioid availability; to implement the new national HIV rapid-testing algorithm using finger prick, and a redefinition of the role of non-medical health professionals and lay persons in performing HIV tests and prescribing or supporting certain medications. The issue of caregiver burnout will be addressed in topical meetings and through technical assistance to partners.
6. Improved ART performance with reduced losses among adult patients. USG partners will focus on providing high-quality care to ART patients with greater access to services, uninterrupted 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. Links to community- and home-based care will be strengthened, along with expansion of routine, provider-initiated CT in health facilities, and outreach to families. Efforts to improve ART adherence will focus on counseling – both facility- and community-based – that also addresses issues of stigma. To ensure quality, PEPFAR partners will assist in the development and implementation of performance standards for all clinic-based services. National care and treatment guidelines will be updated, and clinicians will receive refresher training via regular supervision and continuing medical education. Training, supportive supervision, career progression, and expanded peer and community services will be used to address human-capacity barriers and improve the quality of care. Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) will be conducted to assess the quality of the ART program and the efficacy of evidence-based interventions to reduce early mortality of adult patients on ART.
7. Gender sensitivity as a component of quality care and treatment. The feminization of the generalized epidemic requires greater gender awareness in all aspects of care and treatment, including disclosure of HIV status, since a disproportionate number of HIV-infected women are in sero-discordant relationships. Strategies will include positive-prevention interventions, especially for discordant couples; promotion of partner and family HIV testing; and stigma-reduction campaigns with an expanded role for peer support and peer advocacy.
8. Ensuring availability of drugs and commodities. Most HIV-related drugs and consumables will be centrally procured through SCMS, which will also continue providing technical and management support to the Public Health Pharmacy (PSP) to ensure uninterrupted supplies of needed commodities.

Pending OGAC approval, PEPFAR CI will strengthen its evidence base in care and treatment through three public health evaluations (PHEs) assessing 1) the effectiveness of EGPAF's care and treatment program, 2) interventions to reduce early mortality among patients initiating ART (an inter-country PHE), and 3) care and treatment of patients with HIV-2 infection. The last will serve to create a research platform for further studies, and its findings will have regional implications and provide data for WHO guidelines on HIV-2 infection.

PEPFAR care and treatment partners will link with partners supporting community services (ANADER, ANS-CI, and RIP+). Care International will continue to support local organizations providing care in the North and West, and PSI will continue a program focused on care for the uniformed services. The Ministry of Education will continue a program focusing on teachers, and FHI will continue programs targeting sex workers. The African Palliative Care Association will twin with Hope Worldwide CI to support continued advocacy for a pain management/opioid policy and implementation of palliative care standards. FANTA will continue to assist the PNPEC and the National Nutrition Program (PNN) to strengthen nutrition policy and support.

Cote d'Ivoire's Round 8 application was not successful. After the Round 2 HIV project ends in March 2009, it is expected that the GF will continue to provide ARVs and lab commodities to support its current patients. The USG team is represented on the CCM and in regular consultation with the GF principal recipient, and is prepared to help address potential programmatic implications of a GF service-delivery gap as well as to join MSH in providing technical assistance for an expected GF Round 9 application.

When possible, the USG provides complementary programming with other donors and partners, such as the Global Fund for ARV procurement and the WFP for food aid. The USG promotes sustainability by transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries while building their capacity for program management and accountability.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 12168.09	Mechanism: New CDC TA Mech JHPIEGO
Prime Partner: JHPIEGO	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 29660.09	Planned Funds: \$350,000
Activity System ID: 29660	
Activity Narrative: In reprogramming in April 2009, funds from an FY09 TBD and additional FY09 funds are being allocated to JHPIEGO for cervical cancer prevention under new CDC TA mech.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5306.09	Mechanism: EGPAF Rapid Expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10336.22422.09	Planned Funds: \$750,000
Activity System ID: 22422	

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

To strengthen EGPAF's adult care and support program in FY09, RIP+ (the Ivoirian network of PLWHA organizations) will coordinate the activities of PLWAs as community counselors to take an active part in the care for HIV-positive persons at all EGPAF-supported sites.

In addition to partnering with RIP+, EGPAF will sign agreements in FY09 with additional local organizations to support care and support for people living with HIV. These organizations include: Femmes Actives, Solidarite Plus, ACID, Fraternite, M'bade Victoire, Tous Pour le Taupke, Manne du Jour, Manasse et Sidalerte. EGPAF will continue to expand the role of these groups in FY09 in the area of patient education and ART adherence.

One component of these community group activities will be demand generation. EGPAF will work with these organizations to promote HIV services (VCT, PMTCT, HIV care and treatment and TB) through local radio, campaigns, open houses and other community strategies. Organization members will be trained in a participatory, adult learning approach to initiating dialogue in communities, using communication materials developed by PSI, such as the "boat game", drawing games, debate, scenarios and the risk game.

EGPAF will work with the above local organizations as well as local radio stations to promote VCT, PMTCT, care and treatment and TB services. These promotional campaigns will be timed prior to quarterly open houses organized at the larger sites in coordination with district, health facility and local leadership to ensure success. The local radios for new partnerships with EGPAF in FY09 are located in the districts of Danane, Bouake, Korhogo, Abobo, Koumassi and Treichville. EGPAF has already worked with ten other local radios in San Pedro, Bongouanou, Abengourou, Agnibilekro, Ferkessedougou, Adzope, Koumassi, Cocody, Port Bouet and Adjame Plateau. EGPAF will provide radio stations with promotional materials (radio spots, posters, brochures and pamphlets) developed with JHU/CCP.

Non-medical health personnel in Cote d'Ivoire should play a larger role in the care of persons living with HIV. Community counselors and social workers require additional training to enable some task shifting, with an anticipated outcome of improved patient adherence in the treatment of OIs and related to ARV treatment.

Another new initiative this year is the provision of "Hygiene Kits" consisting of insecticide treated bednets, condoms and water filtration systems to HIV-positive persons as part of the prevention for positives package. This hygiene kit has been distributed by PSI among uniformed services. Hygiene kits will be provided by counselors or social workers, stored at pharmacies on site to monitor their distribution.

In previous years, EGPAF requests for HIV care and support funding have been relatively small and have served to fund activities not covered in the ARV Treatment program area. As a result, care and support for patients enrolled in HIV care but not yet eligible for ART has been somewhat short-changed, and program results show that the ART program is not enrolling as many HIV-positive, non-treatment-eligible patients as one would expect to see. EGPAF's introduction of performance-based contracting to support care and treatment services are likely to change this distribution as sites realize that they can receive significant program income from enrolling and closely following non-treatment-eligible patients.

The benefits of keeping close track of HIV-positive patients with high CD4 counts are significant, as early initiation of ART has been demonstrated to greatly improve treatment outcomes. For FY09, EGPAF proposes that the bulk of the funding for palliative care be used to support HIV+ patients enrolled in care but not yet eligible for ART. These patients will be scheduled for quarterly check-ups, receive CD4 tests twice a year, and be encouraged to come in for all significant illness episodes free of charge. They will receive routine cotrimoxazole prophylaxis and nutrition assessment and counseling, which have been shown to delay the need for treatment initiation. All TB/HIV co-infected patients and all pregnant women not yet eligible for ART from PMTCT will receive the same package. At least 10% of enrolled patients will be children, who will receive pediatric formulations of cotrimoxazole. Well-functioning referrals and counter-referrals will be established with PEPFAR-funded OVC partners for testing and care.

While advocating and working for a consensus on a standardized affordable package of care to be available across the health system, EGPAF has actively participated in efforts led by the MOH palliative care task force to develop a national palliative-care policy along with a list of essential OI drugs adapted to different health-care and community settings and a set of training curricula.

Altogether, FY09-funded activities are expected to provide care and support for 93,000 adults. Specific activities to be supported with FY09 funding include:

- Reinforce partnership with RIP+ (network of PLWHA organizations) to empower nascent PLWHA support groups in the interior of the country
- Contract with ASAPSU or a partner TBD to reinforce and expand food distribution as part of wraparound activities
- Develop a positive-prevention package for clinical settings that also addresses family planning, disclosure, and speaking to adolescents about their HIV status and lifelong treatment.
- Reinforce the partnership with Helen Keller International to couple food supplementation to income-generating activities with WFP support. Greater involvement of PATH in the training of community support groups or caregivers will complement this activity.
- Continue to assist in the development and dissemination of palliative-care guidelines, job aids, brochures, and a training curriculum (in partnership with FHI and Alliance CI) and train care providers (physicians, nurses, social workers, and community caregivers) in a complete palliative-care package.
- Document the impact of 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

Activity Narrative: evaluation, with technical assistance from JSI/Boston.

EGPAF's work complements the efforts of Alliance CI, CARE International, and FHI, which have community capacity-building and empowerment activities in the same implementation areas. As agreed through an MOU, Alliance-funded home-based care projects will link with EGPAF clinical sites to provide home-based support 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 PEPFAR partners (CARE, PSI, ACONDA, and ANADER), which have referral systems that usher patients into EGPAF's comprehensive care program.

At all sites, EGPAF will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. EGPAF will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15111

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15111	10336.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$700,000
10336	10336.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$20,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5314.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5038.22415.09

Activity System ID: 22415

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$500,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FHI has two main roles in PEPFAR Côte d'Ivoire's palliative care (PC) program. The first one is the implementing PC interventions targeting highly vulnerable populations (HVP) including sex workers (SW) and the second one consists in providing technical-assistance to the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC) and other partners to improve access and quality of PC services. Modified activities during the FY 09:

1. Support MSHP/PNPEC and MLS to develop and disseminate to physicians and other related parties a document summarizing the essential aspects of current regulation on opioids
2. Support MSHP/PNPEC to promote the use of opioids for pain management to all physicians
3. Assist the 13 PAPO-HVP sites in STI drugs procurement during "hard period"
4. Subgrants to APROSAM to provide coordination and coaching for the implementation of activities conducted by CERBAS and FURBAS for Community mobilisation for PMTCT, Education to treatment, Palliative care.
5. FHI will in collaboration with the national program of cervical cancer strengthen the technical capacities of Clinique de Confiance in order to set up a pilot program for the screening of cervical cancer in female sex workers (FSW). FSW are at high risk for developing cervical cancer and don't have easy access to other health services, including cervical cancer screening. In first instance this program will target all sex workers visiting the Clinique de Confiance

COMPLETE NARRATIVE:

In FY08, FHI provided technical and financial assistance for the implementation of palliative care (PC) services at the 13 PAPO-HVP sites. FHI collaborated with other partners to strengthen the NGOs Espace Confiance and APROSAM in managing mobile PC services. In addition, FHI provided technical, financial, and organizational assistance to other local NGOs such as Arc en Ciel, CERBAS, and FURBAS to conduct community based interventions for people living with HIV/AIDS (PLWHA). In order to strengthen the delivery, quality, and coordination of PC services in accordance with national PC policies and the 2006-2010 National PC Strategic Plan, FHI worked in close collaboration with the National Care and Treatment Program (PNPEC) under the Ministry of Health (MSHP), and other PEPFAR partners such as the Ministry of AIDS (MLS), the National Program for Orphans and Vulnerable Children (PNOEV), Alliance-CI, Population Services International (PSI), Hope Worldwide, and the Ivorian Network of People Living with HIV/AIDS (RIP+). With FY08 funds, FHI supported advocacy activities and reinforced service providers' capacities. FHI supported the training of 21 new trainers to increase the number of trainers in the national pool to 44. FHI also supported the training of 100 PC service providers. FHI supported direct PC services to 11,500 people including orphans and vulnerable children (OVC).

Using FY09 funding, FHI will work to strengthen the ongoing PC program in the 2 main domains: clinic-based PC for highly vulnerable populations (HVP) such as sex workers and their partners, and central level PC support. FHI will conduct the following activities in the following domains:

- a) Interventions at central level and/or focused on adult care
 1. Continue to provide technical and financial assistance to the 13 main existing HVP health centers implementing PC activities as well as to support groups at all sites to provide psychosocial support and adherence counseling. The standard PC package will include symptomatic pain relief, evaluation of social, psychological, and spiritual needs, and referral to a system of comprehensive care.
 2. Continue to assist (through training, and the provision of documents and tools) the PC mobile units which target to hard-to-reach sex workers in Abidjan and San Pedro.
 3. Strengthen the technical capacities of Clinique de Confiance in order to implement a pilot program for screening of cervical cancer among female sex workers, who are at a high risk of developing cervical cancer and often do not have access to other preventative health services.
 4. Continue to strengthen the operational management of NGOs, including administrative and financial management, budgeting, leadership, M&E, and mobilization of resources. FHI will continue to support the implementation of a quality assurance system (QAS) in collaboration with PEPFAR and other partners (such as PNPEC, PSI, URC and JHPIEGO).
 5. Support the extension of services by introducing PC into the package of services offered to outpatients. This standard PC package will be available for adults and children including OVC. FHI will work the Supply Chain Management System (SCMS) for the procurement of condoms and cotrimoxazole tablets for adults in order to resupply commodities to service providers who will deliver directly to the clients.
 6. Continue technical and financial assistance to the national PC technical working group, in collaboration with Hope Worldwide Côte d'Ivoire and its twinning with the African PC Association (APCA) and other partners (ACONDA/ANADER, PSI, Alliance CI, CARE International, ARSIP), to conduct sensitization sessions for stakeholders to promote integration of PC services into the national health system.
 7. Support MSHP/PNPEC and MLS to develop and disseminate to physicians and other related parties a document summarizing the essential aspects of current regulation on opioids.
 8. Provide technical assistance to MSHP/PNPEC and MLS to continue advocacy towards authorities for opioids. More specifically, FHI will promote the prescription of injectable opioids for more than 7 days and the prescription of other forms for more than 30 days for pain management. In addition there is a need to

Activity Narrative: authorize prescription of opioids at all levels (including primary health care level).

9. Facilitate 2 trainings focusing on opioid prescription for physicians.
10. Provide support to the MSHP/PNPEC and MLS to extend implementation of PC services in 8 new sites (including HVP health centers, OVC platforms, and IRIS sites).
11. Continue to strengthen the collaborative framework among partners supporting or implementing PC. This collaboration includes the dissemination of policy, norms, and procedures documents.
12. Continue to support the collaborative platform to achieve broader access to PC services through advocacy and capacity building for service providers and community workers to harmonize and improve the quality of PC interventions.
13. Assist the MSHP/PNPEC, MSHP/DFR, in collaboration with JHPIEGO and new PEPFAR partner, to continue the integration of PC into pre-service curricula (UFR/SM, INFAS, INFS, and Centre Technique Féminin).
14. Improve the quality of PC services by disseminating quality assurance tools and PC guides, and support the training of 25 PC trainers, 100 PC service providers, and 25 QA focal points including coordinating with CARE International efforts to target FBOs supported by ARSIP.
15. Continue to support the implementation of a PC quality assurance system by the MSHP and MLS.
16. Provide technical and financial assistance to 4 PC service provider networks for the implementation of home based services (home visits, care and treatment, community mobilisation for the prevention of mother-to-child transmission [PMTCT], treatment, and palliative care). Facility based providers and community based services will be linked through a referral network.

b) Interventions at central level focused on care of children

1. Support the extension of services by introducing a standard PC package, including symptomatic pain relief, evaluation of social, psychological, and spiritual needs, etc.
2. FHI will support MSHP/PNPEC to promote the use of opioids (syrup-based formula for children) for pain management to all pediatricians.
3. Provide support to the MFFAS/PNOEV, MSHP/PNPEC, and MLS to extend implementation of PC services in 8 new sites (where there are existing OVC platforms).
4. Continue to support to the MFFAS/PNOEV, MSHP/PNPEC, and MLS/CTAIL to disseminate policy, norms, and procedures documents and guides in pediatric services and OVC platforms.
5. Continue to support broader access to PC services through capacity building for service providers and community workers in order to harmonize and improve the quality of PC interventions in pediatric services and OVC platforms.

FHI will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a unified national M&E system, FHI will participate in quarterly strategic information meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15118

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15118	5038.08	HHS/Centers for Disease Control & Prevention	Family Health International	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	\$415,000
10056	5038.07	HHS/Centers for Disease Control & Prevention	Family Health International	5314	5314.07	CoAg FHI/ITM (HVP) #U62/CCU324473	\$300,000
5038	5038.06	HHS/Centers for Disease Control & Prevention	Family Health International	3379	81.06	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473	\$200,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 7218.09**Prime Partner:** Geneva Global**Funding Source:** GHCS (State)**Budget Code:** HBHC**Activity ID:** 17372.22409.09**Activity System ID:** 22409**Mechanism:** NPI-Geneva Global GHH-A-A-00-07-00005-00**USG Agency:** U.S. Agency for International Development**Program Area:** Care: Adult Care and Support**Program Budget Code:** 08**Planned Funds:** \$0

Activity Narrative: Geneva Global is a U.S. based professional-services firm that advises private donors on effective philanthropic investment in the developing world. Its core competencies include identifying effective local CBO/FBOs; analyzing and building their organizational, technical, financial, and governance capacities; and monitoring and evaluating funded projects.

In late 2006, Geneva Global was awarded a three-year grant of \$2 million as one of three Cote d'Ivoire projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, Geneva Global will support 12 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; to provide and promote HIV counseling and testing CT; and to provide care and support and OVC services.

In FY07, Geneva Global launched its project by finalizing a work plan, opening an office and hiring staff in Abidjan, and identifying local sub-partners through a grant bidding conference and capacity assessments. Geneva Global invited and trained 19 CBOs and FBOs on PEPFAR guidelines and requirements as well as best practices in HIV/AIDS mitigation and began the mentorship process, assessing sub-partners' financial and organizational systems, building capacity through coaching and a due-diligence process, and providing technical assistance in project conception and budgeting.

Geneva Global selected 12 partners using its due diligence tools as well as AED tools for institutional capacity assessment and strengthening. It has also used mentoring, shadowing, coaching, workshops, and linkages to build subpartner capacities. Ongoing supervision is helping Geneva Global to monitor how much progress the subpartners are making, and in 2009, Geneva Global will administer the AED tool again to determine its strongest partners. If a requested cost extension beyond the project's November 2009 end date is granted, Geneva Global and its subpartners are capable of increasing targets in all program areas.

In FY09, in the program area of Adult Care and Support, Geneva Global will provide sub-grants, training, and mentoring to nine local organizations working in Abidjan, Aboisso, Yamoussoukro, Bloléquin, San Pedro, Gagnoa, and Guiglo: AMEPOUH, Cote d'Ivoire Prosperite (CIP), Group Biblique Hospitalier (GBH), Lumiere Action, CMA, Femme Action Development (FEMAD), Renaissance Sante Bouake (RSB), Mudessa, and Ruban Rouge. FY09 funds will support training for 250 people and direct care and support services for at least 1,800 people.

Geneva Global will continue to use project management teams and to implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. Geneva Global will train and support sub-partners to provide or ensure provision of a full range of community- and home-based care services, including cotrimoxazole prophylaxis for adults and children in accordance with national and WHO guidelines; treatment for OIs, malaria, and STIs; basic pain management; screening for TB; psychosocial support; targeted provision of insecticide-treated nets (ITNs) and clean-water systems for those at highest risk; nutritional assessment and supplementation; HIV testing for family members; ART monitoring and support; and effective referrals to OVC services. All home-based care providers will be cross-trained to identify OVC, assess their needs, and provide or refer them to appropriate services.

Sub-partners will be supported to provide patient- and family-centered care that optimizes the quality of life of adults and children living with HIV through the active anticipation, prevention, and treatment of pain and suffering beginning with the diagnosis of HIV. Geneva Global will work with the National HIV/AIDS Care and Treatment Program (PNPEC) and other stakeholders to design a standard home-based service package and will train its sub-partners in the effective use and evaluation of the package. Training will be done in coordination with the PNPEC using nationally approved trainers and materials. Geneva Global will participate in the selection, training, and supervision of home-based caregivers.

Emphasis will be placed on improving coverage by trying to reach everyone in need of services within a given community, with a focus on simple care that can be provided at home, with referral to medical services when necessary. Trained community-based volunteers will be coached, supervised, and supported to provide services in a cost-effective way.

Geneva Global will train its implementing partners to engage PLWHA at the center of their care management. Caregivers for PLWHA at home will respect them and their right to confidentiality. The care provided will be holistic and focused on identified needs. Advice will be given on common opportunistic infections (e.g. malaria prevention) and on nutrition (e.g. using locally available foods that can improve the health of PLWHA). Support, including training, will be given to family members who provide direct care for PLWHA. Training will be ongoing and empowering and will emphasize how to provide holistic care that goes beyond simple nursing care. Programs will address the care needs of caregivers, most of whom are women.

Sub-partners will use a variety of strategies and activities to mobilize and involve communities in providing care for those infected and affected by HIV/AIDS. C/FBO activities will include training on the use of participatory learning and action (PLA) tools.

All project activities will be coordinated with the PNPEC and will follow and support the National HIV/AIDS Strategic Plan. Geneva Global will participate in relevant technical working groups and will work with other PEPFAR partners (PSI, Care International, ANADER, Alliance Cote d'Ivoire) and other donors to avoid duplication and maximize synergies.

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Geneva Global will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To strengthen capacity building for subpartners, Geneva Global will conduct another assessment of sub-

Activity Narrative: partner capacity to identify areas improved since the FY08 assessment. Supervision missions will be carried out at least twice at each site to supervise and monitor activities and progress.

Geneva Global works to promote sustainability by building local capacity and linking subpartners with another in collaborative and mentoring "clusters," with HIV forums at district and regional levels, with the expertise of other PEPFAR partners, and with other public and private funding sources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17372

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17372	17372.08	U.S. Agency for International Development	Geneva Global	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5309.09

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10053.22464.09

Activity System ID: 22464

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$300,000

Activity Narrative: Since its creation in 2002, the Ivorian NGO of health professionals ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. 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. After working as a sub-partner to EGPAF (Project HEART) starting in 2004, ACONDA in September 2006 graduated to become a PEPFAR prime partner providing comprehensive family care and PMTCT services. ACONDA is rapidly expanding its family-based model. As of September 2008, ACONDA provided care and support to more than 18,861 people.

With FY09 funds, ACONDA will continue to support 90 FY08 sites and expand to an additional 15 sites with a total of 105 sites providing adult care and support at health care facilities and in the community. In FY09, ACONDA plans to provide care and support services to at least 35,400 adult patients.

Priority interventions will include:

- Train 180 physicians, paramedics, social workers, and community counselors in prevention and treatment of OIs, adherence to ART, and provision of psychosocial support.
- Ensure that adult patients who test HIV-positive undergo clinical and biological assessments (CD4 count) to determine clinical staging and eligibility for ART initiation. Patients who are eligible are put on ART according to national guidelines. They will be followed up after three months and every six months to monitor side-effects and assess adherence and efficacy of treatment (based on CD4 count assessment).
- Symptomatic adult patients will be provided care to alleviate symptoms: Pain will be treated with opiates or non-opiates (according to WHO guidelines); patients with fever, diarrhea, or anemia will be managed using national guidelines (or international/WHO guidelines when national guidelines are not yet adopted) with appropriate medications. Asymptomatic patients will be assessed every six months for clinical staging and ART eligibility. All HIV positive patients will receive cotrimoxazole free of charge according to national guidelines (currently for patients with CD4 <350).
- Provide baseline and follow up biological monitoring to all adult patients receiving HIV care and support services. Support care and treatment of OIs according to national guidelines.
- Provide water sterilizing tablets and insecticide treated mosquito nests (ITN) to the most vulnerable adult patients.

At all sites, ACONDA will provide – either by hiring or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. ACONDA will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients.

All clients will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing, reduction of multiple partners, alcohol use, and prevention and treatment of STIs. HIV-positive clients will be referred (on an opt-out basis) to community-based OVC and palliative care services to address family and individual care needs. Counselors will provide adherence support, prevention-for-positives counseling, and advice and help for disclosure of HIV status to partners and family, with a specific focus on sero-discordant couples. Patients will also undergo a systematic psychosocial assessment to identify barriers and obstacles to adherence and will then be referred to support groups. Further targeted HIV prevention counseling will focus on risk reduction through, disclosure, testing of partners and children, and positive living. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the community
- Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15089	10053.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$510,000
10053	10053.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$150,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7220.09	Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)
Prime Partner: Columbia University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 16777.22436.09	Planned Funds: \$450,000
Activity System ID: 22436	

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in 5 regions in the midwestern part of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra, and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at the infirmary of prisons, and TB clinics.

By March 2009, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 facilities, PMTCT services at an additional seven facilities, and CT services at another 15 facilities (two prisons, three infirmaries, and 10 TB clinics).

With FY09 funding, ICAP will support this package of services at all FY08 sites and expand to an additional 15 facilities delivering palliative care and ART services, for a total of 43 sites providing care and support services. By September 2009, the 43 facilities will have enrolled 8,900 HIV-infected adults into palliative care services.

ICAP will also provide subgrant funding and technical assistance to several subpartners, including private clinics, faith based clinics and PLWHIV association for HIV care and treatment services.

Adult care and support services for HIV-positive individuals will be provided by a multidisciplinary team of providers, will focus on caring for the whole family, and will be strongly integrated with CT (included routine provider-initiated opt-out CT), PMTCT, and ARV services, as well as identification and referral to appropriate services for orphans and vulnerable children (OVC).

ICAP's capacity-building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring, will help ensure long-term sustainability.

In FY09, adult care and support interventions will include:

- ICAP will work with districts and facilities to identify staff needs, including materials and training. This may include hiring certain staff, including data clerks, directly and detailing them to individual care and treatment sites.
- Providing the necessary training, resources, and tools needed for staff to provide quality HIV care and support services will help motivate staff and encourage retention.
- Train in collaboration with PNPEC at least 112, nurses, social workers, counselors, and outreach workers to deliver HIV care and support.
- ICAP will conduct intensive on-site mentoring during the initiation of services and regular follow-up training and mentoring thereafter.
- Support sites to identify HIV-positive patients by strengthening HIV counseling and testing interventions, including traditional VCT and routine provider-initiated CT (see Counseling and Testing section). ICAP will also support sites to publicize the availability of HIV care and support services in the communities they serve.
- Support sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to HIV care and support (e.g. CD4 schedule for pre-ARV patients, OI prophylaxis and treatment, etc).
- Support the formation and functioning of Multidisciplinary Team Meetings to discuss complicated cases, including those failing treatment, and to coordinate individual patient care.
- Support District laboratories and pharmacies to improve their stock management procedures to avoid stock outs of reagents and ARVs.
- Promote OI prophylaxis and treatment in accordance with MOH/National HIV/AIDS Care and Treatment Program (PNPEC) guidelines: cotrimoxazole will be offered to HIV infected patients according to the national guidelines. The USG remains an advocate for promoting universal (or at least expanded) qualification to include CD4 <500 cotrimoxazole for all HIV infected patients. Discussions with the MOH on this issue are ongoing. Similarly, TB screening will be promoted for HIV infected adults and children.
- Ensure strong linkages between HIV care and support services and other services within the facility, such as inpatient wards, the outpatient department, VCT, PMTCT, TB, under-5 clinic, and family planning. Routine opt-out HIV testing will be offered to all patients in these services, and those testing HIV-positive will be immediately enrolled in the care and treatment program and initiated on ART if eligible. HIV Program Management Committees, including key staff representing various departments, will be established and will meet regularly to coordinate services and cross-referrals.
- Ensure distribution of insecticide treated mosquito nets and water sterilization tablets to HIV infected patients, especially for infants and pregnant women (in collaboration with SCMS and the Public Health Pharmacy, PSP).
- Ensure routine weighing of patients enrolled in HIV care and treatment to better track weight loss and signs of malnutrition. ICAP will purchase scales for each site and data managers will record each patients' weight at each visit and document it in the patient chart. This will allow clinical staff to follow weight trends for each patient, identify patients who are underweight, and provide nutritional counseling and food supplements to those in need.
- Enhance adherence and psychosocial-support activities at care and treatment sites, including the implementation of support groups and the use of peer educators. ICAP will work with RIP+ (the national network of PLWHA organizations) and local PLWHA organizations to replicate successful peer-education programs from other countries (Rwanda, Swaziland, Ethiopia) to raise awareness about HIV testing and the availability of ARV and care and support services, providing information and emotional support to patients receiving care and support, and to conduct home visits to patients lost to follow-up.
- Work closely with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of needed

Activity Narrative: medications and test kits and to ensure timely delivery and accurate stock management.

- Work with health districts to support the initiation of HIV care and support services at sites and to provide ongoing supervision and quality-improvement monitoring.
- Support sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting, using national tools. A data quality assurance system will be implemented, and ICAP technical advisers will assist sites to analyze data regularly to assess program quality. ICAP will meet regularly with the MOH at the central level to provide feedback on HIV care and support related M&E tools and approaches to help improve the national system of data collection and reporting.
- Support sites to provide HIV prevention counseling for HIV-positive individuals enrolled in programs.
- Enhance counseling of HIV-infected individuals to promote secondary prevention, enhance adherence to care and treatment, provide psychosocial support, link patients to community resources, and identify household members in need of testing, treatment, and care, including children in need of OVC services. ICAP will also ensure that patients have access to nutritional assessment and counseling.
- Support sites to establish and strengthen links with community-based organizations to ensure community based patient support for home-based care, OVC services, adherence support, nutritional support, and other services. ICAP will introduce a community resource mapping tool and support care and treatment sites to develop formal agreements and referral systems with relevant organizations.

ICAP will contract with local NGOs to hire and train peer counselors who will be assigned to all sites and charged with ensuring effective referrals between services at the facility (i.e. from VCT to care), providing emotional support, counseling clients about HIV prevention and adherence, and conducting home visits.

ICAP will develop a system at each site to reduce loss to follow up of patients receiving care and treatment using the following strategies: first, ICAP will train community counselors at each site in adherence and psychosocial support of patients and each patient will meet the counselor during their first visit; second, ICAP will recruit an assistant data manager in each site who will be responsible for documenting patient appointments, collecting detailed patient contact information, and identifying patients who do not return for appointments and risk becoming lost to follow up; if a patient does not return for his appointment, the data manager will alert the community counselor who will then attempt to trace the patient either by telephone or a home visit; ICAP will furnish each site with motorcycles and bicycles to facilitate home visits; finally, other services will be put implemented to support patient adherence, including bi-monthly support groups at each site facilitated by the community counselors,

In order to ease access to HIV care and treatment services, ICAP will support sites and districts to sponsor regular HIV/AIDS awareness campaigns with the aim of involving community leaders and reducing stigma and discrimination. In addition, regular outreach by community counselors and peer educators will serve to sensitize individuals, families and communities to the impact of stigma and discrimination. Finally, the establishment of associations of PLWHA and support groups at sites will serve to reduce stigma in the community and help HIV positive individuals cope with the daily stresses of living with HIV.

All HIV-positive clients will be offered information about and referrals to specific community based OVC care and HIV care and support services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ICAP will ensure that community-based services capable of meeting these needs are identified, and ICAP will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge. ICAP will emphasize involvement of districts in the planning, implementation and evaluation of these services with the aim of capacity building and health systems strengthening.

ICAP will report to the USG strategic information team quarterly program results and program data as requested on an ad hoc basis. To participate in the building and strengthening of a single national M&E system, ICAP will participate in quarterly SI meetings and will implement decisions agreed upon during these meetings.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16777	16777.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$350,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5316.09

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: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5040.22446.09

Planned Funds: \$250,000

Activity System ID: 22446

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- The main focus in FY09 will be on consolidating and ensuring the quality of existing activities.
- Particular emphasis will be placed on advocacy with the MOH and on support for reference hospitals to increase the availability of CD4 tests and other "bilan" tests for PLWHA.
- Efforts will be made to reach more peri-urban and rural areas.
- Supervision visits will be made to providers and partners trained during FY05-08.
- Refresher training for home-based care providers will focus on OI diagnosis and treatment, ART adherence, and positive prevention.
- Care will provide increased supervision and support for PLWHA social support groups.
- Care will leverage its relationships with migrant communities in Abidjan to conduct care activities with HIV-positive people from Niger, Burkina, Guinee, Ghana, and Nigeria and sex workers in Port Bouet, Abobo, and Adjame

FY09 NARRATIVE

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 and other government services have been severely disrupted since civil conflict split the country in 2002. With the socio-political situation improving, government actors and health-care workers are expected to return to the region, requiring good coordination with civil-society actors who have developed a strong presence since 2002.

Care provides sub-grants and capacity-building assistance to local partners to provide care services in five hub cities (Bouake, Korhogo, Man, Duekoue, and Bouna/Bondoukou) and nine satellite sites. Care and support services are provided at the community and home levels by local NGOs and at local health centers by health-care workers. Care's strategy is to identify and serve care and support clients by ensuring effective linkages between project care and support partners and public and private HIV and TB treatment, PMTCT, and testing sites, as well as OVC and HIV prevention partners working in the community, such that anyone identified as HIV+ will have timely access to the full spectrum of diagnostic and follow-up care.

In FY09, Care will advocate for increasing the availability of CD4 and other "bilan" tests at reference hospitals to eliminate a major barrier to appropriate care and treatment for PLWHA. According to the national protocol, a CD4 count is required before ART can begin, and limited availability of CD4 testing results in high "lost to follow-up" rates. Additional technicians at the regional reference laboratory, increased availability of additional laboratories, and regular maintenance of lab equipment would contribute to reducing this barrier.

Care trains health workers and community counselors to provide home-based care and follow-up, including psychosocial support for patients and family members, ART adherence support, and preventive-care education and materials (including counseling for positive prevention). Care also provides cotrimoxazole, water-purification sachets, and insecticide-treated bed nets free of charge to care partners. Care plans to provide refresher training on the diagnosis and treatment of OIs for home-care providers in FY09.

Wrap-around nutritional support, complemented by nutrition education, will continue to be provided in partnership with the World Food Program, based on availability of food from WFP.

In FY09, Care will also leverage its relationships in Abidjan to add care and support activities within the high-risk communities of migrant workers from Niger, Nigeria, Burkina Faso, Ghana, and Guinee residing in Port Bouet, Abobo, and Adjame. While away from home and social networks, these workers engage in high-risk sexual activity, often with professional sex workers, thus placing themselves and their families at risk of HIV infection. Moreover, this marginalized group faces linguistic, cultural, and social barriers to obtaining services and accurate information. Care will use its strong ties with these communities to continue efforts with the local NGO Angels of the Migrants to address the health concerns of their population. Using the same methods and tools as in its primary intervention areas (North and West), Care will work with community health workers to conduct home-based care visits and promote access to quality care and support services and follow-up.

Care will continue to reinforce regional HIV/AIDS NGO coordination networks to ensure a continuum of care. Care will also continue to facilitate decentralization by the Ministry of AIDS (MLS), the Ministry of Health, and the social centers and National OVC Program (PNOEV) of the Ministry of Family, Women, and Social Affairs (MFFAS).

Care and support activities will complement and build on other PEPFAR-funded work, including policy and guidelines for clinic- and home-based care as well as HIV prevention, care (including OVC care), and treatment activities by ministries (AIDS, Health, Education, Social Affairs) and other partners (PSI, EGPAF). District and regional health directors will be asked to take the lead in quarterly supervision visits to ensure ownership of community care and support activities by MOH officials.

Care, the principal recipient for the 2nd Phase of the Global Fund Round 2 HIV project OASIS, expects to increase its care and support caseload by linking with newly reinvigorated ART sites, established with GF and PEPFAR support. Systematic referral for HIV testing of partners and family members of HIV+ clients will be emphasized.

Care will continue to work with the national PLWHA network (RIP+) to support NGO partners in establishing PLWHA peer-support groups and village savings-and-loan activities put in place in FY07/08. Peer-support groups indicating interest will be trained in the savings-and-loan methodology and, after a minimum of nine months of successful functioning, will be supported with an opportunity to conduct group income-generating activities, to reinforce their resilience to the effects of HIV on their households.

Activity Narrative: The project will mobilize communities around the use of CT, ART, and STI services and will continue to ensure the availability of these services at 23 health-care provision sites. Care will support health centers (NGOs and public) with training, medicines, and other equipment (bed nets, water-purification products, condoms, etc.). Training will be conducted by the regional pool of trainers using the national palliative care module, which will include a week of practice with Hope Worldwide. Special attention to addressing gender issues will help ensure equal access to care and support services.

Training-of-trainer methods were emphasized in FY06-08 to give NGOs the capacity to train community-care groups, clinic staff, and counselors. A joint supervision visit will be planned each semester with PNPEC representatives to review the quality of community-based care and support activities.

Project activities will be coordinated with other Care projects, including Phase 2 of the Global Fund-supported HIV and Malaria projects. The joint work plan will be updated to ensure that projects are complementary and avoid overlap. The PEPFAR-supported CARA project will begin to support GF Round 5 PREMA project partners in preparation for the end of the project in early FY09. All Care HIV projects will emphasize the prevention and treatment of malaria among HIV-affected/infected populations and will be coordinated with the GF Round 6 and Round 8 Malaria Projects.

In coordination with JHU/CCP, Care will support the network of religious leaders (ARSIP) to train religious leaders and to bring them together each quarter to promote common HIV prevention and care strategies, including spiritual care for PLWHA and advocacy against stigmatization, based on the spiritual care training module developed in FY08.

In all, FY09 funds will support care and support services to at least 8,000 people at 23 sites and train 80 people to provide quality care and support between April 2009 and March 2010. Activities will include:

1. Sub-grants to ensure that 23 health structures and local NGOs provide care and support services (five main partners and three day hospitals in hub cities, plus partners in nine satellite sites, three rural sites, and three "maisons de transit").
2. Training of 80 health workers on palliative care, OI diagnosis and treatment, and OVC identification, followed by a week of practicum with Hope Worldwide.
3. Supervision visits to 120 health personnel and trainers trained in FY05-08.
4. Provision of medicines for OI treatment to all 23 health structures and NGOs.
5. Regular supervision with district and regional health authorities and PNPEC for health personnel trained in care and support in FY05-08.
6. Continued support for village savings-and-loan activities for at least 200 PLWHA and their families.
7. Wraparound nutritional support in partnership with WFP, complemented by nutrition education and food preparation demonstrations for and by food distributors.
8. Three exchange visits between NGOs and Hope Worldwide to facilitate practical learning of palliative care techniques and the sharing of best practices.
9. Support for three "transit houses" (in Man, Bouake, and Korhogo) that provide refuge, psychosocial support, and referral for rural PLWHA in town for doctor consultations or support-group meetings. The transit house in Man may be constructed on land donated by the local prefect, to ensure sustainability.
11. Participation in a coordinated advocacy effort with PNPEC, Hope WW, and RIP+ (national network of PLWHA organizations) to promote the harmonization of care and support tools and the availability of appropriate palliative care drugs.

Care will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, Care will participate in quarterly SI meetings and will implement decisions taken during these meetings. A final evaluation will be conducted at the end of the project to assess overall project achievements.

Care works closely with the MOH and Ministry of AIDS to help with the redeployment of staff in conflict-affected zones, including joint supervisory visits and support for district-level health reporting staff (CSE) with USB keys and Internet connections to ensure the collection and transfer of monthly reports.

Standardized supervision tools will be revised based on FY08 experiences and used by Care staff as part of an emphasis on tracking the evolution of partner capacity in care and home visits. Particular emphasis will be placed on ensuring that home visits include appropriate medical services. Care's research coordinator will focus on evaluating the impact of the project, including the possible addition of indicators to measure quality.

Care will hire a high-level subgrants manager to focus on providing staff the tools and training necessary to measure institutional capacity building for local partners. Care incorporates flexibility into its partnerships with local NGOs to avoid dependency and encourage autonomy. A strong accent is placed on training of trainers and regular instructive supervision so that necessary technical skills are transferred to local partner staff. Subgrant managers with financial backgrounds have been hired and continue to support partners with budgeting and financial justification on site. Care is also emphasizing the development of project-writing skills so that partners can apply directly for funding in the future. Institutional capacity building will continue through equipment purchases (including motorcycles and computers) and linking of partners into the national commodities circuit. Care will also continue to link local organizations with district health authorities by facilitating quarterly supervision visits and ensuring that service provision sites are monitored and authorized by national authorities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15105

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15105	5040.08	HHS/Centers for Disease Control & Prevention	CARE International	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$470,000
9945	5040.07	HHS/Centers for Disease Control & Prevention	CARE International	5316	5316.07	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$300,000
5040	5040.06	HHS/Centers for Disease Control & Prevention	CARE International	3536	3536.06	Rapid expansion North West: RFA # AAA070 North & West of CI	\$150,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,000

Education

Water

Estimated amount of funding that is planned for Water \$10,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5301.09

Mechanism: MOH- CoAg #U2G PS000632-01

Prime Partner: Ministry of Health, Côte d'Ivoire

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26612.09

Planned Funds: \$60,000

Activity System ID: 26612

Activity Narrative: In pursuit of the Ministry of Health (MOH) objective of universal access to care and (if needed) treatment for people living with HIV/AIDS (PLWHA), the National HIV/AIDS Care and Treatment Program (PNPEC) collaborates with other MOH structures to ensure coordination of health-sector HIV/AIDS interventions through two main strategies: (1) integration and decentralization of HIV/AIDS and other health-care activities, and (2) implementation and enforcement of national policies, guidelines, norms, and standards.

MOH-supervised medical staff provides care for HIV-infected teachers, staff, and students at school health centers (SSSU), in collaboration with PEPFAR-supported HIV prevention and care activities conducted by the Ministry of Education (MEN). With FY09 funding, and building on activities previously implemented by the MEN, the MOH will work to strengthen the capacities of the National School Health Program (PNSSU) to better coordinate HIV care and support services for students and teachers in the education sector through the school health clinics (SSSUs).

Using FY09 funding, the PNSSU will continue to strengthen systems that address the health care needs of HIV-infected and -affected students and teachers with comprehensive, family-based care in coordination with the PNPEC's program for the prevention of mother-to-child transmission (PMTCT) and HIV care and treatment program as well as with the MEN's HIV prevention programs. The PNSSU will advocate for a holistic approach to care and support and will seek to provide a complete and integrated package of quality services that includes prevention (counseling and testing (CT), PMTCT, secondary sexual prevention); adult, child, and family care (ART provision, prevention and treatment for opportunistic infections (OI), and promotion of "positive living"); psychosocial support; and a continuum of care through links with QUITUS (an NGO of teachers living with HIV/AIDS), the PNPEC, other ministries, and community organizations. The PNSSU's approach will rely on linking the clinical adult care and support provided by its medical staff (or referrals to other providers) to home-based care and support by QUITUS members, peer educators from student health clubs, and other NGO service providers.

Teachers and other MEN personnel in need of services will be identified through CT centers and other caretaking centers (maternities, hospitals, NGO, and others). Personnel infected or affected by HIV will be provided with follow-up care, home visits, and ongoing support through care and treatment partners such as ACONDA, EGPAF, ICAP-Columbia University, and QUITUS. The PNSSU will support QUITUS mobilization against stigmatization in schools.

More specifically, the PNSSU will work with the MEN, QUITUS, and implementing partners in FY09 to:

- Provide at least 300 teachers, including 100 QUITUS members and other personnel living with HIV, with referrals to care for psychosocial support, adherence to treatment, and positive prevention at 30 MEN intervention sites.
- Acquire and distribute 400,000 condoms to teachers and other personnel at all 47 SSSU sites.
- Train 200 doctors and nurses in CT and care and support for HIV-infected teachers and students.
- Organize 360 meetings or training sessions on HIV/AIDS-related topics for health care workers (12 per MEN intervention site).
- Equip the SSSUs with CT materials and kits for treating sexually transmitted infections (STI).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11044.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 26595.09

Activity System ID: 26595

Mechanism: TBD New Treatment Partner

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: ██████████

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, palliative care and ART services. By September 2009, the five facilities will have enrolled 1,000 HIV-infected adults into care and support services.

The partner will also provide subgrant funding and technical assistance to a variety of subpartners, including private clinics, faith based clinics, and local associations of PLWHA to provide additional support for HIV care and treatment services.

Adult care and support services for HIV-positive adults will be provided by a multidisciplinary team of providers, and will focus on caring for the whole family, and will be strongly integrated with CT (included routine provider-initiated CT), PMTCT, and ARV services, as well as identification of orphans and vulnerable children (OVC) with referral to appropriate services.

The partner will develop and implement a capacity-building approach focusing on district and facility-level systems strengthening and provider training and mentoring to ensure long-term sustainability.

In FY09, adult care and support interventions will include:

- The partner will work with health districts and individual facilities to identify staff needs, including materials and training. This may also include the direct hiring of staff assigned to data entry at the site level.
- Providing the necessary clinical training, resources, and tools needed to provide quality adult care and support services will help motivate staff and increase retention.
- Train in collaboration with PNPEC at least 20 doctors, nurses, social workers, counselors, and outreach workers to deliver palliative care.
- The partner will conduct intensive on-site mentoring during the initiation of services and regular follow-up training and mentoring thereafter.
- Support sites to identify HIV-positive patients by strengthening HIV counseling and testing interventions, including traditional VCT and routine opt-out CT (see Counseling and Testing section). The partner will also support sites to publicize the availability of adult care and support services in the communities they serve.
- Support sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to care and support based on national guidelines.
- Support the formation and functioning of Multidisciplinary Team Meetings to discuss complicated cases, including those failing treatment, and to better coordinate individual patient care.
- Promote OI prophylaxis and treatment in accordance with MOH/National HIV/AIDS Care and Treatment Program (PNPEC) guidelines. Similarly, routine TB screening will be promoted for HIV infected adults and children.
- Ensure strong linkages between palliative care services and other services within the facility, such as inpatient wards, the outpatient department, VCT, PMTCT, TB, under-5 clinic, and family planning. HIV testing will be routinely offered to all patients in these services, and those testing HIV-positive will be immediately enrolled in the care and treatment program and initiated on ART if eligible. HIV Program Management Committees, including key staff representing various departments, will be established and will meet regularly to coordinate services and cross-referrals.
- Enhance adherence and psychosocial-support activities at sites, including the implementation of support groups and the use of peer educators. The partner will work with RIP+ (the national network of PLWHA organizations) and local PLWHA organizations to implement successful peer-education programs to raise awareness about HIV testing and the availability of care and ARV treatment services, to provide information and emotional support to palliative care patients, and to conduct home visits to patients who have become lost to follow-up.
- Work closely with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of needed medications and test kits and to ensure timely delivery and management of pharmaceutical stocks.
- Work with health districts to support the initiation of palliative care services at sites and to provide ongoing supervision and quality-improvement monitoring.
- Support sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting, using national tools. A data quality assurance system will be implemented, and partner technical advisers will assist sites to analyze data regularly to assess program quality. The partner will meet regularly with the MOH to provide feedback on palliative care-related M&E tools and approaches to help improve the national system of data collection, reporting, and analysis.
- Support sites to provide HIV prevention counseling for HIV-positive individuals (Prevention for Positives) enrolled in care and treatment programs.
- Enhance counseling of HIV-infected individuals to promote secondary prevention, enhance adherence to care and treatment, provide psychosocial support, link patients to community resources, and identify household members in need of testing, treatment, and care, including children in need of OVC services. partner will also ensure that patients have access to nutritional assessment and counseling.
- Support sites to establish and strengthen links with community-based organizations to ensure community based patient support for home-based care, OVC services, adherence support, nutritional support, and other services. The partner will introduce a community resource mapping tool and support sites to develop formal agreements and referral systems with relevant organizations.

The partner will contract with local NGOs in the districts they support to hire and train peer counselors who will be placed at all sites and charged with ensuring effective referrals between services at the facility (i.e. from VCT to care), providing psychological peer-support, counseling clients about HIV prevention and adherence, and conducting home visits.

Activity Narrative: All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community based OVC care and palliative care services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, the partner will ensure that community-based services capable of meeting these needs are identified, and partner will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

The partner will report to the USG strategic information team quarterly program results and program data requested on an ad hoc basis. To participate in the building and strengthening of a single national M&E system, the partner will participate in quarterly PEPFAR SI meetings and will implement decisions made during these meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7223.09

Mechanism: FANTA-2 GHN-A-00-08-00001-00

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity System ID: 22471**Activity Narrative:** ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Under COP 2009, FANTA-2 will:

- Place a full-time FANTA-2 Nutrition and HIV Program Manager in Côte d'Ivoire.
- Provide training on the use and implementation of the National Guidelines for the Nutritional Care and Support for PLHIV (National Guidelines)
- Produce nutrition counseling materials for PLHIV.
- Provide training on and technical support for the use of the counseling materials.
- Adapt the French-language Nutrition and HIV Training Manual to the context of Côte d'Ivoire.
- Provide ongoing technical assistance to PEPFAR Côte d'Ivoire on the implementation of the FBP strategy developed in FY08.

COMPLETE COP09 NARRATIVE including updates

Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been limited in many PEPFAR-supported programs. In an effort to help develop and implement a comprehensive nutrition strategy for HIV programs in Cote d'Ivoire, FANTA used FY07 plus-up funds provided by PEPFAR/Côte d'Ivoire to conduct an initial assessment of nutrition, food, and HIV activities and related policies, materials, and capacity to determine next steps and priorities for integrated programming, and supported the national nutrition and HIV technical working group (TWG) comprising stakeholders from the Government of Côte d'Ivoire (GOCI), including the National Nutrition Program (PNN), the National HIV/AIDS Care and Treatment Program (PNPEC), the National OVC Program (PNOEV), and PEPFAR implementing partners. FANTA also provided technical assistance to the World Food Program (WFP) in the design of food-assistance programs for PLWHA and OVC and provided technical assistance to the PNN to develop National Guidelines for Nutritional Care and Support for Persons Living with HIV/AIDS (PLWHA).

With FY08 funding, FANTA-2 is placing a nutrition and HIV consultant in Abidjan and coordinating closely with the Infant and Young Child Nutrition Project (IYCN/PATH), WFP, and the PNN to: finalize and launch the National Guidelines and develop nutrition counseling cards targeting adult PLWHA (FANTA-2 will oversee the field testing, adaptation, design, and layout of the counseling materials with FY08 funding, in collaboration with the TWG). FANTA-2 is developing a Food by Prescription (FBP) strategy for Côte d'Ivoire and providing technical assistance to PEPFAR/Côte d'Ivoire and implementing partners on specialized food product provision for PLWHA and OVC.

With FY09 funding, in order to continue to provide technical assistance to GOCI and PEPFAR implementing partners on the integration of nutrition, food, and HIV programming, FANTA-2 will place a full-time FANTA-2 Nutrition and HIV Program Manager in Côte d'Ivoire to assist with the following activities, in collaboration with the PNN:

1. Train master trainers at the central and regional level who will be charged with providing ongoing training to health care providers leading nutritional care and support of PLWHA and OVC at health facilities around the country.
2. Support the production of 1,000 copies of the nutrition counseling cards for PLWHA (developed in FY08).
3. Provide training on and technical support for the use of the counseling cards to master trainers at the central and regional levels, who will be charged with providing ongoing training to counselors in health facilities and PLWHA associations on nutrition counseling and the use of the counseling cards.
4. Adapt the French-language Nutrition and HIV Training Manual to the context of Côte d'Ivoire.
5. Provide ongoing technical assistance to PEPFAR Côte d'Ivoire on the implementation of the FBP strategy developed in FY08.
6. Provide ongoing technical assistance to the TWG, PNN, PNOEV, and PNPEC on specialized food product provision for PLWHA and OVC.

FANTA-2's activities with FY09 funding will further the sustainability of nutritional care and support for PLWHA and OVC by enhancing the technical capacities of the technical working group in nutrition and HIV; forming a pool of trainers capable of continuing training activities on the use of the National Guidelines; developing materials that will enhance the capacity of health facilities and PLWHA associations to provide high-quality nutrition counseling and forming a pool of trainers to train counselors on their use, developing a training manual to enhance the capacity of Ivorian nursing and medical schools and universities and health system trainers to provide state-of-the-art training to health care providers on HIV and nutrition, and enhancing the technical capacity of PEPFAR/Côte d'Ivoire and implementing partners to provide FBP services to PLWHA and OVC.

FANTA-2 will report quarterly program results to the USG strategic information team. To participate in the building and strengthening of a single national M&E system, FANTA-2 will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16780	12207.08	U.S. Agency for International Development	Academy for Educational Development	7223	7223.08	FANTA	\$0
12207	12207.07	U.S. Agency for International Development	Academy for Educational Development	7312	7312.07	FANTA	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$106,970

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$153,030

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5312.09	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: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10054.22451.09	Planned Funds: \$100,000
Activity System ID: 22451	

Activity Narrative: This activity continues a twinning partnership between the African Palliative Care Association (APCA) in Uganda and Hope Worldwide in Cote d'Ivoire. The aim of this partnership is to strengthen quality HIV-related care and support services in Cote d'Ivoire, in collaboration with the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC)..

The American International Health Alliance (AIHA) Twinning Center facilitated an assessment exchange by APCA partners in April 2007 to visit and assess Hope Worldwide (HWW), meet with national stakeholders, and discuss focus areas for the partnership. Subsequently, AIHA facilitated the development of a partnership workplan and budget that identifies specific activities the partners will undertake together. In the first two years of the partnership, partners accomplished the following activities as they pertained to both adult and pediatric care and support:

- Established and implemented a training-of-trainers program in palliative care to scale up and expand care and support services in Cote d'Ivoire, both for adult and pediatric clients.
- Facilitated a country-specific advocacy workshop for diverse populations to promote integration of care and support into HIV/AIDS programs, and advocated for the availability of appropriate palliative care drugs.
- Adapted and implemented APCA's evidence-based standards of care tools for use in Cote d'Ivoire.
- Adapted the palliative care outcome scale, developed by APCA, for use in public and private settings in Cote d'Ivoire.
- Built capacity and advocated for the implementation of monitoring and evaluation (M&E) data collection tools to ensure adequate access to quality care and support services.
- Built capacity and advocated for the integration of palliative care training in pre-service and postgraduate training programs.
- Supported collaborative efforts between the Ministry of Health and Hope Worldwide through a national technical working group (TWG) to strengthen networks and linkages to improve the provision of care and support.

With FY09 funding, the partners will work in support of the PNPEC to:

- Develop an adult care and support minimum data set for Cote d'Ivoire, working with all care and support providers in the country
- Organize sensitization workshops for medical schools on care and support
- Develop and implement a module on adult care and support in the medical schools
- Conduct training and orientation on a holistic care and support package and referral system for at least 40 people by September 2009
- Facilitate implementation of the holistic care and support package in cities outside Abidjan
- Develop and support a National Palliative Care Association
- Collaborate with other organizations to prevent or respond to gender-based violence, to identify and address barriers to treatment adherence or to receiving care, and to link care and support with family planning and reproductive health services.

The AIHA Twinning Center requires partners to address and continuously review the issue of sustainability in their partnership workplans, including ways of mobilizing additional resources within the community or beyond, analysis of the impact on clients and on service provision after partnership activities end, and support for regional conferences and workshops to encourage exchange, transfer of capacity, and long-lasting collaboration.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15101	10054.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7040	5312.08	Twinning Center -American Health Alliance APCA TWINNING Project	\$250,000
10054	10054.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5312	5312.07	Twinning Center -American Health Alliance APCA TWINNING Project	\$250,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5313.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5036.22353.09

Activity System ID: 22353

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$150,000

Activity Narrative: PEPFAR 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 experienced a prolonged political and military crisis, the USG team has targeted uniformed services and their sexual partners for special attention. From 2002 until recent months, the country saw active mobilization and deployment of various uniformed services (national army, gendarmes, and police) as well as rebel forces. Increased mobility with separation from spouses, economic disparities with the surrounding population, and crisis-related shifts in perceptions likely contributed to heightened sexual risk behaviors among these populations. Access to information, HIV counseling and testing (CT), and health care has been limited for uniformed services on active deployment.

In 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) were awarded PEPFAR funding to expand HIV prevention, CT, and care interventions targeting the uniformed services (including child soldiers) and their partners in Cote d'Ivoire. Increased access to and uptake of combined HIV prevention 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 services through a strong referral network to complementary services.

In the program area of Adult Care and Support, the project aims to provide comprehensive care, including health care, psychosocial support, and appropriate referrals, for people living with HIV/AIDS (PLWHA). Linkages with HIV prevention, CT, ART, and OVC services are emphasized. Activities are guided by the new national palliative-care policy and guidelines and the 2006-2010 National HIV/AIDS Strategic Plan and Palliative Care Strategic Plan.

Identifying individuals in need of HIV care and support is part of a community-based strategy that begins with HIV education and CT. Peer educators raise HIV/AIDS awareness among the target population, addressing issues such as fidelity, condom use, discrimination against PLWHA, and sexual violence and coercion. Peer educators stress the importance of knowing one's sero-status, and people interested in being tested are referred to CT services. The CT counselor records the names of those testing positive and puts them in touch with a community-based educator trained in providing psychosocial support. The client's children are referred for health-care services, if needed, and other services for OVC. The project uses national referral procedures to refer all HIV-positive clients to care and treatment services. The counter-referral is addressed back to the site counselors.

FY06 activities included needs assessments and selection of 40 intervention sites for adult soldiers (20 military camps in the North and 20 in the South) and 14 transit and orientation centers (CTO) for child soldiers. With FY07 funds, PSI, in collaboration with the Ministry of Defense, expended to 10 additional sites for adult soldiers. In line with a national disarmament, demobilization, and reinsertion program for child and adult soldiers and rebel forces, CTOs were closed, and the project's child target group shifted from child soldiers to children of uniformed personnel.) In addition, certain project intervention sites ceased to exist due to demobilization efforts. Thus since April 2008, project intervention sites total 45. Resource trainers from RIP+ (a national network of PLWHA organizations) have conducted training of trainers for members of Espoir FANCI, an NGO of military members living with HIV, in psychosocial support based on peer counseling. These trainers, in turn, train other members of Espoir FANCI, who act as counselors providing psychosocial support and assistance with referrals to available treatment and care services.

Since Espoir FANCI does not have access to all sites in the South or to sites in the North, additional local NGOs have been identified to deliver community-based care and support services. Counselors at all project sites provide support to PLWHA through home and workplace visits, encourage treatment literacy and observance, organize support groups with military authorities, conduct awareness activities to reduce stigma and discrimination, and strengthen networking with other PLWHA organizations. Counselors are also trained to refer PLWHA to appropriate health and other services and to update the mapping of palliative-care units, treatment centers, and OVC care units.

In addition to psychosocial support and referral services, the project provides PLWHA with "positive-living" kits containing insecticide-treated nets, a potable water system, oral rehydration salt, condoms, and a positive-living guide. Counselors promote HIV prevention for PLWHA through use of the kit, such as teaching correct and consistent condom use.

The project encourages systematic testing of PLWHA partners and families. This is done beginning with the post-test counseling session and within the project's self-help groups. Anyone testing HIV-positive is administered a screening questionnaire for TB, and anyone suspected of having TB is referred to the nearest TB center or health facility.

Project activities complement and build on other PEPFAR-funded efforts, including 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 ministries (AIDS, Health, Education, Social Affairs), ANADER (in rural areas), Care International (in northern and western areas), Alliance CI, and EGPAF. Activities are coordinated with the Ministry of Defense.

With FY07 funds, the project expanded activities (prevention communication, CT, care and support) to other uniformed services (police, customs, and forest rangers). This expansion involved meeting with the leadership of these services to present the strategies and, identify appropriate intervention sites and individuals to be trained as peer counselors and educators.

More than of 550 care clients have been identified, and by March 2009, PSI plans to reinforce its care and support strategy by training health-care providers to provide comprehensive care and referral, including "positive living" kits. By September 2009, the project expects to provide care and support services for at total of 2,100 PLWHA and to train at total of 160 people to provide care and support services since project

Activity Narrative: inception.

FY09 funding is requested to continue and reinforce the project's care and support activities, including:

1. Training trainers in HIV care and support (both community and health center approaches)
2. Supervising partner NGOs implementing care and support care activities.
3. Constituting and distributing an additional 718 care kits so as to reach a total of 2,100 PLWHA since project inception.
4. Renewing contracts for delivery of care kits by local NGOs that have proven themselves capable of implementing this activity. The project will continue to identify and train additional NGOs to ensure proper coverage of all project sites.
5. Referring PLWHA to health centers for additional care and treatment as needed.
6. Supervising counselors providing CT and care activities

In 2009, it is expected that the country will continue to move toward full political reconciliation. As the process of disarmament, demobilization, and reinsertion of military forces progresses, PSI will work with the Ministry of Defense to identify and locate all military personnel trained as part of the PSI-PEPFAR program so as to capitalize on their skills to continue implementation of HIV/AIDS/STI activities. Similarly, PSI will continue to involve military hierarchy in monthly planning of activities, as well as in external supervisory activities. In addition, PSI's site supervisors will participate in meetings of the decentralized health committees organized by the district and regional health departments.

PSI will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build and strengthen a unified national M&E system, PSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Sustainability is a priority of the PSI program and has been a key component in strategy development and activity implementation. One strategy has been to build the capacity of each of the branches of uniformed personnel, through the creation of a Liaison Office, to provide more direct oversight and supervision of peer education activities. This allows HIV-related activities to become better integrated into day-to-day activities of uniformed personnel rather than being viewed as "extra" work. Similarly, a Coordination Office will be set up with representatives from the Ministry of Transport and the National Transporters Union for all interventions targeting truckers. Organizational and technical capacity building of local NGOs is provided to help them better support PLWHA and educate their communities. PSI will organize program planning and management trainings to build capacity of relevant stakeholders to continue program implementation. PSI also plans to work with relevant ministries to integrate HIV education into the curricula at training schools for the uniformed services.

Another strategy to support sustainability is to routinely include members of target groups in the implementation of project activities. For instance, target group representatives are trained to deliver and even supervise services (prevention, CT, care and support) so that activities can continue after the project ends. Military health structures are equipped and personnel are trained to integrate STI care and support services, CT, and palliative care, with enhanced referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16776

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16776	5036.08	HHS/Centers for Disease Control & Prevention	Population Services International	7062	5313.08	PSI CI Uniformed services VCT Promotion	\$120,000
10055	5036.07	HHS/Centers for Disease Control & Prevention	Population Services International	5313	5313.07	PSI CI Uniformed services VCT Promotion	\$100,000
5036	5036.06	HHS/Centers for Disease Control & Prevention	Population Services International	3537	3537.06	Rapid expansion uniformed services	\$100,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7078.09

Mechanism: NPI RIP+ GHH-A-00-07-00016
-00

Prime Partner: Network of People Living with
HIV/AIDS

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16779.22364.09

Planned Funds: \$0

Activity System ID: 22364

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

The SERVIR program will continue its efforts to reach infected children, infected adolescents and PLWHA adults as described in the project description. Based on a collaboration framework established in FY08 with DMOSS and UNICEF, RIP+ will expand its work in schools to reach adolescents within school settings. RIP+ will develop a network of school health care facilities, social workers, health clubs, and school authorities in order to make prevention services, CT, and post-test counseling available within school settings. RIP+ will apply for additional resources from UNICEF and DMOSS to provide complementary holistic prevention and care services to adolescents within school settings.

COMPLETE NARRATIVE

RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHAs organizations created in 1997, works to establish and protect the legal rights and improve the quality of life of persons living with HIV/AIDS. Through fund raising, sub-granting, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 50 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS), Ministry of Health (MOH), and Ministry of Family, Women, and Social Affairs, as well as many other technical ministries, RIP+ participates in the design and implementation of national policies and strategies as a member of various technical working groups and committees.

In late 2006, RIP+ was awarded a three-year grant, one of three Ivorian organizations selected in the first round of the New Partners Initiative (NPI). Through the NPI program, RIP+ is implementing Project SERVIR in Côte d'Ivoire to achieve the following objectives: (1) build administrative capacity of PLWHA organizations, (2) train the members of all PLWHA NGOs in positive HIV prevention, (3) implement positive-prevention activities, (4) institutionalize a national HIV testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based care and support to those in need. RIP+ manages the project and provides sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, are delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing (CT) for at least 100,000 youths and adults through Cote d'Ivoire Testing Day and to provide direct care and support services to at least 17,500 PLWHA nationwide. With FY07 and FY08 NPI funds, RIP+ has collaborated with JHU/CCP, MLS, MOH, and other national key stakeholders to develop, launch, and institutionalize a Côte d'Ivoire Testing Day (CITD). The first CITD is planned for Dec. 15, 2008.

In FY09, RIP+ will build on its experience and on outreach activities of its affiliates to continue to strengthen and expand the capacity of local PLWHAs organization to respond to HIV/AIDS in their communities, including strengthening access to and uptake of CT as a critical component of prevention, care, and treatment strategies. RIP+ has worked with a variety of partners (including RIP+ affiliates, local NGOs, JHU/CCP, the District of Abidjan, PSI, Hope Worldwide, Alliance CI, Clinique de Confiance, and the private-sector network CGECI) to mobilize communities and increase demand for CT, using innovative approaches such as door-to-door, family-centered services provided by mobile units. At least 4,503 persons were reached through community mobilization activities. These community mobilization efforts highlighted the need to harmonize stakeholder understanding of scale-up to support a national testing day. RIP+ worked in support of a new simplified algorithm allowing whole-blood, finger-prick rapid testing and promoted understanding of home- and community-based service-delivery approaches. In FY09, the MLS and MOH will spearhead the national testing day, and RIP+ will lead community mobilization efforts. RIP+ will ensure that an effective, client-friendly national referral system is put in place to ensure a continuum of quality care for PLWHA newly diagnosed during the second CITD (2009).

In FY09, in coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and the National TB Treatment Program (PNLT), RIP+ will provide 17 sub-grants worth \$5,000-15,000 to affiliate organizations to provide home-and community-based palliative care services to alleviate psychosocial, physical, and spiritual distress; promote positive living; and support bereavement for at least 10 000 PLWHA and their family members countrywide. Affiliates will work to improve community support for persons living with HIV or HIV/TB co-infection and their families to address stigma and discrimination; promote treatment literacy and adherence; and link clients to comprehensive services, including medical care (ART, TB treatment, and others) community-based palliative care and care for positive children.

In FY09, in coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and the National TB Treatment Program (PNLT), RIP+ will provide 17 sub-grants worth \$5,000-15,000 to affiliate organizations to provide home-and community-based palliative care services to alleviate psychosocial, physical, and spiritual distress; promote positive living; and support bereavement for at least 10 000 PLWHA and their family members countrywide. Affiliates will work to improve community support for persons living with HIV or HIV/TB co-infection and their families to address stigma and discrimination; promote treatment literacy and adherence; and link clients to comprehensive services, including medical care (ART, TB treatment, and others) community-based palliative care and care for positive children.

Affiliates will work to improve community support for persons living with HIV or HIV/TB co-infection and their families to address stigma and discrimination; promote treatment literacy and adherence; and link clients to comprehensive services, including medical care (ART, TB treatment, and others) and community-based palliative and positive children and adolescent care. For OVC, the Servir program plans to provide care and support to 1000 positive OVC. Those not infected will be referred to existing services using the guidelines developed by the national OVC program. As a member of CEROS, a national body to coordinate OVC interventions, RIP+ will help address OVC referral issues.

RIP+ and its affiliates will apply a family-centered approach in implementing this program. RIP+ will involve the family in identifying and referring those in need to comprehensive services (care and reference of OVC,

Activity Narrative: counseling and reference for testing). The family-centered approach to OVC will forge the link to other services based on the needs of the individual and family. Program sub-grantees will concentrate their work on home visits, psychological support, nutritional counseling and education and support to parents including treatment literacy provided by by community peer counselors.

The "Servir" program will continue its efforts to reach infected children, infected adolescents and PLWHA adults as described in the project description. Based on a collaboration framework established in FY08 with DMOSS and UNICEF, RIP+ will expand its work in schools to reach adolescents within school settings. RIP+ will develop a network of school health care facilities, social workers, health clubs, and school authorities in order to make prevention services, CT, and post-test counseling available within school settings. RIP+ will apply for additional resources from UNICEF and DMOSS to provide complementary holistic prevention and care services to adolescents within school settings.

RIP+ will work to link community mobilization, treatment literacy, and palliative care and other support services, including TB-related home- and clinic-based palliative care, with related services in the geographic area and to promote coordination at all levels through the district, regional, and national HIV and other coordination and technical forums like GTTSP. As member of this technical body RIP+ has contributed to the elaboration of the national guide of community based palliative care. RIP+ will ensure that accurate and timely M&E reports are provided to the relevant bodies and will contribute to building a single national M&E system.

RIP+ will continue to provide technical assistance and share its experience to assist national authorities and key stakeholders, including its affiliate members in the use of a simplified monitoring and evaluation plan for community-based palliative care. RIP+ will provide technical and management assistance to ensure that local PLWHA organizations receive adequate information and assistance to access funding opportunities supported by PEPFAR and other donors. RIP+ will also promote using of a simplified national referral system for community-based palliative care to address the high rate of lost to follow up within the care and treatment program. Acting as watch dogs on this issue, RIP+ will report to the national body (PNPEC) any GAP within the system and assist PNPEC in organizing periodic meeting to review the assessment report and make recommendations for way forward. RIP+ will coordinate with the Ministry of Health's strategy for decentralizing care and treatment services to ensure synergistic impact. A fund-raising strategy will be put in place to ensure the sustainability of project activities. The project will be monitored by ongoing data collection and a periodic feedback meeting among stakeholders. A final evaluation combining a focus group discussion with PLWHA, key stakeholder interviews, and routine data analysis will assess the project's effectiveness. The final evaluation will also include an external evaluation of the project's process, effects, and impact.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16779

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16779	16779.08	U.S. Agency for International Development	Network of People Living with HIV/AIDS	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	\$0

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5315.09

Prime Partner: National Agency of Rural
Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5479.22370.09

Activity System ID: 22370

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$300,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

New activities in FY09 will include:

- Train community counselors and ANADER agents in psychological support of PLWHA
- Train religious leaders in psycho-spiritual support of PLWHA
- Create care and support networks extending to villages
- Provide nutritional kits to PLWHA who are on ART or who are undernourished
- Equip community counselors for community care and support of PLWHA (adults and a few children)
- Evaluate project activities.

COMPLETE COP09 NARRATIVE:

This activity is part of a 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:

- 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 (CT) activities, including training and CT promotion, and procurement for palliative care
- ACONDA-VS CI for health-provider training in CT and PLWHA support, as well as palliative-care provision and referral to ARV treatment. EGPAF intervenes in Abengourou and Tanda instead of ACONDA.

In the program area of Adult Care and Support, FY09 funds will be used to continue and strengthen FY07 and FY08 care and support activities in seven health districts (San Pedro, Dabou, Jacqueville, Tanda, Abengourou, Soubré, and Daloa). Care and support activities are led by ACONDA or EGPAF at rural and urban health centers and by ANADER at the community level. Building on ANADER's structure of HIV/AIDS action committees in 146 village sites (24 per region + two villages in Jacqueville beginning in 2008), the project uses nationally approved approaches and materials to train actors at the village level – community counselors, ANADER rural development agents, and rural health center and mobile CT unit staff – to provide facility and home-based care and support services, including psychosocial support, prevention-for-positives counseling (including referral for partner/family testing, "ABC" behavior-change communication, and counseling for sero-discordant couples), ARV adherence monitoring, and referral and counter-referral to medical (including TB) and social services for children and adults identified as HIV-positive through CT at rural health centers and the project's mobile CT units.

Community actors distribute care kits containing a 20-liter jerry can, two long-duration pesticide-impregnated bed nets, a positive-living brochure, and products replenished on a monthly basis, including male condoms (32), rehydration salts, water-purification solution, and cotrimoxazole tablets. They also promote the creation of peer-support groups for PLWHA and their families and work to ensure linkages between care services and other health care (including HIV, TB, and STI treatment), CT, HIV prevention, and OVC services. To improve effectiveness and efficiency, community counselors have been cross-trained to provide both palliative care and OVC care at the home level. Community leaders have been trained to sensitize populations on the issues of stigma and discrimination against PLWHA and OVC.

Project activities complement and build on other PEPFAR-funded efforts, including palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care as well as HIV prevention, care, and treatment activities by ministries (AIDS, Health, Education, Social Affairs) and other PEPFAR partners (Care International, Alliance CI, 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.

FY07- and FY08-funded activities are supporting 146 service outlets (one per rural health center or village, plus two mobile CT units) and providing HIV-related care and support services for about 2,000 PLWHA.

Activities include:

1. Identification of 146 village sites in the health districts of Dabou, Jacqueville, San Pedro, Abengourou, Tanda, Soubré, and Daloa for intervention, each village site serving multiple surrounding villages and encampments.
2. Identification of 31 rural health centers (one in Jacqueville, five to seven in each other district) where care and support activities are aligned with fixed-site CT services
3. Training of 54 ANADER agents to provide support for the use of care kits
4. Training of 438 community counselors to provide home-based community support and care services
5. Training of 128 health care workers (56 from fixed-site CT health centers, 72 from other health centers) in care and support
6. Supply of care and support services and kits for identified PLWHA
7. Training of 576 community leaders for the fight against stigma and discrimination against PLWHA and OVC
8. Provision of home-based support and care for about 2,000 PLWHA and their families, including psychosocial support, nutritional kits, referral to district health centers and social services, and occasional financial support for medical care
9. Support for the establishment and operation of 30 PLWHA support groups
10. Supply through peer-support groups of nutritional kits to PLWHA who are on ART or who are undernourished
11. Reinforcement of the referral and counter-referral processes and linkages between health facilities and community services

Activity Narrative: 12. Distribution of 1,000 posters and 3,000 brochures with messages designed to reduce stigma and discrimination against PLWHA.

In 2009, emphasis will be placed on setting up and strengthening care and support networks (consisting of community counselors, a family care provider, an ANADER agent, a religious leader, a rural health center nurse, and a district physician) and linkages among CT, health care, palliative care, and OVC care services. Stigma-reduction sensitization through local radio and community outreach will be conducted. Collaboration with JHU/CCP, the Ministry of Education, and other partners will ensure synergy and avoid duplication with other BCC and IEC media and outreach activities.

FY09 funds will support 149 service outlets (one per village site plus three mobile units) providing care for 3,568 PLWHA by March 2010 and will ensure training for 481 care providers between April 2009 and March 2010. Activities with FY09 funds will include:

1. Setting up and equipment (for community counselors) of seven care and support networks (around the 31 health centers providing care in seven health districts)
2. Provision of home-based care and support, including kits, psychosocial support, and referral to district health centers, social services, and OVC services
3. Training of 146 community counselors and 126 ANADER agents in psychological support, support group therapy for PLWHA, and care and support for children
4. Training of 150 religious leaders (25 per department for six departments) in psycho-spiritual support of PLWHA and HIV-affected people
5. Training in care and support for 34 health workers from rural health centers with integrated CT (28 from Abengourou, six from recently started CT sites) and 25 health workers from rural health centers without integrated CT services
6. Supply of care and support services and kits for 2,957 PLWHA by September 2009 and 3,568 PLWHA by March 2010 (estimated number of identified PLWHA given implementation of a door-to-door CT strategy)
7. Support for the establishment of 30 new PLWHA support groups and operation of 60 support groups
8. Income-generating activities for 30 PLWHA groups (five per district) established around rural health centers. The activities will be designed by the groups, with technical assistance and training from ANADER. Part of the income will help fund operations of the support group.
9. Broadcast of 654 stigma and discrimination spots on local radio
10. Production and distribution of 1,500 posters and 50,000 brochures with messages designed to reduce stigma and discrimination against PLWHA and OVC
11. Participation in the national care and support technical working group, in order to ensure that rural issues are taken into account.
12. Evaluation of care and support activities.

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. ANADER will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANADER will participate in quarterly SI meetings and will implement decisions taken during these meetings.

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 Organizations of Persons Living with HIV/AIDS), Lumière Action (an NGO of PLWHA), Ruban Rouge, youth NGOs, and faith-based communities. Project partners have been successful in mobilizing internal resources and attracting 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.

ANADER strives to strengthen capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability of activities. Training of community counselors, other members of village HIV/AIDS action committees, and rural health center staff is designed to enable communities to carry on prevention, CT, and care activities after PEPFAR funding for the project has ceased. In 2009, ANADER will work to transfer to village action committees the capacities necessary to organize and perform most community outreach events (e.g. cine-village for HIV prevention and CT promotion).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15145

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15145	5479.08	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	7060	5315.08	U62/CCU02512 0-01 ANADER	\$360,000
9930	5479.07	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	5315	5315.07	U62/CCU02512 0-01 ANADER	\$420,000
5479	5479.06	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	3731	3731.06	U62/CCU02512 0-01 ANADER	\$350,000

Emphasis Areas

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$20,000

Education

Water

Estimated amount of funding that is planned for Water \$51,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5304.09

Prime Partner: Ministry of National Education, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5039.22378.09

Activity System ID: 22378

Mechanism: CoAg Ministry of Education #U62/CCU24223

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$40,000

Activity Narrative: With PEPFAR support, the Ivoirian Ministry of Education (MEN) has implemented a 3.5-year project designed to improve HIV prevention and care services for students, teachers, and other MEN staff. In 2008, the MEN was awarded a new five-year cooperative agreement with CDC to continue and extend its HIV prevention and care activities through 2013. As part of a comprehensive multi-sectoral response consistent with the 2006-2010 HIV/AIDS National Strategic Plan, and in collaboration with other ministries and NGO/CBO/FBO partners, the MEN is building on FY04-07 achievements to improve the quality and coverage of HIV care services; strengthen linkages and referral networks to HIV treatment and other health, social, and education services; and address negative gender and discriminatory attitudes conducive to HIV infection.

To complement its life skills curricula and HIV prevention activities for youth in the classroom and in school social and health clubs, the MEN has developed an HIV-in-the-workplace program that focuses on behavior change communication (BCC), peer education, stigma reduction, and psychosocial support and care and treatment referrals for seropositive teachers and staff. With PEPFAR support, these approaches were piloted in FY04-08 at 20 sites and are ongoing activities aimed at strengthening systems that address the health-care needs of HIV-infected and -affected students and teachers with comprehensive, family-based care, in coordination with the National Care and Treatment Program (PNPEC).

The MEN advocates a holistic, family-based approach to HIV care and support and seeks to provide, in coordination with the PNPEC, a complete and integrated package of quality services that includes:

- Prevention (counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), secondary sexual prevention)
- Adult, child, and family care (ART provision, prevention and treatment of opportunistic infections and other health problems, and promotion of positive living)
- Psychosocial support and a continuum of care through links with QUITUS (an NGO of teachers living with HIV/AIDS)

The MEN approach relies on linking clinical care provided by its medical staff (or through referrals to other providers) to the home-based care and support provided by QUITUS members, AB peer educators from student health clubs, and other NGO service providers. Teachers and other MEN staff in need of services are identified through CT centers and other caretaking centers (such as maternity wards, hospitals, and NGOs). Infected or affected personnel are provided with follow-up care, home visits, and ongoing support through partners ACONDA and QUITUS. The MEN works closely with QUITUS to mobilize resources, fight against stigma and discrimination, and offer peer support in the workplace to staff and family members while creating functional referral to social, spiritual, and health services. In collaboration with QUITUS, the MEN has provided assistance in creating psychosocial support groups for the more than 500 teachers living with or affected by HIV/AIDS.

In addition to the care and support interventions of QUITUS, the MEN has established a technical working group to identify other opportunities to address HIV in the workplace. With technical assistance from FHI, BCC modules were adapted for the MEN and implemented in coordination with PNPEC.

To assist with medical care, the MEN works in close collaboration with the National School Health Program (PNSSU) under the Ministry of Health (MOH). The MEN acquired HIV laboratory and office materials for the school health clinics, or SSSUs, that serve teachers, school administrators, and students at the 20 intervention sites. In FY07, capacity-strengthening workshops in STI treatment and caretaking were conducted, and 60 SSSU physicians were trained in new ARV prescription methods and in tracking and care of STI symptoms.

Using FY09 funding, the MEN will help install QUITUS support groups at 10 new sites (for a total of 30 intervention sites). The MEN intends to further develop and promote support groups involving spouses and children of teachers living with HIV/AIDS and to create a reference network with strong involvement of parent associations (COGES). MEN representatives will work closely with these associations to mobilize their members around HIV care and support in collaboration with HIV-related trainings initiated by the PNSSU. The organizational and technical capacities of QUITUS will be strengthened through participation in regional or international conferences, to enable the organization to more effectively plan relevant activities and extend the impact of its efforts. QUITUS will organize conferences on stigma, legal rights of persons living with HIV/AIDS, psychosocial support, and other subjects.

In FY09, the MEN's principal activities in adult care and support will include:

- Organizing 360 meetings or training sessions on HIV/AIDS subjects (12 per site).
- Sensitizing at least 2,000 teachers and other MEN personnel to accept an HIV test through a targeted CT campaign.
- Establishing 10 new QUITUS sites.
- Strengthening the capacities of QUITUS through peer educator training and technical assistance.
- Training 30 HIV-positive peer educators (three per site) in psychosocial support, community care and support, and adherence to ART.
- Collaborating with the PNSSU to provide care for adults living with HIV at the 30 sites.
- Working in close collaboration with the PNSSU to identify training needs for health care workers in the SSSUs.
- Evaluating a sensitization campaign, to begin in FY08 and continue in FY09, targeting teachers and other staff, in collaboration with JHU/CCP.

The MEN will monitor activities at sites where QUITUS groups and SSSUs are installed and will implement a monitoring and evaluation plan based on national indicators. The MEN will provide quarterly program results and ad hoc requested program data to the USG strategic information team. To participate in the building and strengthening of a single national M&E system, the MEN will participate in quarterly strategic information meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15140

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15140	5039.08	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	\$200,000
10052	5039.07	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	5304	5304.07	CoAg Ministry of Education #U62/CCU24223	\$200,000
5039	5039.06	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	3378	79.06	Cooperative Agreement with Ministry of National Education, # U62/CCU24223	\$100,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5343.09

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: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9935.22455.09

Planned Funds: \$150,000

Activity System ID: 22455

Activity Narrative: The ANS-CI 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 ANS-CI and PEPFAR in order to serve as the linking organization between donors/partners and civil-society organizations working at the community level.

In 2008, ANS-CI is collaborating with national authorities and other stakeholders, including PEPFAR partners, in the implementation of the National Policy Framework on Palliative Care. ANS-CI is supporting 21 sub-grants and providing technical capacity-building for community- and home-based care and support services linked to health facilities (counseling and testing sites, ART sites) and provided by non-health professionals. From October 2007 through September 2008, 22,172 PLWHA (including 15,867 women) received care and support services.

With FY09 funds, ANS-CI will continue to strengthen and expand the capacities of 10 NGO/CBO/FBO sub-partners through financial and technical assistance dedicated to the provision of quality care and support services by non-health professionals. Community- and home-based care for PLWHA will be implemented by well-trained community workers, building on lessons learned from FY07 and experiences from other West African countries. All home-based care provided to PLWHA will be delivered in accordance with the national policy and program, which respect and build on traditional family and community support systems.

Through technical training, financial-management and organizational capacity building, and supportive supervision, ANS-CI will ensure that sub-grantees provide home- and community-based care and support services that alleviate psychosocial, physical, and spiritual distress for HIV-infected persons and their families and caregivers; promote positive living; promote HIV testing for PLWHA partners and family members; promote HIV prevention for HIV-positive and HIV-negative household members and discordant couples; support ART adherence; ensure identification of orphans and vulnerable children (OVC) and effective referrals for OVC services; and support grieving activities for PLWHA and their family members.

Clients for care and support will be identified through CT centers and ART and PMTCT sites, as well as existing PLWHA support groups and community organizations. All sub-grants will be linked to ART, TB, PMTCT, and CT services, in collaboration with PEPFAR partners EGPAF, ACONDA, ICAP, IYCN/PATH, and AED/FANTA to promote a continuum of care and program growth and sustainability. ANS-CI will also collaborate with Care International (in the North) and ANADER (in rural areas) to ensure that sub-grantees have access to relevant care kits, to include cotrimoxazole (procured by SCMS), impregnated bed nets (prioritizing children under 5 and pregnant women), and safe-water products in regions with poor water quality.

Expanding upon activities in 2008, ANS-CI will continue to support the strengthening of CBO networks and local coordination bodies to improve communication and coordination. In collaboration with FHI, ANS-CI will assist the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), the Ministry of the Fight Against AIDS (MLS), and other key stakeholders in disseminating training tool kits on home- and community-based care and support. The national pool of care 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.

ANS-CI's sub-granting strategy will seek to consolidate and expand FY07 activities with larger sub-grants to current and new implementing partners in order to provide home- and community-based care and support services for at least 9,000 PLWHA and their family members in at least eight regions of the country by September 2009. At least 100 people (10 per site) will be trained or receive refresher training in palliative care in accordance with the national policy and guidelines. ANS-CI will continue to provide training in financial management, monitoring and evaluation, resource mobilization, and advocacy as part of a capacity-building package for all sub-grantees.

ANS-CI's technical assistance to sub-grantees will include building their capacity to submit projects proposals for future PEPFAR funding and also enable them to mobilize additional resources from other donor sources that include HIV prevention, testing, and support for PLWA and OVC components in a comprehensive approach.

ANS-CI will give technical assistance to its implementing partners, including local Red Cross committees, to pursue a comprehensive approach of addressing HIV/AIDS at the community level, with activity proposals that include both prevention activities (AB, Condoms and Other Prevention) and care activities (CT, treatment literacy, palliative care, OVC, TB/HIV, positive prevention, stigma and discrimination reduction, impact mitigation, nutritional assistance, etc.). All sub-grantees should operate with a clear referral system and clear, functional linkages with ART, PMTCT, and TB centers.

Building on its strategy of ensuring a continuum of community services around CT centers, ANS-CI will work to ensure clear links between the components of comprehensive community-based services and district health facilities and officials.

ANS-CI will encourage and help sub-grantees to link community- and home-based care to care and treatment facilities through the use of community counselors/caregivers. ANS-CI will also participate in the national process of developing standardized referral and counter-referral tools to strengthen the continuum of care.

ANS-CI will support existing and new PLWHA support groups to provide psychosocial support and home-based care. Community caregivers will be trained to encourage HIV testing for PLWHA partners and family members and TB screening for HIV-positive clients, and to provide integrated HIV prevention services, ART adherence support and monitoring, including referral to health facilities at the appropriate time for ART. All community counselors/caregivers working in care and support will also be trained to identify OVC and provide OVC care and referral. OVC will be identified through people testing HIV-positive at CT sites, patients under ART, women participating in PMTCT programs, and home visits. Nutritional assessment,

Activity Narrative: counseling, and support will be offered, and ANS-CI will explore possibilities for wraparound nutritional support in collaboration with the World Food Program.

In 2009, ANS-CI will work to improve the quality of sub-partner interventions, with an evaluation of service quality and an assessment of support groups.

Through a district approach involving the district and regional health departments, ANS-CI program officers and M&E staff will conduct formative supervisions to ensure that activities are consistent with national guidelines and principles and are integrated in the district's package of minimum activities (Paquet Minimum d'Activités, or PMA).

To support its 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. ANS-CI will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANS-CI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

ANS-CI will work to link community mobilization, treatment literacy, and other care and support services with related services in the geographic area. It 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. In addition, 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 and OVC care.

ANS-CI will help sub-grantees to integrate gender-specific needs and realities, including the particular situation of women in a post-crisis setting, in the development and implementation of care and support activities. The objective will be to improve women's access to services in primary prevention, care, and community support and to improve gender balance in care-providing activities.

In addition to promoting sustainability through capacity building for local organizations, ANS-CI will take advantage of its collaboration with local governments in CT programming to pursue a sustainability strategy that calls upon local governments to take over part of the costs of care activities in their annual budgets, in accordance with the Ivorian Decentralization Law. ANS-CI will conduct advocacy aimed at the Ministry of the Interior and PACOM (Programme d'Appui aux Communes) to achieve this.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15095

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15095	9935.08	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	7039	5343.08	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$0
9935	9935.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$450,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10189.22358.09	Planned Funds: \$2,400,000
Activity System ID: 22358	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

- The COP08 activity was split into two programmatic areas (adult and pediatric)

COMPLETE NARRATIVE

Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

Adult Care and Support

Since May 2005, PEPFAR Cote d'Ivoire has rapidly scaled up HIV/AIDS care and treatment across the country. SCMS has procured OI drugs and HIV-related commodities to support the expansion of care programs from 7,228 patients to more than 66,701 patients (in March 2008). In FY08, the SCMS project procured and delivered cotrimoxazole for 126,000 patients as well as 90,000 bed nets and 16,000 water purification kits for a targeted 36,000 persons. As the Cote d'Ivoire program expands, SCMS has played a key role in providing technical assistance to coordinate accurate and frequent commodities forecasts and improve real-time stock management activities at facility, district, and central levels of the health system.

FY09 Activities

Procurement

SCMS will procure and deliver a standard package of palliative care materials to the PSP central warehouse and ensure pre-arranged distribution planning for all incoming orders to facilitate in-country management. The program will ensure that a rational distribution plan is pre-calculated for each site, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks. With FY09 funding, SCMS will procure cotrimoxazole for 150,000 adults, enough to cover all identified

Activity Narrative: PLWHA (both ART patients and non-ART patients, estimated to total 174,800 by September 2009) who should receive cotrimoxazole prophylaxis according to pre-established guidelines. In addition, SCMS will procure insecticide-treated bed nets for 90,000 patients, clean-water kits (container and chemical products) for 9,500 patient families for targeted distribution to those at highest risk (pregnant women and areas with poor water quality), as well as other drugs for 140,000 patients (STI drugs, antifungal medicines, etc.).

Technical Assistance and Training

SCMS will continue to improve the quality, accuracy, and frequency of palliative care commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID and other donors through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site. In FY09, the systems that track and manage ARVs will be expanded to include these other commodities with the introduction of a Laboratory LMIS. SCMS will also ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16781

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16781	10189.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7061	5414.08	Supply Chain Management System	\$2,493,750
10189	10189.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$1,100,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5383.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17297.22340.09

Planned Funds: \$150,000

Activity System ID: 22340

Activity Narrative: With FY09 funds, USG technical staff will be supported (salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded interventions designed to strengthen care and support programs for people living with HIV/AIDS in Cote d'Ivoire. This technical assistance is provided in close consultation with relevant ministries (Health, Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.

In the area of adult care and support, the country team will provide ongoing technical assistance to support the integration and scale-up of prevention, diagnosis, and treatment of HIV/AIDS and opportunistic infections, including TB, malaria, and STIs; provision and distribution of cotrimoxazole for all HIV-positive patients; basic pain management; insecticide-treated bed nets; interventions to improve hygiene and water safety; and psychosocial support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17297

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17297	17297.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7066	5554.08	CDC-RETRO-CI GHAI	\$75,000

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$15,594,132

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 11044.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 26592.09

Activity System ID: 26592

Mechanism: TBD New Treatment Partner

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: [REDACTED]

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, palliative care and ART services. The partner will newly initiate 500 adults on ART and will have at least 400 patients actively on ART by September 2009.

The partner will also provide subgrant funding and technical assistance to several subpartners: private clinics, faith based clinics for implementing HIV care services.

The partner will contract with local NGOs working on HIV/AIDS and PLWHA associations. To improve outcomes for care and treatment through improved adherence and reduced rates of loss to follow-up, the partner will collaborate with local associations of PLWHA, involving them in patient care and treatment at health facilities and in the community. ART services for HIV-positive individuals will be provided by multidisciplinary teams of providers who will focus on caring for the whole family with referral for orphans and vulnerable children (OVC) to appropriate services

In FY09, the partner will initiate support of health facilities to provide high-quality ART services following national guidelines. The focus will be on treating families – not just the individual – to better meet patient needs and to assure better adherence and clinical outcomes. Sites will be supported to shift the organization of their facility from a traditional episodic model of care to a chronic model of care for HIV patients, using a multidisciplinary team of providers. The partner will emphasize the involvement of PLWHA in programs through peer-support interventions and strong linkages to community resources. The partner's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, will help ensure long-term sustainability.

Key activities and approaches will include:

- Support to sites in recruiting and retaining staff for ARV service provision. The partner will work with both district officials and individual health facility staff to identify staff needs and find solutions within the Ministry of Health system for augmenting staff. Provision of appropriate training, resources, and clinical tools will help motivate staff to provide quality ART services and increase staff retention.
- Clinical training for 20 doctors to provide ART according to the recently revised national care and treatment guidelines.
- Ensuring intensive onsite mentoring to the multi disciplinary team during the initiation of services, and periodic follow-up training and mentoring thereafter.
- Support to sites in identifying HIV-positive patients by strengthening CT interventions, including routine provider initiated opt-out CT. The partner will support sites to publicize the availability of ART services in the communities they serve.
- Support to sites in developing patient-flow algorithms, patient-appointment systems, and protocols related to the initiation of ART (e.g. number of pre- and post-ARV initiation appointments, standard ARV prescriptions, etc.).
- Development of protocols and systems for clinical staging of HIV patients and establishing eligibility for ART according to national guidelines and WHO clinical staging, when appropriate.
- Support for the creation and management of multidisciplinary team meetings to discuss complicated cases and coordinate individual patient care.
- Helping sites to provide effective support to patients prior to ARV initiation, such as counseling about HIV status disclosure, side effects and adherence to treatment.
- Supporting sites to develop patient-tracking systems that will help to identify patients who have not returned for pharmacy refill or other appointments. Protocols for patient home visits will be developed. The partner will develop a program to train PLWHA as peer educators/counselors to support patients enrolled in ART services and track patients who miss appointments or who become lost to follow-up. Peer educators will be supervised by social workers or other staff.
- Ensuring strong linkages within the facility and with community-based services. Referral mechanisms will be developed between ART services and other services (inpatient and outpatient departments, CT, PMTCT, TB, under-5 clinic, family planning). HIV testing will be routinely offered to all patients in these services. HIV program management committees, including key staff representing various departments, will meet regularly to coordinate services and cross-referrals.
- Supporting sites to establish/strengthen links with community-based organizations to ensure patient support for home-based care, OVC services, adherence support, nutritional support, and other services. The partner will introduce a community resource mapping tool and support sites to develop formal agreements and referral systems with relevant organizations.
- Ensuring availability of lab services for biological (hematology and biochemistry) and immunological (CD4) patient monitoring of patients receiving HIV care and treatment services. The partner will upgrade all district hospital labs so they can provide immunological and biological monitoring for the entire district, either by direct laboratory support on site or referral of specimens via an effective and efficient specimen referral system. The new treatment partner will support each district to develop an effective sample transportation system to ensure that patients at all ART sites within the region receive immunological and biological laboratory results in a timely manner.
- Working with SCMS and the Public Health Pharmacy (PSP) to support treatment site pharmacies to establish systems for ARV quantification, stock management, and patient appointment tracking and to train pharmacists in counseling patients about ART, including side effects and adherence. All ARV, OI drugs, and other commodities will be procured by SCMS and distributed to sites via the PSP.

Activity Narrative:

- Providing regular, supportive supervision, clinical updates, and refresher training to multidisciplinary care teams and ART program managers, including the integration of M&E data into program planning and improvement.
- Supporting sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting using national tools. A data quality-assurance system will be implemented, and partner technical advisers will assist sites to analyze data regularly to assess program quality. The partner will meet regularly with the MOH to provide feedback on ART-related M&E tools and approaches to help improve the national system of data collection and reporting. The partner will continue to work with URC on piloting quality improvement approaches.

At all ART, PMTCT, and CT sites, the partner will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children. The partner will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and adult care and support funds) to allow every site to provide this prevention and referral package to all clients.

All clients who test HIV-positive will be offered information about and referrals to specific services appropriate to their needs. The partner will ensure that community-based services capable of meeting these needs are identified, and the partner will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7221.09

Mechanism: Healthcare Improvement Project
QA/WD Follow-On

Prime Partner: University Research Company

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16041.22346.09

Planned Funds: \$350,000

Activity System ID: 22346

Activity Narrative: The Healthcare Improvement Project (HCI) managed by the University Research Co. (URC) provides technical assistance in support of the National HIV/AIDS Care and Treatment Program (PNPEC) and PEPFAR implementing partners to optimize health outcomes for people with HIV by improving the identification and retention of HIV patients and by assuring the quality of care they receive.

Starting work in Cote d'Ivoire in January 2008, URC supported the PNPEC in performing an assessment of the quality of the clinical care of HIV/AIDS patients at 41 sites, with the involvement of the health districts and PEPFAR clinical care partners. The assessment served a diagnostic purpose and represents the starting point of an improvement plan being implemented by PNPEC and partners with technical assistance from URC.

In the program area of Adult Treatment, the objectives of URC technical assistance are to:

1. Develop the capacity of the PNPEC, partners, supervisors, and facility staff to design and implement a program to continuously improve the quality of HIV clinical services, including improved skills at all levels in data management.
2. Implement a demonstration improvement collaborative at 40 sites in three regions of the country (eastern, central, and southern) that will result in the development and testing of a package of changes and best practices that can be rapidly spread to all HIV clinical service sites in the country. The collaborative will especially address the deficiencies identified in the baseline assessment of quality of care.
3. Implement an expansion or spread collaborative covering the remaining (minimum 100) clinical HIV service sites in the country. The package of changes and best practices developed during the demonstration phase will be rapidly spread to these new sites. This will be implemented between March 2010 and March 2011.
4. As part of the collaborative, develop and refine a model of chronic care for HIV/AIDS to optimize quality of life and long-term survival. This will include better community follow up of HIV patients.
5. Demonstrate improved results on indicators of quality of care, both process and outcome, in both the demonstration and the spread collaborative.
6. Leave behind a sustainable system of quality improvement for HIV/AIDS clinical care.

With FY08 funding, URC is conducting the following activities:

1. Evaluation : The baseline assessment of the quality of HIV/AIDS care and treatment services examined the identification of HIV-positive people (including women and infants from PMTCT services), their follow up, retention in care, provision of ART according to standards, laboratory services, drug supply and outcomes of care. Results were presented and reviewed with the MOH and all partners in October 2008, and priority problems that the improvement collaborative should address were identified.
2. General quality improvement planning and activities, including a planning workshop in October 2008 with the PNPEC and partners to develop strategies for rapidly improving the quality of care and for solving priority quality problems using the improvement collaborative approach. A steering group was formed to oversee the development and implementation of the improvement work, including the collaborative. This group is chaired by the DGS and includes staff from PNPEC, DIPE, PEPFAR, and implementing partners such as ACONDA, EGPAF, and ICAP. The steering group also includes staff from the National Public Health Pharmacy (PSP), who will provide input on standards for quality of drug procurement, storage, and distribution at sites. Members of this group and regional/district supervisors are being trained in QI and implementing collaboratives. The group is leading the selection of indicators of quality of care for the demonstration collaborative and developing the first package of needed changes.
3. Demonstration collaborative activities, including orientation of participating sites, a series of tri-monthly two day learning sessions at which teams present the changes they made and the results achieved, and a series of tri-monthly QI action periods, during which each site develops and tests changes and monitors indicators of quality. Bi-monthly visits for coaching by supervisors will begin in January 2009) and will focus on the management of QI teams, the resolution of problems related to implementing the change package, the management of data, and validation of data being reported. Monthly reporting of quality indicator results will begin in March 2009, and a national conference to report on the results of the collaborative and to plan the expansion collaborative is envisioned for March 2010.

With FY09 funding, URC will continue and build on FY08 activities. Specific activities will focus on planning and training for the expansion/spread collaborative, orientation of spread collaborate sites, and a series of learning sessions, action periods, monthly coaching visits and reporting, culminating in a national conference to report on results and plan follow-up QI work (expected in March 2011).

Capacity building in QI and quality data management for the PNPEC, partners, supervisors, and facility staff will take place throughout the period through participation in collaborative activities and side-by-side mentoring by URC staff.

URC will measure its progress based on the baseline assessment and measures of quality of care improvements across all HIV/AIDS care and treatment program areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16552

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16552	16041.08	U.S. Agency for International Development	University Research Company	7221	7221.08	Healthcare Improvement Project QA/WD Follow-On	\$350,000
16041	16041.07	U.S. Agency for International Development	University Research Company	7322	7322.07	URC	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5315.09	Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 5485.22373.09	Planned Funds: \$0
Activity System ID: 22373	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS :

New activities in FY09 include:

- Train traditional healers and religious leaders in HIV/AIDS to promote referral (and counter-referral) to appropriate health-care facilities
- Evaluate project activities

COMPLETE COP09:

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 and most are 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. EGPAF intervenes in Abengourou and Tanda instead of ACONDA.

Funds in the Adult Treatment program area are used to promote treatment literacy, facilitate access to ART, and provide treatment monitoring and support in rural areas in 10 departments (Dabou, Jacqueline, Sikensi, San Pedro, Abengourou, Tanda, Koun Fao, Bondoukou, Soubre, and Daloa). This includes development and promotion of linkages between the comprehensive clinical care for PLWHA delivered at EGPAF- and ACONDA-supported health facilities at district and village levels and community-based HIV counseling and testing, palliative care, OVC care, and HIV prevention activities conducted by ANADER in surrounding rural areas.

Referrals are made to district general hospitals and other public and private health-care centers that are adequately equipped to provide HIV/AIDS care, including ART. Clients who test HIV-positive at rural health centers are referred to the nearest accredited care and treatment site. Clients who test HIV-positive through ANADER's mobile CT units are referred to the nearest rural health center providing CT services and/or to an appropriate care and treatment site as needed. Nurses at rural health centers that have integrated CT are trained to monitor the follow-up of ARV treatment at community health centers and to provide psychological support to PLWHA under the supervision of the district health team. Community counselors are trained to provide psychosocial support and to monitor and support patients on ART, as well as to provide home-based palliative care and OVC care and support. Community counselors and peer-support groups monitor adherence to treatment, contribute to referral activities, and promote treatment literacy. The project works to establish linkages between services provided by PEPFAR-funded NGOs, networks and FBOs, the Global Fund, EGPAF, ACONDA, AIBEF, and other partners.

FY08 funds supported activities that include:

1. Training of 196 health workers in rural health centers in ART referral, monitoring, and support
2. Promotion of adherence to treatment and secondary prevention with linkages to ART services
3. Referral of about than 1,225 PLWHA for care and treatment services, including ART if eligible.
4. Broadcast of 306 radio spots on ARV treatment and adherence.

FY09 funds will complement and build on other PEPFAR-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 and Ministry of Health (MOH) and EGPAF/ACONDA support for expanded ART, palliative care, and CT.

Key activities and approaches during FY09 will include:

1. Assessment of stigma and treatment literacy in six departments, with prioritization of needs and available support. These will be conducted in partnership with the national network of PLWHA organizations (RIP+), and results will complement other available sources of data, including the 2005 AIDS Indicator Survey.
2. Training of 116 health workers in the two new departments, including 40 in rural health centers, in ART referral, monitoring, and support
3. Training of 96 community counselors to provide counseling and education on treatment, positive living, and prevention for positives using local languages, in partnership with RIP+
4. Training of 72 traditional healers and 150 religious leaders in HIV/AIDS to promote referral and counter-referral to appropriate health care facilities
5. Training of 22 nurses from Abengourou in treatment adherence
6. Training of 24 community counselors from Abengourou in treatment adherence
7. Promotion of awareness and adherence to treatment and secondary prevention with establishment of linkages between community-based and ART services
8. Referral of 1,190 newly identified PLWHA to care and treatment, including ART if eligible
9. Broadcast of 400 radio spots on ARV treatment and adherence
10. Evaluation of the project's treatment adherence and support services

ANADER will continue to support and strengthen a community-based M&E system to track implementation of activities using national and USG tools in order to improve the quality of service provision and to provide data on management of care and treatment for PLWHA at the community level. These data will be collected by the village action committees using simple tools and will be transmitted to district, regional, and central units. The reporting will occur monthly at the regional level and quarterly at the central level.

Activity Narrative: ANADER strives to strengthen capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability of activities. Training of community counselors, other members of village HIV/AIDS action committees, and rural health center staff is designed to enable communities to carry on prevention, CT, and care activities after PEPFAR funding for the project has ceased. In 2009, ANADER will work to transfer to village action committees the capacities necessary to organize and perform most community outreach events (e.g. cine-village for HIV prevention and CT promotion).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15148	5485.08	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	7060	5315.08	U62/CCU02512 0-01 ANADER	\$100,000
9927	5485.07	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	5315	5315.07	U62/CCU02512 0-01 ANADER	\$85,000
5485	5485.06	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	3731	3731.06	U62/CCU02512 0-01 ANADER	\$75,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$30,000

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5383.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5168.22334.09

Planned Funds: \$100,000

Activity System ID: 22334

Activity Narrative: With FY09 funds, USG technical staff will be supported (salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, coordination, and evaluation of PEPFAR-funded interventions designed to improve treatment services for people living with HIV/AIDS in Cote d'Ivoire. This technical assistance is provided in close consultation with relevant ministries (Family, Women, and Social Affairs; Health; Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15171

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15171	5168.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7067	5383.08	CDC & RETRO-CI (Base)	\$575,000
10350	5168.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$658,391
5168	5168.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$1,004,379

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 10070.22468.09	Planned Funds: \$1,900,000
Activity System ID: 22468	

Activity Narrative: ACONDA-VS began its scale-up of HIV/AIDS care and treatment activities supported by PEPFAR in 2004 as a subgrantee of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). In April 2007, ACONDA-VS became a prime implementing partner of PEPFAR. By March 2009, ACONDA anticipates having expanded its program to more than 90 sites providing family-centered and integrated CT, PMTCT, care and support, TB/HIV, ART, prevention, and OVC services. The infrastructure and human resources of each of these sites is being strengthened by renovations, and provision of supplies, equipment, and data management tools, including tools to help ensure a regular supply of drugs and laboratory commodities. ACONDA provides regular monitoring and supervision of these activities.

As of September 2008, ACONDA was providing ART to 11,544 adult patients at 61 sites. With FY09 funds ACONDA will continue to support FY08 sites and expand to an additional 33 sites, for a total of 94 sites providing ART to adult patients.

With FY09 funding, ACONDA will initiate 6,000 people on ART to reach a total of 28,226 patients ever receiving ART and at least 14,500 actively receiving ART by September 2009 at all 94 sites. ACONDA will provide high-quality ART services following national guidelines. The focus will be on treating families – not just the individual – to better meet patient needs and to assure better adherence and clinical outcomes. Sites will be supported to shift the organization of their facility from a traditional episodic model of care to a chronic model of care for HIV patients, using a multi-disciplinary team of providers. ACONDA will emphasize the involvement of PLWHA in programs through peer-support interventions and strong linkages to community resources. ACONDA's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, will help ensure sustainability.

Key activities and approaches will include:

- Support sites to recruit and retain staff for ARV service provision. ACONDA will work with districts and facilities to identify staff needs and find creative solutions for augmenting staff. Providing the training, resources, and tools needed for staff to provide quality ART services will help also motivate staff and increase retention.
- Train 282 doctors, nurses, social workers, counselors, and outreach workers to provide ART, intensive on-site mentoring during the initiation of services, and periodic follow-up training and mentoring thereafter.
- Support sites to identify HIV-positive patients by strengthening CT interventions, including routine provider-initiated CT. ACONDA will support sites to publicize the availability of ART services in the communities they serve.
- Support sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to the initiation of ART (e.g. number of pre- and post-ARV initiation appointments, standard ARV prescriptions, etc.).
- Develop protocols and systems for clinical staging of HIV patients and establishing eligibility for ART using national guidelines and clinical staging, when appropriate.
- Support the formation and functioning of multidisciplinary team meetings to discuss complicated cases and coordinate individual patient care.
- Help sites to provide effective support to patients prior to ARV initiation, such as counseling about disclosure, adherence, and peer support.
- Support sites to develop patient-tracking systems that will help to identify patients who have not returned for pharmacy or other appointments. Protocols for patient home visits will be developed. ACONDA will develop a program to train PLWHA as peer educators/counselors to support and track patients enrolled in ART. Peer educators will be supervised by social workers or other staff.
- Ensure strong linkages within the facility and with community-based services. Referral mechanisms will be developed between ART services and other services. HIV testing will be routinely offered to all patients. HIV program management committees will meet regularly to coordinate services and cross-referrals.
- Support sites to establish/strengthen links with community-based organizations to ensure patient support for home-based care, OVC services, adherence support, nutritional support, and other services. ACONDA will introduce a community resource mapping tool and support sites to develop formal agreements and referral systems with relevant organizations.
- Ensure availability of lab services for CD4 testing and to monitor drug toxicity. ACONDA plans to upgrade all district hospital labs so they can provide CD4 testing for the entire district. ACONDA will support each district to develop an effective sample transportation system to ensure that patients at the health center receive CD4 results in a timely manner. Labs at all levels will have enhanced biochemistry and hematology capacity.
- Work with SCMS and the Public Health Pharmacy (PSP) to support site pharmacies to establish systems for ARV quantification, stock management, and patient appointments and to train pharmacists in counseling patients about ART, including side effects and adherence. All ARV, OI drugs, and other commodities will be procured by SCMS and distributed to sites via the PSP.
- Provide regular, supportive supervision, clinical updates, and refresher training to multidisciplinary care teams and ART program managers, including the integration of M&E data into program planning and improvement.
- Support sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting using national tools. A data QA system will be implemented, and ACONDA technical advisers will assist sites to analyze data regularly to assess program quality. ACONDA will meet regularly with the MOH to provide feedback on ART-related M&E tools and approaches to help improve the national system of data collection and reporting. To build and strengthen a single national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To improve retention of patients on ART, ACONDA will:

- Participate in revising treatment guidelines in collaboration with PNPEC
- Support the establishment of a pool of regional experts who will be tasked to improve the quality of services at the local level
- Strengthen district teams to enable them to better coordinate, implement and supervise care and treatment services
- Improve the quality of treatment services in collaboration with PNPEC and URC
- Strengthen capacities of existing laboratory in performing hematology, immunology, and biochemistry tests

Activity Narrative: and improve the quality of laboratory testing, and to establish laboratory networks.

At all ART, PMTCT, and CT sites, ACONDA will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include ABC prevention interventions (including disclosure, partner and family testing, and STI prevention and care) and referral to community-based OVC and palliative care services to address family and individual care needs. Where possible, family-planning services will be provided through wraparound programming by non-PEPFAR funded partners, and condoms will be provided free of charge.

Within the framework of the decentralization of its activities and the scaling up of the HIV screening the patients attending health centers or within the community, ACONDA will rely on the expertise of the national structures in addition to PNPEC. These structures basing on their attributions and own competence will allow us to reach our qualitative objectives.

Aconda will support all the initiatives aiming at establishing a successful collaboration between SCMS, PSP and the health centers, taking part in all the meetings called by these structures. The pharmacy team will still provide assistance to sites pharmacies (upgrading, coaching and supervizing) to enable them to meet the requirements of PSP (monthly reports, reports - orders, and other supports.); and ensure a frequent provision of drugs and intrants to sites.

The strategy for the extension of testing will consist in using community workers or peers for a door-to-door approach. The reference and counter reference of the patients will be strengthened and the focus will be on the effective filling out of the forms made available to the health workers. Besides, community workers will be in charge of accompanying the patients from the testing centers to the care and treatment centers. During the mass awareness campaigns, the staffs in health centers will be involved by the NGO/CBO in order to make the care and treatment of the patients tested positive easier. This involvement will be seen through the information before mass awareness activities and their effective presence at the site.

ART will be delivered to patients in compliance with the new therapeutic strategies that have become effective since February 2008 and which we are spreading at all the sites. Therapeutic updates meetings will be held in order to continue the assistance to care givers. They will gather 25 people per area and be delivered by national experts.

Therapy adherence will be strengthened during therapeutic education sessions prior to care giving and maintained during monthly visits. Community members will complete an educative aid showing how the medication should be taken, the latest dates of treatment interruption, the remaining pills will be counted. The monthly visit period will be shortened for the patients.

ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the community
- Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15092

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15092	10070.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$3,360,000
10070	10070.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$1,850,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7226.09

Mechanism: JHU-CCP Communication 2008

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 5845.22483.09

Planned Funds: \$300,000

Activity System ID: 22483

Activity Narrative: Studies have demonstrated that interpersonal communication and counseling (IPC/C) is critical to clients' satisfaction and continued use of health services. Improving the quality of services contributes to increasing demand and use of services.

In 2008, CCP conducted a qualitative study on perception of the quality of services to PLWHA and HIV/AIDS-related stigma in four antiretroviral therapy sites in Abidjan (USAC Treichville, CAT Adjamé, the CHR of Abengourou and the CHR of San Pedro). Individual interviews were conducted with medical officers, nurses, social workers, and religious leaders, and focus groups with community counselors, PLWHA, and members of the general public. The outcomes of this research helped CCP support and strengthen the health centers providing antiretroviral therapy to PLWHA and, more particularly, strengthen IPC/C trainings for service providers, and design communication campaigns to minimize HIV/AIDS related stigma.

CCP also designed an intervention to improve the quality of HIV/AIDS care and treatment services with a focus on strengthening the IPC/C skills of clinic-based health-service providers and community counselors.

In 2009, three major initiatives will focus on improving the quality of HIV/AIDS services for adults and children; promoting ART, PMTCT, and CT services, including men's involvement; and a youth-friendly initiative.

Improvement of the Quality of HIV/AIDS Services

- CCP will continue work to increase the use of HIV/AIDS services through improved and accredited service quality and promotion of services. CCP will scale up its program to include additional sites in Abidjan, San Pedro, and Abengourou, as well as sites in additional cities, in consultation and close collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC), URC and PEPFAR HIV services partners.
- CCP will conduct a qualitative study among PLWHAs receiving services at the sites to evaluate its quality-improvement program. In addition, sex-disaggregated service statistics will be examined to analyze trends in service utilization by women and men in different settings.

Promotion of ART, PMTCT, and CT Services

- To increase use of HIV/AIDS care and treatment services, CCP will continue to promote services for communities around delivery sites. CCP's "next generation" program will roll out an updated version of its 2008 multimedia campaign promoting HIV services, involving billboards, posters, brochures, leaflets, radio and television spots, and new service-provider job aids.
- CCP will introduce a community planning and action process (CPAP) to assist affected communities in determining their needs and defining their goals and outcomes. CCP will introduce this process progressively as communities become engaged in the mitigation of the effects of HIV and AIDS on their members. This process is particularly important as communities examine OVC and PLWHA needs and plan for long-term support. Ultimately, this aligns with district model action plans and coordination strategies.

Men's Involvement

- CCP will work to involve men in PMTCT care and support activities. Men can offer moral support to their partners and accompany them to PMTCT services to learn how to protect their children from HIV, including deciding as a couple which feeding practices are most appropriate for the infant. By being involved in PMTCT, men are also more likely to be tested for HIV and more likely to be educated about HIV, thus reducing stigma within communities and dispelling myths and misconceptions. In July 2008, CCP produced a 26-minute mini-film titled "Porteuses de Vie" in which male involvement in PMTCT is shown to be essential to the family's well-being.
- CCP will continue collaboration with religious leaders and faith-based organizations to bring men's health initiative and CT services into churches, mosques, and other religious settings. As men get older, their health concerns evolve to include prostate cancer, hypertension, and cardiovascular issues. In addition to protective screening for these illnesses, men will be encouraged to be tested for HIV and counseled to protect their partners and their families. Religious leaders can offer older men an opportunity to discuss these issues confidentially, and they will be supported with counseling tools for this new audience. Media programming will be developed to discuss men's health issues on national television as a promotion for all sorts of screening, including CT. A strong link will be made between this intervention and the national testing day program, including identifying a well-known man willing to publicize being tested for HIV as part of his screening-for-health experience.

Youth-Friendly Initiative

- CCP will develop a youth-friendly services initiative that includes adaptation of various curricula based on young people's insights regarding their need and motivation to use services; orientation of service providers to the adapted curricula; development of job aids for service providers to use with youth (cards to insert in the existing HIV flipchart and algorithms); development of simple materials (leaflets/cue cards) for youth to carry with them as reminders; and promotion of youth-friendly services through print and audio-visual materials.

All activities will be conducted in consultation with national partners, led by the ministries of AIDS and of Health. CCP's M&E system will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, CCP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15129

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15129	5845.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7226	7226.08	JHU/CCP Communication USAID 2008	\$400,000
10072	5845.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$0
5845	5845.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3827	3827.06	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)	\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$51,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8861.09	Mechanism: PHE ART EGPAF
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 19870.22488.09	Planned Funds: \$150,000
Activity System ID: 22488	

Activity Narrative: This PHE activity, 'Evaluation of the Effectiveness of HIV Care and Treatment within Project HEART,' was approved for inclusion in the COP, with a request for a protocol to be sent for technical review. The PHE tracking ID associated with this activity is CI.08.0015.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19870

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$150,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7220.09

Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16042.22440.09

Planned Funds: \$1,900,000

Activity System ID: 22440

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in 5 regions in the midwestern part of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra, and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at the infirmary of prisons, and TB clinics.

By March 2009, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 facilities, PMTCT services at an additional seven facilities, and CT services at another 15 facilities (two prisons, three infirmaries, and 10 TB clinics).

In FY09, ICAP will support this package of services at all FY08 sites and expand to an additional 15 facilities delivering ART services, for a total of 43 sites providing ART services. ICAP-CU anticipates newly initiating 3,800 adult patients on ART, for a total of 4,475 adult patients who ever received ART and at least 3,600 patients actively receiving ART by September 2009.

ICAP will contract with local community-based NGOs working on HIV/AIDS and PLWHA associations to improve adherence and reduce rates of loss of follow-up, thereby improving outcomes of care and treatment. ART services for HIV-positive individuals will be provided by a multidisciplinary team of providers, who will focus on caring for the whole family, with referral to appropriate services for orphans and vulnerable children (OVC). ICAP will also provide subgrant funding and technical assistance to several subpartners, including private and faith based clinics for implementing HIV care services.

In FY09, ICAP-CU will continue to support sites to provide high-quality ART services following national guidelines. The focus will be on treating families – not just the individual – to better meet patient needs and to assure better adherence and clinical outcomes. Sites will be supported to shift the organization of their facility from a traditional episodic model of care to a chronic model of care for HIV patients, using a multidisciplinary team of providers. ICAP-CU will emphasize the involvement of PLWHA in programs through peer-support interventions and strong linkages to community resources. ICAP-CU's capacity-building approach, focusing on district- and facility-level systems strengthening and provider training and mentoring, will help ensure long-term sustainability.

Key activities and approaches will include:

- Support sites to recruit and retain staff for ARV service provision. ICAP-CU will work with health districts and facilities to identify staff needs and, in collaboration with the Ministry of Health, find solutions for augmenting staff. Providing the clinical training, resources, and tools needed for staff to provide quality ART services will also help motivate staff and hopefully increase human resource retention.
- Train 112 doctors, to provide ART,
- Ensure intensive onsite mentoring to the multi-disciplinary team during the initiation of services, and regularly scheduled follow-up training and mentoring thereafter.
- Support sites to identify HIV-positive patients by strengthening CT interventions, including routine provider-initiated CT. ICAP-CU will support sites to publicize the availability of ART services in the communities they serve.
- Support sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to the initiation of ART (e.g. number of appointments for pre- and post-ARV initiation, standard ARV prescriptions, etc.).
- Develop protocols and systems (following international guidelines such as those recommended by the WHO) for clinical staging of HIV patients and establishing eligibility for ART using national guidelines and clinical staging, when appropriate.
- Support the formation and functioning of multidisciplinary team meetings to discuss complicated cases and coordinate individual patient care.
- Help sites to provide effective support to patients prior to ARV initiation, such as counseling about HIV status disclosure, adherence, and peer support.
- Support sites to develop patient-tracking systems that will help to identify patients who have not returned for pharmacy refill or other appointments. Protocols for patient home visits will be developed. ICAP-CU will develop a program to train PLWHA as peer educators/counselors to support patients enrolled in ART services and track patients who miss appointments or who are lost to follow-up. Peer educators will be supervised by social workers or other staff.
- Ensure strong linkages within the facility and with community-based services. Referral mechanisms will be developed between ART services and other services (inpatient and outpatient departments, CT, PMTCT, TB, under-5 clinic, family planning). HIV testing will be routinely offered to all patients in these services. HIV program management committees, including key staff representing various departments, will meet regularly to coordinate services and cross-referrals.
- Support sites to establish/strengthen links with community-based organizations to ensure patient support for home-based care, OVC services, adherence support, nutritional support, and other services. ICAP-CU will introduce a community resource mapping tool and support sites to develop formal agreements and referral systems with relevant organizations.
- Ensure availability of lab services for CD4 testing and to monitor drug toxicity. ICAP-CU plans to upgrade all district hospital labs so they can provide CD4 testing for the entire district. ICAP-CU will support each health district to develop an effective sample transportation system to ensure that patients at the health center receive CD4 results in a timely manner. Labs at all levels will have enhanced biochemistry and hematology capacity.
- Work with SCMS and the Public Health Pharmacy (PSP) to support site pharmacies to establish systems for ARV quantification, stock management, and patient appointments and to train pharmacists in counseling patients about ART, including side effects and adherence. All ARV, OI drugs, and other commodities will be

Activity Narrative: procured by SCMS and distributed to sites via the PSP.

- Provide regular, supportive supervision, clinical updates, and refresher training to multidisciplinary care teams and ART program managers, including the integration of M&E data into program planning and improvement.
- Support sites to implement patient record-keeping systems and databases and to summarize and analyze data for routine reporting using national tools. A data quality-assurance system will be implemented, and ICAP-CU technical advisers will assist sites to analyze data regularly to assess program quality. ICAP-CU will meet regularly with the MOH at the central level to provide feedback on ART-related M&E tools and approaches to help improve the national system of data collection and reporting. ICAP will continue to work with URC on piloting quality improvement approaches.

ICAP will develop a system at each site to reduce loss to follow up of patients on treatment using the following strategies. First, ICAP will train community counselors at each site in adherence and psychosocial support of patients and each patient will meet the counselor during their first visit; second, ICAP will recruit an assistant data manager in each site who will be responsible for documenting patient appointments, collecting detailed patient contact information, and identifying patients who do not return for appointments; if a patient does not return for his appointment, the data manager will alert the community counselor who will then attempt to trace the patient either by telephone or a home visit; ICAP will furnish each site with motorcycles and bicycles to facilitate home visits; finally, other services will be put implemented to support patient adherence such as bi-monthly support groups at each site facilitated by the community counselors.

In order to ease access to HIV care and treatment services, ICAP will support sites and districts to sponsor regular HIV/AIDS awareness campaigns with the aim of involving community leaders and reducing stigma and discrimination. In addition, regular outreach by community counselors and peer educators will serve to sensitize individual, families and communities to the impact of stigma and discrimination. Finally, the establishment of associations of PLHA and support groups at sites will serve to reduce stigma in the community and help HIV positive individuals cope with the daily stresses of living with HIV.

At all ART, PMTCT, and CT sites, ICAP-CU will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for PLWHA and their children. ICAP-CU will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients.

In collaboration with PNPEC, ICAP will also strengthen the capacity of its supported health districts to plan, implement and supervise HIV related activities. This will include strengthening supervision and clinical mentorship systems and skills, and enhancing district pharmacy capacity (training, IT, equipment, stock management, transport to peripheral sites, etc.).

ICAP will also strengthen laboratory capacity at supported sites to enable them to perform recommended laboratory monitoring tests for adult patients on ART. General Hospital laboratories will be equipped with a complete package of HIV laboratory equipment (FacsCount, biochemistry and hematology). Selected urban health care centers with important patient load will be equipped with hematology and biochemistry machines and ICAP will support a blood sample transportation systems for CD4 count to the nearest reference hospital.

All clients who test HIV-positive will be offered information about and referrals to specific services appropriate to their needs. ICAP-CU will ensure that community-based services capable of meeting these needs are identified, and ICAP-CU will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16992	16042.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$2,457,000
16042	16042.07	HHS/Centers for Disease Control & Prevention	Columbia University	7319	7319.07	UTAP	\$2,500,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4937.09	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 GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 5495.22431.09	Planned Funds: \$6,722,257
Activity System ID: 22431	

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

By the end of Project HEART PY5, EGPAF will support 100 ART sites and will have more than 35,000 persons on ART. EGPAF will continue modest expansion in FY09 to an additional 15 sites and initiate 14,400 new persons on ART.

Through the district approach, ART services will be extended to rural areas in 14 targeted districts. In each district, EGPAF will work with the district team to establish a network of facilities that will link one well established ART site in an urban or peri-urban area with two or more rural ART sites. The urban sites will then supervise and monitor the rural sites.

In FY08 EGPAF supported performance-based financing in 20 private and faith-based facilities. CHU/Treichville will be the first public sector facility to implement performance based financing (direct funding is possible due to CHU/Treichville's legal status). In FY09 EGPAF will add ten additional private performance based sites in Abidjan. The expanded PBF approach should contribute to both the number of patients enrolled in treatment and retained in treatment at these sites.

EGPAF will continue to expand public-private partnerships building on the successful experience with SOGB to enable Ivoirian businesses to offer ART to employees. EGPAF would like to use the PBF approach in the private, for-profit sector as this represents a major proportion of health services in urban areas. However, EGPAF will need to advocate and work closely with the MOH and other relevant departments as well as the PEPFAR team in-country to make this happen.

EGPAF intends to increase full laboratory support for patients receiving ART as well as patients in Pre-ART. To attain these goals, with close collaboration with SCMS and with technical assistance of CDC lab branch, new districts hospitals will be provisioned with equipment for measuring CD4 count, hematology, biochemistry. Bases on SOPs validated in PY5, EGPAF will provide technical assistance to existing labs as well as new labs to be established in FY09.

Focus in FY09 will be on the implementation of a comprehensive package of services to improve the overall quality of services provided at all EGPAF-supported sites and address critical issues including attrition rates within the program. Addressing these issues is part of a broader quality improvement program undertaken in PY5 with the support of a subcontractor, John Snow International.

EGPAF will continue efforts to address QA/QI issues: districts QI teams will be developed and will lead in improving quality of care in the districts under the supervision of EGPAF and Senior Health Management Teams. Health facilities that perform well will be rewarded at the end of the PY with medical equipment and infrastructure renovations. With PY6 funds, EGPAF will be working with many local CBOs to improve services uptake. These CBOs will work closely with medical teams to address issues related to reinforcing a family centered approach, adherence to treatment, and minimizing loss to follow up..

Special emphasis will be put on activities in the underserved North of the country. In order to improve the coverage of activities in this area EGPAF will continue building on close collaboration with Health Alliance International and Unicef.

In both performance-based and cost-reimbursable formats, direct support to sites is provided in accordance with national standards in terms of commodities, equipment, trained staff, laboratory services, and M&E. Implementation is coordinated with PNPEC and may be direct (public sites) or through implementing sub-partners. EGPAF seeks to ensure continuum-of-care services and service promotion at the community and home levels (through partnerships with the network of PLWHA organizations, Alliance CI, CARE International, ANADER, and other partners).

EGPAF works with SCMS and the Public Health Pharmacy (PSP) to support quantification and provide ARV drugs and commodities at supported sites. Laboratory services are coordinated with the Ministry of Health, APHL, CDC/Projet RETRO-CI, and the national network of laboratories.

FY09 funds will permit EGPAF to provide ongoing support to the planned 100 sites and 35,000 patients expected to be on active ART by March 2009 as well as to provide services to 15 additional sites, for a total of 36,700 people on active ART by September 2009.

While activities described above will provide the framework for care and treatment, several new initiatives will be promoted to further strengthen the program. These include:

- Collaborate with local organizations to intensify HIV services promotion in the community and to strengthen the capacities of community-based organizations;
- Further refine the performance-based contracting model and shift some partners currently supported through cost-reimbursable grants to PBC;
- Expand the EGPAF quality assurance system to all supported sites;
- In collaboration with local NGOs and CBOs directly supported by EGPAF, EGPAF will work more closely with social workers and community counselors (including PLWHA) to improve adherence to treatment, reduce loss to follow-up, and provide psychosocial support, OVC care, and prevention for positives interventions.

In a further attempt to institutionalize and make sustainable the activities supported by EGPAF with PEPFAR funding, EGPAF's recent partnerships with and support of the National Medical and Social Worker training institutions will be expanded to increase the human resources available to Côte d'Ivoire to fight the HIV epidemic, prevent new infections, and treat people already infected with the virus.

Activity Narrative: In addition to the technical assistance received from CDC/Retro-CI for quality assurance for HIV testing, EGPAF will seek technical assistance locally to address urgent issues related to QA for biochemistry and hematology exams, including development of standard operating procedures and good clinical laboratory practices.

EGPAF also plans to conduct an evaluation of strategies for retaining HIV-positive patients in care and delaying progression to ART eligibility.

At all its PMTCT and ART sites, EGPAF will provide – through direct hire or, more commonly, by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children.

EGPAF will engage enough counselors to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

HIV-negative clients at PMTCT, CT, and TB sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients at PMTCT, ART, TB, and CT sites:

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs now and in the future. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their individual needs. In these individual sessions, the counselor will seek to obtain contact information (e.g. address, telephone number) for the client and briefly assess the client's needs and resources. The counselor will provide the client with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselor will then ask the client whether she or he would like to provide the names of people in the household who might need referral to such services.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, EGPAF will ensure that community-based services capable of meeting these needs are identified, and EGPAF will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services for persons living with HIV. The program's effort will reflect the funding and proportions noted here.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training

Activity Narrative: program for placements of 25 midwives in PMTCT programs.
New/Continuing Activity: Continuing Activity

Continuing Activity: 15109

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15109	5495.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7044	4937.08	EGPAF Track 1 ARV (Level funds)	\$6,422,257
9721	5495.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4937	4937.07	EGPAF Track 1 ARV (Level funds)	\$6,722,257
5495	5495.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3711	3711.06	EGPAF Track 1 (level funds)	\$3,205,429

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * TB
- Military Populations
- Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5306.09	Mechanism: EGPAF Rapid Expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4592.22426.09	Planned Funds: \$1,500,000
Activity System ID: 22426	

Activity Narrative: This activity is supplemented by Track 1 funds (see separate entry).

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

By the end of Project HEART PY5, EGPAF will support 100 ART sites and will have more than 35,000 persons on ART. EGPAF will continue modest expansion in FY09 to an additional 15 sites and initiate 14,400 new persons on ART.

Through the district approach, ART services will be extended to rural areas in 14 targeted districts. In each district, EGPAF will work with the district team to establish a network of facilities that will link one well established ART site in an urban or peri-urban area with two or more rural ART sites. The urban sites will then supervise and monitor the rural sites.

In FY08 EGPAF supported performance-based financing in 20 private and faith-based facilities. CHU/Treichville will be the first public sector facility to implement performance based financing (direct funding is possible due to CHU/Treichville's legal status). In FY09 EGPAF will add ten additional private performance based sites in Abidjan. The expanded PBF approach should contribute to both the number of patients enrolled in treatment and retained in treatment at these sites.

EGPAF will continue to expand public-private partnerships building on the successful experience with SOGB to enable Ivoirian businesses to offer ART to employees. EGPAF would like to use the PBF approach in the private, for-profit sector as this represents a major proportion of health services in urban areas. However, EGPAF will need to advocate and work closely with the MOH and other relevant departments as well as the PEPFAR team in-country to make this happen.

EGPAF intends to increase full laboratory support for patients receiving ART as well as patients in Pre-ART. To attain these goals, with close collaboration with SCMS and with technical assistance of CDC lab branch, new districts hospitals will be provisioned with equipment for measuring CD4 count, hematology, biochemistry. Bases on SOPs validated in PY5, EGPAF will provide technical assistance to existing labs as well as new labs to be established in FY09.

Focus in FY09 will be on the implementation of a comprehensive package of services to improve the overall quality of services provided at all EGPAF-supported sites and address critical issues including attrition rates within the program. Addressing these issues is part of a broader quality improvement program undertaken in PY5 with the support of a subcontractor, John Snow International.

EGPAF will continue efforts to address QA/QI issues: districts QI teams will be developed and will lead in improving quality of care in the districts under the supervision of EGPAF and Senior Health Management Teams. Health facilities that perform well will be rewarded at the end of the PY with medical equipment and infrastructure renovations. With PY6 funds, EGPAF will be working with many local CBOs to improve services uptake. These CBOs will work closely with medical teams to address issues related to reinforcing a family centered approach, adherence to treatment, and minimizing loss to follow up.

Special emphasis will be put on activities in the underserved North of the country. In order to improve the coverage of activities in this area EGPAF will continue building on close collaboration with Health Alliance International and UNICEF.

In both performance-based and cost-reimbursable formats, direct support to sites is provided in accordance with national standards in terms of commodities, equipment, trained staff, laboratory services, and M&E. Implementation is coordinated with PNPEC and may be direct (public sites) or through implementing sub-partners. EGPAF seeks to ensure continuum-of-care services and service promotion at the community and home levels (through partnerships with the network of PLWHA organizations, Alliance CI, CARE International, ANADER, and other partners).

EGPAF works with SCMS and the Public Health Pharmacy (PSP) to support quantification and provide ARV drugs and commodities at supported sites. Laboratory services are coordinated with the Ministry of Health, APHL, CDC/Projet RETRO-CI, and the national network of laboratories.

FY09 funds will permit EGPAF to provide ongoing support to the planned 100 sites and 35,000 patients expected to be on active ART by March 2009 as well as to provide services to 15 additional sites, for a total of 36,700 people on active ART by September 2009.

While activities described above will provide the framework for care and treatment, several new initiatives will be promoted to further strengthen the program. These include:

- Collaborate with local organizations to intensify HIV services promotion in the community and to strengthen the capacities of community-based organizations;
- Further refine the performance-based contracting model and shift some partners currently supported through cost-reimbursable grants to PBC;
- Expand the EGPAF quality assurance system to all supported sites;
- In collaboration with local NGOs and CBOs directly supported by EGPAF, EGPAF will work more closely with social workers and community counselors (including PLWHA) to improve adherence to treatment, reduce loss to follow-up, and provide psychosocial support, OVC care, and prevention for positives interventions.

In a further attempt to institutionalize and make sustainable the activities supported by EGPAF with PEPFAR funding, EGPAF's recent partnerships with and support of the National Medical and Social Worker training institutions will be expanded to increase the human resources available to Côte d'Ivoire to fight the

Activity Narrative: HIV epidemic, prevent new infections, and treat people already infected with the virus.

In addition to the technical assistance received from CDC/Retro-CI for quality assurance for HIV testing, EGPAF will seek technical assistance locally to address urgent issues related to QA for biochemistry and hematology exams, including development of standard operating procedures and good clinical laboratory practices.

EGPAF also plans to conduct an evaluation of strategies for retaining HIV-positive patients in care and delaying progression to ART eligibility.

At all its PMTCT and ART sites, EGPAF will provide – through direct hire or, more commonly, by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children.

EGPAF will engage enough counselors to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

HIV-negative clients at PMTCT, CT, and TB sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients at PMTCT, ART, TB, and CT sites:

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs now and in the future. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their individual needs. In these individual sessions, the counselor will seek to obtain contact information (e.g. address, telephone number) for the client and briefly assess the client's needs and resources. The counselor will provide the client with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselor will then ask the client whether she or he would like to provide the names of people in the household who might need referral to such services.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, EGPAF will ensure that community-based services capable of meeting these needs are identified, and EGPAF will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services for persons living with HIV. The program's effort will reflect the funding and proportions noted here.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students.

Activity Narrative: Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15113

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15113	4592.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$1,452,743
10068	4592.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$2,770,000
4592	4592.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3389	1477.06	EGPAF Rapid expansion (country supp)	\$2,150,000

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * TB
- Military Populations
- Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5301.09 **Mechanism:** MOH- CoAg #U2G PS000632-01
Prime Partner: Ministry of Health, Côte d'Ivoire **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 29648.09 **Planned Funds:** \$100,000
Activity System ID: 29648

Activity Narrative: With funding reprogrammed in April 2009, the MOH will also support translation and printing of materials for Prevention With Positives activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 12164.09

Mechanism: New CDC TA Mech Columbia

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29656.09

Planned Funds: \$737,875

Activity System ID: 29656

Activity Narrative: Columbia University is being funded under the new CDC TA mechanism to support two PHEs in HTXS, along with other PHEs in PMTCT and Counseling and Testing.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5554.09

Mechanism: CDC-RETRO-CI GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29649.09

Planned Funds: \$34,000

Activity System ID: 29649

Activity Narrative: CDC will use reprogrammed funds to support translation of family-planning materials for Prevention with Positives activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7736.09

Mechanism: TBD

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 26822.09

Planned Funds: \$300,000

Activity System ID: 26822

Activity Narrative: A World Food Program study of HIV-affected, WFP-supported households in Cote d'Ivoire in April 2008 showed that most were food-insecure; that for 80%, more than 50% of their expenditures were for food; that 27% of people on ARV treatment were malnourished (adults, BMI <18.5%); and that 78% of households hosted orphans. Nutrition support is an important aspect of comprehensive treatment, palliative care, and OVC services. The WFP has developed nutrition-related activities for HIV/AIDS-related care and treatment, particularly nutritional support for HIV-positive pregnant women in the framework of prevention of mother-to-child transmission (PMTCT), adherence to ARV treatment for PLWHA, and food security support for OVC households, including enabling OVC to receive education. The objectives of nutritional support by WFP programs are to:

- Improve adherence to prophylaxis, especially to prevent vertical HIV transmission from mother to child
- Assure the nutritional health of pregnant women, PLWHA, and OVCs
- Reduce the risk of low birth weight of infants
- Improve nutrition education, particularly regarding the feeding of infants born to HIV-positive mothers, in order to reduce the risk of transmission
- Contribute to food security for the households of HIV-positive individuals
- Contribute to food security and support to OVC households

With its own funding, the WFP is providing 5,842 PLWHA and their households (29,210 beneficiaries in total) with food rations in 2008, contributing to their treatment adherence and overall health. Of those assisted, 72% are women, and 67% are on ART. In addition to the food rations, the patients are benefiting from specialized medical and psychosocial care from WFP partners.

WFP was awarded PEPFAR funding in FY08 (in the ART Services program area) to strengthen nutritional support for HIV-affected people in collaboration with the National Nutrition Program (PNN) and PEPFAR partners IYCN/PATH and FANTA, but funding has been delayed while a USAID mechanism is being finalized. It is expected that FY08 funding will be available in late 2008 and will allow planned activities to begin.

As WFP's strategy in Cote d'Ivoire has moved away from broad humanitarian aid to more targeted food aid and food-insecurity activities in post-crisis Cote d'Ivoire, the USG partnership is intended to build on the WFP's strengths – including donated food, expertise in nutrition education, and a strong but regionally limited distribution system – for both short- and longer-term objectives: to provide immediate nutritional support to those in urgent need and to help construct a national, sustainable system of nutritional support with clearly defined priorities and criteria.

Activities planned with FY08 funding, under the coordination of the PNN, include an assessment of food insecurity and nutritional needs of PLWHA and OVC; elaboration of entry and exit criteria for nutritional support for PLWHA and OVC; design of a distribution system (building on the WFP's system in the North and West) that can serve high-priority PLWHA and OVC throughout the country; distribution of 5,666 tons of food commodities to at least 4,400 HIV-affected households (23,400 beneficiaries), 1,000 pregnant women at PMTCT sites (5,000 beneficiaries), and 3,000 OVC households (15,000 beneficiaries); promotion of good nutrition practices, including demonstrations and other support for at least 40 HIV care and treatment sites, 10 PMTCT sites, and 25 OVC program sites; training for PNN staff in results-based management; and training of health care workers and community counselors in nutrition for HIV-exposed infants, PLWHA, and OVC.

FY09 funding will allow the WFP to continue and expand these efforts into 2010. In addition to carrying on FY08-funded activities and contributing food worth at least \$3 million, the WFP will continue to work to strengthen local partners' capacity to provide nutrition education as a way to enhance the effectiveness of HIV/AIDS care and treatment. The WFP will work with partners such as FANTA and IYCN/PATH to provide technical assistance to the PNN and to facility- and community-based OVC and palliative care providers to develop and implement nutrition activities. Technical assistance will also support development and rollout of national policies, training materials, and tools for nutrition for persons living with or affected by HIV/AIDS. All activities will be under the leadership of the PNN and will seek to maximize synergies with other partners, including UNICEF, the Ministry of Health, and the Ministry of the Fight Against AIDS. The WFP's emphasis on building capacity for the national program and local implementers will contribute to establishing a sustainable national nutrition-support program for people affected by HIV.

In all, approximately 6,080 PLWHA households (30,400 beneficiaries) will receive direct food and nutrition support by September 2009, and at least 200 people will be trained. Specific activities will include:

1. Building capacity in nutrition education by training PNN staff and implementing partners on all aspects of the relationship between nutrition and HIV/AIDS. Regional health workers and community health workers will be trained in treatment and care for HIV patients, OVC, and caregivers. This activity will be carried out with PNN partners.
2. In consultation with the PNN, helping to implement exit and entry criteria for nutritional care and support for PLWHA and OVC, including working with PEPFAR and partners to develop Food by Prescription activities.
3. Helping to establish a distribution system (building on the WFP's system in the North and West) that can serve high-priority PLWHA and OVC throughout the country.
4. Strengthening the effectiveness of WFP food-aid interventions through a strong nutrition-education component during food distributions and through regular program activities, leading to a more sustained impact.
5. Working with the PNN and partners to create and disseminate policies and guidelines on nutrition and HIV/AIDS.
6. Activities to increase food security in households affected by HIV/AIDS, including home and community gardening, in partnership with the FAO, that could lead to income generation activities.
7. Collecting and analyzing data on nutrition and food security in relation to households affected by HIV/AIDS.

Activity Narrative: WFP will implement a monitoring and evaluation plan to provide timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, WFP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$64,575

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$30,000

Education

Water

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$1,470,000

Program Area Narrative:

Background

Côte d'Ivoire's adult HIV prevalence is estimated at 3.9% (UNAIDS 2008). The HIV epidemic in Cote d'Ivoire is marked by important gender differences (6.4% of women vs. 2.9% of men) and low access to and uptake of PMTCT and counseling and testing (CT) services. Only 11% of women and 8% of men report ever having had an HIV test, and only 7% of women access PMTCT services during antenatal care (AIDS Indicator Survey, 2005). It is estimated that 52,000 children are living with HIV (UNAIDS 2008). In 2006 it was estimated that about 24,000 children were in need of antiretroviral therapy (ART) (UNAIDS 2006). In 2007, routine CT of children attending the pediatric ward at the University Teaching Hospital of Treichville showed that 32% were infected with HIV. The pilot phase of an early infant diagnosis (EID) program showed a 14.6% HIV prevalence among HIV-exposed children in PMTCT settings.

Within the context of a country moving toward stability but limited by poorly equipped and critically understaffed health and social services, the USG program is working to build a continuum of comprehensive HIV/AIDS prevention, care, and treatment services. Care and support services are delivered at 240 health facilities (September 2008), as well as through community- and home-based caregivers, mobile services, and organizations targeting high-risk populations, such as teachers, the uniformed services, and sex workers. Between October 2007 and June 2008, about 3,800 children received care and support with direct USG support

(7% coverage).

While Cote d'Ivoire continues to make rapid progress in scaling up HIV treatment services, access to ART for children is still lacking. In September 2008, only 2,107 children were receiving ART with direct USG support at 160 sites (8% coverage). The USG team projects direct support to 255 sites serving 4,800 children on ART by September 2009.

PEPFAR-supported care and treatment services are provided by EGPAF, ACONDA, and ICAP Columbia University, with a new partner to be added in FY09. With collaboration from the National HIV/AIDS Care and Treatment Program (PNPEC), the USG has adopted a regional approach to improve program monitoring and quality of services: Services in Ministry of Health (MOH) facilities in the mideastern part of the country are assigned to EGPAF, those in the far west to ACONDA, and those in between to ICAP. Abidjan and surrounding areas are supported by both EGPAF and ACONDA. Facilities in the lower-prevalence and conflict-affected North and West receive support through the Global Fund, although implementation of services has been weak.

FY06-08 Response

Pediatric Care and Support

The national palliative-care policy (finalized in FY06 with USG support) defines minimum standards of care for clinic, community, and home settings, and an implementation plan outlines training and supervision approaches. These guidelines incorporate guidance on cotrimoxazole prophylaxis (recommended for HIV-infected children with CD4 <25%; children at stages 2, 3, and 4 of the WHO classification; and HIV-exposed infants after 6 weeks of age); most programs also support treatment for OIs, malaria, and STIs; basic pain management; screening for TB; and psychosocial support. Some programs are working to incorporate provision of insecticide-treated nets (ITNs), nutritional assessment and supplementation, HIV testing for family members; and interventions to improve hygiene and water safety.

In FY07-FY08, PEPFAR continued to support the PNPEC in developing a comprehensive care and support program and integrating it within the continuum of care as defined by the national standards. Guidelines for community-based care and national policy documents on nutrition for PLWHA (including for HIV-exposed and -infected children) were developed, followed by training of providers. The PNPEC has finalized a policy on the use of lay counselors in support of prevention, care, and treatment services in health centers and the community. Despite important accomplishments, the number of children receiving quality care is a small proportion of those in need, and linkages with other services and with community-based programs are poorly defined in some regions.

Pediatric Treatment

As of June 2008, the PNPEC listed 177 accredited ART sites, of which 143 were receiving direct PEPFAR support. (By September 2008, PEPFAR was supporting 160 sites.) The functionality of Global Fund-supported sites has been incomplete due to a lack of biological monitoring and ongoing support, resulting in an increase of the patient load of fully functional PEPFAR-supported sites in some regions.

The basic HIV clinical treatment package provided by USG partners includes ARV therapy, cotrimoxazole prophylaxis, biological monitoring, and limited OI prevention and care, with links to community-based care and support. Improved data management and use include longitudinal follow-up and ARV-resistance evaluations. The PNPEC recently revised the national guidelines on ART and on basic laboratory monitoring tests for ART patients, including a shift from a D4T-containing regimen to an AZT-containing regimen as the preferred first-line regimen for all patients infected with HIV-1. It was also recommended that children undergo two viral-load tests per year. In August 2008, the MOH discontinued its ARV cost-recovery system, making ART free for all adult patients. ART was already free for children, but this decision should increase the number of adults on treatment, facilitating identification of more HIV-exposed or HIV-infected children eligible for care and treatment services.

The USG is providing continued technical and financial assistance to train trainers in service delivery, to support TOT for ART providers, and to develop treatment performance standards. PEPFAR partners are continuing to promote better support and referral systems, better interpersonal communication for more effective care and treatment, and mass-media campaigns to promote CT, raise awareness of available HIV/AIDS services and reduce stigma and discrimination.

A number of implementing FBO/NGO/CBOs are being funded through a performance-based competitive sub-granting process in an effort to begin to address barriers such as lack of motivation of personnel and human-resource deficits, especially in the North. The USG supports the implementation of a network model with linked services at the regional and district levels. District pilot models are used to develop and evaluate a comprehensive approach featuring a continuum of care with community mobilization and follow-up.

Priorities for FY09

USG strategies in FY09 will focus on evidence-based interventions, training and supervision for care providers, and strengthening of support and links through trained, full-time counselors at all sites. Key goals in FY09 include:

1. Increased geographic and population coverage. USG partners will continue rapid expansion of services with a goal of supporting i) 15,200 non-ART-eligible children with HIV (8% of all patients) at 490 care and support sites (excluding TB), and ii) 4,800 children (8%) on ART at 255 sites, including sites in all 19 regions of the country down to the district general hospital level and in some cases to the community health center level. A new partner will focus on the center-north of the country.
2. Systematic provision of cotrimoxazole as the most important evidence-based means of decreasing morbidity and mortality, delaying disease progression, and improving quality of life. ITNs will be provided to HIV-exposed, infected or affected children in regions not covered by the Global Fund Malaria Project. Clean-water kits (container and chemical) will be provided to households with HIV-exposed, infected or affected children in regions with low water quality.
3. Improved linkages between facility- and community-based services and between pediatric care and other services. All PEPFAR

- supported ART, PMTCT, and HIV/TB service providers will be funded to engage counselors at all sites who will provide a comprehensive package of HIV prevention interventions for all clients and effective support, follow-up (including provision of medications where feasible), and referrals to community-based care and support services for HIV-positive clients. All PEPFAR partners providing community- and home-based care and support will be funded to cross-train their community counselors to provide OVC care services. For maximum effectiveness, partners will be encouraged to engage PLWHA in these positions.
4. Improved reach and quality of pediatric care and support services. In FY09, PEPFAR-supported programs will reach an estimated 20,000 children with care and support. Quality improvements will include efforts to strengthen training and supervision for facility- and community-based care providers; to promote systematic screening for TB; to improve nutritional assessment and support, especially infant feeding counseling based on AFASS criteria; to diagnose and treat opportunistic infections, to reduce loss-to-follow-up before initiation of ART; and to pursue opportunities for wraparound services with other donors/partners, such as provision of heavily subsidized ITNs through the Global Fund, clean-water commodities through the private sector, and nutritional support in partnership with the World Food Program.
 5. Ensure that supportive policies and practices for HIV-related pediatric care and support are in place. Several partners will continue to work with the PNPEC and stakeholders to implement supportive policies related to the scale-up of EID; to the rollout of the new national HIV whole-blood finger-prick rapid-testing algorithm for children over 12 months; and to a redefinition of the role of non-medical health professionals and lay persons in performing HIV tests and prescribing or supporting certain medications. The issue of caregiver burnout will be addressed in topical meetings and through technical assistance to partners.
 6. Improved ART performance with increased uptake of pediatric treatment and reduced loss to follow-up among children receiving care and treatment. Building on FY08 activities, USG partners will focus on providing high-quality care to children on ART with greater access to services, uninterrupted 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 sustained focus, with continued expansion of early infant and pediatric diagnostic capacity. HIV-infected children will be identified through DNA PCR for infants ages 6 weeks to 12 months and through serology for children over 12 months. Links to community- and home-based care, and OVC services will be strengthened, along with expansion of routine, provider-initiated CT in health facilities and outreach to families. Efforts to improve ART adherence will focus on counseling – both facility- and community-based – that also addresses issues of stigma. To ensure quality, PEPFAR partners will assist in the development and implementation of performance standards for all clinic-based services. National care and treatment guidelines will be updated, and clinicians will receive refresher training via regular supervision and continuing medical education. Training, supportive supervision, career progression, and expanded peer and community services will be used to address human-capacity barriers and improve the quality of care. Basic program evaluations (BPE) and public health evaluations (PHE) will be conducted to assess the quality of the ART program and the efficacy of evidence-based interventions to reduce early mortality of children on ART.
 7. Gender sensitivity as a component of quality pediatric care and treatment. The feminization of the epidemic requires greater gender awareness in all aspects of care and prevention, including disclosure of HIV status, since a disproportionate number of HIV-infected women are in sero-discordant relationships. Strategies will include reaching more girls in the provision of care and treatment services, positive-prevention interventions for young girls infected with HIV, and stigma-reduction campaigns with an expanded role for peer support and peer advocacy.
 8. Ensuring availability of drugs and commodities. Most HIV-related drugs and consumables will be centrally procured through the Partnership for Supply Chain Management (SCMS), which will also continue providing technical and management support to the Public Health Pharmacy (PSP).

Pending OGAC approval, PEPFAR CI will strengthen its evidence base in care and treatment through three public health evaluations (PHEs) assessing 1) the effectiveness of EGPAF's care and treatment program, 2) interventions to reduce early mortality among patients initiating ART (an inter-country PHE), and 3) care and treatment of patients with HIV-2 infection. The last will serve to create a research platform for further studies, and its findings will have regional implications and provide data for WHO guidelines on HIV-2 infection.

EGPAF, ACONDA, ICAP, and the new partner will link with three main Ivorian partners supporting community services (ANADER, ANS-CI, and RIP+). Care International will continue to support local organizations providing care in the North and West, and PSI will continue a program focused on care for the uniformed services. The Ministry of Education will continue a program focusing on teachers, and FHI will continue programs targeting sex workers while providing technical support to the PNPEC.

Hope Worldwide CI will twin with the African Palliative Care Association to support continued advocacy for an opioids policy and implementation of care standards. FANTA will continue to assist the PNPEC and the National Nutrition Program to strengthen nutrition policy and support.

Cote d'Ivoire's Round 8 application was not successful. After the Round 2 HIV project ends in March 2009, it is expected that the GF will continue to provide ARVs and lab commodities to support its current patients. The USG team is represented on the CCM and in regular consultation with the GF principal recipient, and is prepared to help address potential programmatic implications of a GF service-delivery gap as well as to join MSH in providing TA for an expected GF Round 9 application.

When possible, the USG provides complementary programming with other donors and partners, such as the Global Fund for ARV procurement and the WFP for food aid for PLWHA. The USG continues to promote sustainability by transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 11044.09

Mechanism: TBD New Treatment Partner

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26585.09

Planned Funds: [REDACTED]

Activity System ID: 26585

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, palliative care and ART services.

In FY09, the partner will support a total of five sites providing care and treatment services, three of which will provide pediatric care services and by September 2009, they will have enrolled 100 HIV-infected children into care and support services.

Pediatric care services will include growth monitoring, immunization services, nutritional counseling, and systematic cotrimoxazole prescription for exposed infants. Care and support services for HIV-positive children will be provided by a multidisciplinary team of providers, will focus on caring for the whole family, and will be strongly integrated with routine provider-initiated CT for the children of each enrolled HIV-positive woman, and all exposed children.

The partner's capacity-building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring for providing pediatric care, will ensure long-term sustainability.

The partner will provide financial, programmatic, technical and overall capacity building support to subpartners who will receive subgrant funding and technical assistance.

In FY09, care and support interventions concerning children will include:

- The partner will work with districts and facilities to identify staff needs, including materials and training.
- Providing the necessary training, resources, and tools needed for staff to provide quality care and support. Services for children will help motivate staff and increase retention.
- Training in collaboration with PNPEC at least 20 doctors, nurses, social workers, counselors, and outreach workers to deliver palliative care.
- The partner will conduct intensive on-site mentoring during the initiation of services and periodic follow-up training and mentoring thereafter.
- Supporting sites to identify HIV-positive children by strengthening HIV counseling and testing interventions, including routine provider-initiated CT for children of each enrolled HIV positive woman and symptomatic children, and offering early diagnosis for all exposed children.
- Supporting sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to palliative care (e.g. CD4 schedule for pre-ARV patients, OI prophylaxis and treatment, etc).
- Supporting the formation and functioning of Multidisciplinary Team Meetings to discuss complicated cases, including those failing treatment, and to coordinate individual pediatric care.
- Promotion of OI prophylaxis and treatment in accordance with MOH/National HIV/AIDS Care and Treatment Program (PNPEC) guidelines. Similarly, TB screening will be promoted for HIV infected children.

The partner will support renovation of district level general hospital structures to create space for additional HIV/AIDS services. The new treatment partner will:

- Ensure strong linkages between growth monitoring services, immunization services and nutritional services where routine HIV testing will be offered to all children, and those testing HIV-positive will be immediately enrolled in the care and treatment program and initiated on ART if eligible.
- Enhance adherence and psychosocial-support activities at sites for mothers and their children and support routine home visits to active patients and those who are lost to follow-up.
- Work closely with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of Pediatric medications and test kits to ensure timely delivery and stock management.
- Work with health districts to support the initiation of palliative care services at the site level and provide ongoing supervision and quality-improvement monitoring.
- Support sites to implement record-keeping systems and databases and to summarize and analyze data for routine reporting, using national tools. A data quality assurance system will be implemented, and the partner technical advisers will assist sites to analyze data regularly to assess program quality. The partner will meet regularly with the MOH to provide feedback on palliative care-related M&E tools and approaches to help improve the national system of data collection and reporting.
- Support sites to provide HIV prevention counseling for HIV-positive individuals enrolled in care and treatment programs.
- Enhance counseling of HIV-infected individuals to promote secondary prevention, enhance adherence to care and treatment, provide psychosocial support, link patients to community resources, and identify household members in need of testing, treatment, and care, including children in need of OVC services. The partner will also ensure that patients have access to nutritional assessment and counseling.
- Support care and treatment sites to establish and strengthen links with community-based organizations to ensure community based patient support for home-based care, OVC services, adherence support, nutritional support, and other services. At all sites, the partner will contract with local organizations to support counselors dedicated to providing a comprehensive package of HIV prevention services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5306.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 26702.09

Activity System ID: 26702

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$200,000

Activity Narrative: Since 2004 the Elizabeth Glaser Pediatric AIDS Foundation has received support from the US Centers for Disease Control through Project HEART to provide a family-centered approach with a complete care and treatment package for HIV-infected infants and children.

In FY08, the aim was to increase the total number of children enrolled in care. As of June 2008, EGPAF had enrolled 3,945 children into HIV care. This represents 4.5% of the total number of HIV patients enrolled in care in EGPAF programs and a major contribution to the total number enrolled in care in Cote d'Ivoire. EGPAF's goal is at least 15%, so the program in Cote d'Ivoire has much work to do to reach this goal.

By March 2010, EGPAF plans to:

- 1) Initiate pediatric care at existing care and treatment sites that do not currently offer care for children
- 2) Improve quality of care through technical and material support via mentoring and on-site coaching in collaboration with districts, training of medical staff and organization of regular meetings of personnel in charge of HIV-positive children
- 3) Improve counseling skills of providers in helping mothers to make informed choices about infant feeding by strengthening the capacity of nutrition services in health care facilities and social services for nutrition support according to the guidelines of the national nutritional program and the experiences learned by PATH and HKI in infant feeding and nutritional support in particular.
- 4) Initiate HIV screening at all points of entry for children: immunization visits, growth monitoring, nutritional and social services, outpatient and inpatient consultations
- 5) To ensure early infant diagnosis (EID) and improve access to biological screening, EGPAF will facilitate the logistics of transporting blood samples from sites to reference laboratories. To increase access to early infant diagnosis, EGPAF will continue to work closely with CDC/ Retro-CI, whose lab capacity will be expanded in FY09 to additional labs. EGPAF will work with the national care and treatment program, laboratory and CDC to develop a sustainable plan for the transport of DBS samples via the postal service with rapid return of results to sites via fax, internet, mail or transport. In FY09 EGPAF will increase access to EID at 80 sites
- 6) In FY09 EGPAF will form a partnership with the Ivoirian Pediatric Board (SIP) to facilitate integration of HIV Pediatric care activities into facilities by sensitization, trainings (both classroom and on-site mentoring) and elaboration of national guidelines.
- 7) Provide appropriate psychosocial support to improve adherence to care and management of infected or affected children and families. Psychosocial support will be provided to the medical staff in an effort to prevent burnout.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 26803.09	Planned Funds: \$200,000
Activity System ID: 26803	

Activity Narrative: Since its creation in 2002, the Ivorian NGO of health professionals ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. 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. After working as a sub-partner of EGPAF (Project HEART) starting in 2004, ACONDA in September 2006 graduated to become a PEPFAR prime partner providing comprehensive family care and PMTCT services. ACONDA is rapidly expanding its family-based care and treatment model. In FY08 ACONDA anticipates supporting 90 sites providing comprehensive, family-centered CT, PMTCT, TB/HIV, and care and treatment services. As of June 2008, ACONDA provided care to more than 14,000 people in 58 sites.

With FY09 funds ACONDA will continue to support FY08 sites and expand to an additional 15 sites with a total of 105 sites providing care and support to 4,070 HIV-infected children in the facility and the community.

In FY09, interventions include:

- Train 180 physicians, nurses, social workers, and community counselors in prevention and treatment of OIs, adherence to ARVT, and provision of psychosocial support.
- Provide infants diagnosis (using DNA-PCR or serological test) to all HIV-exposed children in supported sites. All HIV-infected children will be assessed for ART eligibility and provided with a complete package of care.
- Provide Cotrimoxazole prophylaxis to all HIV-exposed children from 2 weeks to 18 months (or until the confirmation of non-infection) and to all HIV-infected children with CD4<25%. ACONDA will provide care and management for OIs.
- Provide nutritional support through non-USG funds, wrapping around ACONDA's efforts to provide HIV-infected families with cooking kits (containing rice, milk, flour, oil, etc.) and cooking classes geared toward proper nutrition for PLWHA. These cooking kits will be distributed by counselors at the health centers and during home visits. ACONDA will provide targeted nutritional support to malnourished patients. ACONDA will work to identify local foods that can be substituted in the diets for HIV-infected and/or exposed children who are being weaned off breast milk. Counselors will provide information to patients nutrition counseling and support,

At all sites, ACONDA will provide – either by hiring or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children.

ACONDA will closely work with MFFAS and PNOEV in providing care and support to children. An agreement will be signed with MFFAS to establish a framework of collaboration with ACONDA. Main activities will include:

- Assess the need of HIV infected children living in institutions such nurseries, orphanage etc.
- Assess the training need of staff working in those centers in the provision of care and support for children
- Strengthen capacities of this population based on the needs especially with regard to medical, and nutritional, and psychological support.
- Establish links with care and treatment services.

ACONDA will collaborate with the National Nutrition Program (PNN) to update the nutrition guidelines and. ACONDA will also provide HIV counseling and testing services in nutrition centers using the finger prick algorithm. All HIV-infected children diagnosed in the nutrition center will be referred to the nearest care and treatment sites.

ACONDA will strengthen its collaboration with URC and other institutions to improve the quality of nutrition services for HIV-infected or HIV-exposed children.

ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the community
- Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5301.09	Mechanism: MOH- CoAg #U2G PS000632-01
Prime Partner: Ministry of Health, Côte d'Ivoire	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 26613.09	Planned Funds: \$40,000
Activity System ID: 26613	

Activity Narrative: In pursuit of the Ministry of Health (MOH) objective of universal access to care and (if needed) treatment for people living with HIV/AIDS (PLWHA), the National HIV/AIDS Care and Treatment Program (PNPEC) collaborates with other MOH structures to ensure coordination of health-sector HIV/AIDS interventions through two main strategies: (1) integration and decentralization of HIV/AIDS and other health-care activities, and (2) implementation and enforcement of national policies, guidelines, norms, and standards.

MOH-supervised medical staff provides care for HIV-infected teachers, staff, and students at school health centers (SSSU), in collaboration with PEPFAR-supported HIV prevention and care activities conducted by the Ministry of Education (MEN). With FY09 funding, and building on activities previously implemented by the MEN, the MOH will work to strengthen the capacities of the National School Health Program (PNSSU) to better coordinate HIV care and support services for students and teachers in the education sector through the school health clinics (SSSUs).

Students in need of HIV services are identified through counseling and testing (CT) services (such as SSSUs) and other care centers (such as maternity wards, hospitals, and NGOs). Infected students are provided with follow-up care, treatment for sexually transmitted infections, and referrals to other forms of care. To assist with medical care, the MEN has acquired HIV laboratory and office materials for SSSUs that serve teachers, school administrators, and students at its 20 intervention sites (increasing to 30 sites in FY09). In FY07, capacity-strengthening workshops in STI treatment and care were conducted, and 60 SSSU physicians were trained in new ARV prescription methods and in tracking and care of STI symptoms.

Using FY09 funding, the MOH's PNSSU will continue to strengthen systems that address the health care needs of HIV-infected and -affected students and teachers with comprehensive, family-based care in coordination with the PNPEC's program for the prevention of mother-to-child transmission (PMTCT) and HIV care and treatment program as well as with the MEN's HIV prevention programs. The PNSSU will advocate for a holistic approach to care and support and will seek to provide a complete and integrated package of quality services that includes prevention (counseling and testing (CT), PMTCT, secondary sexual prevention); adult, child, and family care (ART provision, prevention and treatment for opportunistic infections (OI), and promotion of "positive living"); psychosocial support; and a continuum of care through links with QUITUS (an NGO of teachers living with HIV/AIDS), the PNPEC, other ministries, and community organizations. The PNSSU's approach will rely on linking the clinical adult care and support provided by its medical staff (or referrals to other providers) to home-based care and support by QUITUS members, peer educators from student health clubs, and other NGO service providers.

More specifically, the PNSSU will work with the MEN, QUITUS, and implementing partners in FY09 to:

- Provide care and support for children living with HIV, with referrals to care for psychosocial support, adherence to treatment, and positive prevention at 30 MEN intervention sites.
- Train 200 doctors and nurses in CT and care and support for HIV-infected teachers and students.
- Organize 360 meetings or training sessions on HIV/AIDS-related topics for health care workers (12 per MEN intervention site).
- Equip SSSUs with CT materials and kits for treating sexually transmitted infections (STI).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5304.09

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: GHCS (State)

Program Area: Care: Pediatric Care and
Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25675.09

Planned Funds: \$20,000

Activity System ID: 25675

Activity Narrative: With PEPFAR support, the Ivoirian Ministry of Education (MEN) has implemented a 3.5-year project designed to improve HIV prevention and care services for students, teachers, and other MEN staff. In 2008, the MEN was awarded a new five-year cooperative agreement with CDC to continue and extend its HIV prevention and care activities through 2013. As part of a comprehensive multi-sectoral response consistent with the 2006-2010 HIV/AIDS National Strategic Plan, and in collaboration with other ministries and NGO/CBO/FBO partners, the MEN is building on FY04-07 achievements to improve the quality and coverage of HIV care services; strengthen linkages and referral networks to HIV treatment and other health, social, and education services; and address negative gender and discriminatory attitudes conducive to HIV infection.

To complement its life skills curricula and HIV prevention activities for youth in the classroom and in school social and health clubs, the MEN has developed an HIV-in-the-workplace program that focuses on behavior change communication (BCC), peer education, stigma reduction, and psychosocial support and care and treatment referrals for seropositive teachers and staff. With PEPFAR support, these approaches were piloted in FY04-08 at 20 sites and are ongoing activities aimed at strengthening systems that address the health-care needs of HIV-infected and -affected students and teachers with comprehensive, family-based care, in coordination with the National Care and Treatment Program (PNPEC).

The MEN works in close collaboration with the National School Health Program (PNSSU) under the Ministry of Health (MOH) to meet the HIV care and support needs of students and staff. Students in need of HIV services are identified through counseling and testing (CT) services (such as school health centers or SSSUs) and other care centers (such as maternity wards, hospitals, and NGOs). Infected students are provided with follow-up care, such as home visits, treatment for sexually transmitted infections, and referrals to other forms of care.

To assist with medical care, the MEN has acquired HIV laboratory and office materials for SSSUs that serve teachers, school administrators, and students at the 20 sites. In FY07, capacity-strengthening workshops in STI treatment and care were conducted, and 60 SSSU physicians were trained in new ARV prescription methods and in tracking and care of STI symptoms.

Using FY09 funding, the MEN will continue to provide care and support services for HIV-infected and -affected students, particularly through support to SSUs and strong involvement of parent associations (COGES), and will expand services to 10 more sites (for a total of 30 sites). The SSUs will be equipped to treat sexually transmitted infections and provide condoms, HIV prevention messages, and referrals to care for seropositive students. SSSU health care workers will be trained in CT using the new national rapid-test algorithm.

In FY09, the MEN's principal activities for pediatric care and support will include:

- Sensitizing 1,000 students to accept an HIV test through a targeted CT campaign.
- Collaborating with the PNSSU to provide care for children with HIV, at 30 the sites.
- Working in close collaboration with the PNSSU to identify training needs for health care workers in the SSSUs.

The MEN will monitor activities at all sites. The MEN will implementing a monitoring and evaluation plan based on national and PEPFAR indicators and will produce quarterly program results and ad hoc requested program data to the USG strategic information team. To participate in the building and strengthening of a single national M&E system, the MEN will participate in quarterly strategic information meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7220.09

Mechanism: International Center for AIDS,
Care and Treatment Program
(ICAP)

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and
Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26441.09

Planned Funds: \$60,000

Activity System ID: 26441

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in 5 regions in the midwestern of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at the infirmary of prisons, and TB clinics.

By the end of FY08, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 facilities, PMTCT services at an additional 7 facilities, and CT services at another 15 facilities (2 prisons, 3 infirmaries, and 10 TB clinics).

In FY09, ICAP will support this package of services at all FY08 sites and expand to an additional 15 facilities delivering ART services, for a total of 43 sites providing ART services. All 43 facilities will provide pediatric care services and by September 2009, they will have enrolled 930 HIV-infected children into palliative care services.

ICAP's capacity-building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring for providing pediatric care, will help ensure long-term sustainability. As part of this approach, ICAP will provide sub-grant funding and technical assistance to several partners, including private clinics, faith based clinics and PLWHIV association for HIV care and treatment services.

Pediatric care services will include growth monitoring, immunization services, nutritional counseling, and systematic cotrimoxazole prescription for exposed infants. Care and support services for HIV-positive children will be provided by a multidisciplinary team of providers, will focus on caring for the whole family, and will be strongly integrated with routine provider-initiated CT for the children of each enrolled HIV positive woman, and all exposed children.

Specific interventions will include:

- Support districts and facilities to identify and augment staff necessary for provision of pediatric HIV care and support services,
- Provide the training, resources, and tools needed for staff to provide quality pediatric HIV care and support.
- In collaboration with PNPEC, train at least 112 doctors, nurses, social workers, counselors, and outreach workers to deliver care and support.
- Conduct intensive on-site mentoring during the initiation of services and regular follow-up training and mentoring.
- Support sites to identify HIV-positive children by strengthening HIV counseling and testing interventions, including routine provider-initiated CT for children of each enrolled HIV positive woman and symptomatic children, and offering early diagnosis for all exposed children.
- Support sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to palliative care for pediatric patients (e.g. CD4 schedule for pre-ARV patients, OI prophylaxis and treatment, etc).
- Support the formation and functioning of Multidisciplinary Team Meetings to discuss complicated cases, including those failing treatment, and to coordinate individual pediatric care.
- Promote OI prophylaxis and treatment in accordance with MOH/National HIV/AIDS Care and Treatment Program (PNPEC) guidelines. Similarly, TB screening will be promoted for HIV-infected children.
- Support renovation at clinical care sites (clinics and hospitals) to create space for additional HIV/AIDS services e.g. HIV testing and counseling for malnourished children.
- Ensure strong linkages between growth monitoring services, immunization services and nutritional services where routine HIV testing will be offered to all children, and those testing HIV-positive will be immediately enrolled in the care and treatment program and initiated on ART if eligible.
- Enhance adherence and psychosocial-support activities at clinical sites for mothers and their children and ensure that home visits are systematically conducted for patients who are lost to follow-up.
- Work closely with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of needed Pediatric medications and test kits and to ensure timely delivery and management of stocks.
- Work with health districts to support the initiation of pediatric care and support care services at sites and to provide ongoing supervision and quality-improvement monitoring.
- Support sites to implement record-keeping systems and databases and to summarize and analyze data for routine reporting, using national tools. A data quality assurance system will be implemented, and ICAP technical advisers will assist sites to analyze data regularly to assess program quality. ICAP will meet regularly with the MOH to provide feedback on HIV care and support -related M&E tools and approaches to help improve the national system of data collection and reporting.
- Support sites to provide HIV prevention counseling for HIV-positive individuals enrolled in programs.
- Enhance counseling of HIV-infected children and their guardians to promote secondary prevention, enhance adherence to care and treatment, provide psychosocial support, link patients to community resources, and identify household members in need of testing, treatment, and care, including children in need of OVC services.
- Ensure that pediatric patients have access to nutritional assessment and counseling.
- Support sites to establish and strengthen links with community-based organizations to ensure community based support and home-based care, OVC services, adherence support, nutritional support, and other services.
- Contract with local organizations to engage counselors who will be placed at each site to support pediatric patients and their families.
- Implement procedures for early infant diagnosis at all sites, ensure that site staff are trained in early infant diagnosis using DBS for DNA PCR, and set up a transportation system in collaboration with the district to refer samples to the reference laboratories in Abidjan.

Activity Narrative: • Ensure that HIV-exposed infants are identified and maintained in care by setting up systems to identify HIV-exposed children in PMTCT, Immunization, nutrition, and other care and treatment services.
• In collaboration with the PNPEC revise the maternal health card by incorporating information on maternal HIV status to improve tracking of HIV-exposed children and those who are lost to follow up. Support sites to provide cotrimoxazole to all HIV exposed infants at 6 weeks of age.

ICAP will collaborate closely with PATH and national partners (PNN, SASDE, PNCI, and PNOEV) to ensure that nutritional services are available for HIV-exposed and HIV-infected children enrolled at all clinical sites based on national guidelines. In addition, ICAP will provide counseling and nutritional support for all children counseled and tested for HIV. HIV-positive children will be directly enrolled in HIV care and treatment services.

ICAP will develop a system at each site to reduce loss to follow up of pediatric patients enrolled in care and support using a range of strategies. First, ICAP will train community counselors at each site in adherence and psychosocial support of patients and each patient will meet the counselor during their first visit; second, ICAP will recruit an assistant data manager for each site who will be responsible for documenting patient appointments, collecting detailed patient contact information, and identifying patients who do not return for appointments; if a patient misses an appointment, the data manager will alert the community counselor who will then attempt to trace the patient either by telephone or a home visit in an effort to reduce any loss to follow up; ICAP will furnish each site with motorcycles and bicycles to facilitate home visits; finally, other services will be put in place to support patient adherence such as bi-monthly support groups at each site facilitated by the community counselors.

In collaboration with PNPEC, ICAP will also strengthen the capacity of its supported districts to plan, implement and supervise HIV related activities. This will include strengthening supervision and clinical mentorship systems and skills, and enhancing district pharmacy capacity (including training, IT, equipment, stock management, transport to peripheral sites, etc).

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
 - * Child Survival Activities
 - * Malaria (PMI)
 - * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 25676.09	Planned Funds: \$600,000
Activity System ID: 25676	

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

Pediatric Care and Support

Since May 2005, PEPFAR Cote d'Ivoire has rapidly scaled up HIV/AIDS care and treatment across the country. SCMS has procured OI drugs and HIV-related commodities to support the expansion of palliative care programs from 7,228 patients to more than 66,701 patients (in March 2008). In FY08, the SCMS project procured and delivered cotrimoxazole for 126,000 patients as well as 90,000 bed nets and 16,000 water purification kits for a targeted 36,000 persons. These figures include both adult and pediatric care and treatment programs, with FY08 funds supporting a targeted 10,080 children.

As the Cote d'Ivoire program expands, SCMS has played a key role in providing technical assistance to coordinate accurate and frequent commodities forecasts and improve real-time stock management activities at facility, district and central levels of the health system.

The PEPFAR/Cote d'Ivoire team collaborates closely with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program plans to distribute a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management, SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

Activity Narrative: FY09 Activities

Procurement

SCMS will procure and deliver a standard package of palliative care materials to the PSP central warehouse and ensure prearranged distribution planning for all incoming orders to facilitate in-country management. The program will ensure that a rational distribution plan is pre-calculated for each site, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks. With FY09 funding, SCMS will procure cotrimoxazole for 15,200 children (in syrup form for infants), covering all identified pediatric patients (both ART patients and non-ART patients) who should receive cotrimoxazole prophylaxis according to pre-established guidelines (for children according to WHO guidelines). In addition, SCMS will procure other basic medications used in the care of pediatric HIV patients.

Technical Assistance and Training

SCMS will continue to improve the quality, accuracy, and frequency of palliative care commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID and other donors through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site. In FY09, the systems that track and manage ARVs will be expanded to include these other commodities with the introduction of a Laboratory LMIS. SCMS will also ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7211.09

Mechanism: Infant and Young Child Nutrition (IYCN) Project

Prime Partner: Program for Appropriate
Technology in Health

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and
Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25132.09

Planned Funds: \$300,000

Activity System ID: 25132

Activity Narrative: Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been limited in many PEPFAR-supported programs. In an effort to develop and implement a comprehensive nutrition strategy and services for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team significantly increased their investments, starting with FY07 plus-up funds, to strengthen this area of work.

With FY08 funding in the OVC program area, IYCN/PATH is supporting the continued development, evaluation, and implementation of strategies that PATH had been undertaking under a subcontract to other PEPFAR partners for improving the quality and targeted provision of nutrition support to OVCs, including infants of sero-positive mothers in PMTCT services, as well as pregnant and lactating women.

PATH provides technical support in nutrition and infant feeding in collaboration with national partners (the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), child health (PNSI), OVC (PNOEV), reproductive health (PNSR), and public health (INSP)), as well as the International Baby Food Action Network (IBFAN-CI), Stratégie Accélérée pour la Survie et le Développement de l'Enfant (SASDE), PEPFAR partners for PMTCT (EGPAF, ACONDA, and ICAP), and PEPFAR partners for OVC (ANADER, Care International, Hope Worldwide, the World Food Program, AED/FANTA, RIP+, Le Soutien, FHI, Geneva Global, and the Ministry of Education). PATH's technical assistance consists of strengthening the capacity of partners to provide:

- 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 pediatric care services
- Nutritional assessment, counseling, and support as an integrated part of care, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished clients
- Linkages to food aid and social services that can assist in the assessment and support of household food security
- Training for social workers, community workers, and OVC caregivers
- Wrap-around nutrition support provided as part of home-based palliative and OVC care.

With FY09 funding, PATH will continue to provide technical assistance to PEPFAR-supported facility- and community-based OVC care providers as well as to the PNN and WFP to develop and implement nutrition activities. Under PNN and PNPEC coordination, technical assistance will strengthen, disseminate, and apply national policies on nutrition for persons living with or affected by HIV/AIDS.

Consistent with the literature on the close relationship between malnutrition and HIV, a situational analysis published in 2005 in Côte d'Ivoire showed that 25% of OVC are malnourished. Treating malnutrition in infected infants is a critical component of managing their HIV/AIDS care. Identification of malnutrition in infants and young children can also be used as an additional entry point for infant testing and early initiation of HAART.

In collaboration with the PNPEC, PNOEV and PNN, PATH will strengthen the capacity of Stratégie Accélérée pour la Survie et le Développement de l'Enfant (SASDE, an MOH project) and PEPFAR care partners (ACONDA, EGPAF, and ICAP) to address this issue by:

- Revising guidelines, policies, training curricula, job aids, and IEC materials (as needed) on palliative care and clinic-based therapeutic care for malnourished infants
- Strengthening the capacity of government therapeutic nutritional centers (UNTs and CNTs), in collaboration with national programs (PNN, PNPEC) and international partners (UNICEF,WHO) by:

- Developing a two-day update of UNT and CNT staff regarding malnutrition and HIV
- Adapting the national document on minimum standards for equipment (e.g. measuring ribbon, infant feeding cup, weight measure, materials for dietary demonstrations, therapeutic food) for UNT and CNT services to ensure appropriate therapeutic nutrition care.
- Developing guidelines for the identification of malnourished infants in the community, as well as referral systems for appropriate clinic-based therapeutic care for these infants. Community workers will be involved in identifying malnourished infants in the community (using measuring ribbons (MUAC) and referring them to health centers, UNTs, or CNTs), and the infants will be referred for care for malnutrition and HIV testing. Community agents will also be involved in following nutritional rehabilitation in the community. To avoid loss to follow-up, links will be created among the community, health and social services, counseling and testing services, and pediatric care and treatment centers.

To coordinate these activities and assure high quality of services PATH will hire one person to coordinate its pediatric care activities.

PATH's M&E system will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, PATH will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$150,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$2,200,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7220.09

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 26443.09

Activity System ID: 26443

Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$300,000

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in 5 regions in the midwest of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra, and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at the infirmary of prisons, and TB clinics.

By the end of FY08, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 facilities, PMTCT services at an additional seven facilities, and CT services at another 15 facilities (two prisons, three infirmaries, and 10 TB clinics).

In FY09, ICAP will support this package of services at all FY08 sites and expand to an additional 15 facilities delivering ART services, for a total of 43 sites providing ART services. All 43 facilities will provide pediatric treatment services and by September 2009, they will be providing ART services for at least 300 children.

ICAP has championed the cause of care and ART for pregnant women and children throughout the programs it supports. It will continue to adapt and utilize well tested systems, tools, and procedures to achieve this goal.

Pediatric support will focus on increasing availability of infant HIV diagnostics, enhancing pediatric case finding and referral, ensuring comprehensive care and treatment services for HIV-exposed infants and for HIV-infected infants and children, and increasing access to pediatric ART. Emphasis will be placed on full involvement of families.

ICAP technical advisors will work closely with care and treatment sites to provide focused training and clinical mentoring for pediatric care and treatment. Interventions will include:

- Assess lab services for pediatric diagnostics and design capacity-building plans. This will include assuring the availability of dried blood spot diagnosis by DNA PCR via specimen referral to the regional or national reference laboratory.
- Establish or strengthen HIV testing at entry points to pediatric services (inpatient wards, family-centered care programs, CT programs, adult ART clinics, under-5 clinics).
- Strengthen referral mechanisms between ART clinic and entry points to pediatric services.
- Assess staff capacity for pediatric ART according national guidelines and provide targeted supplementary training.
- Strengthen care services (including staging, cotrimoxazole prophylaxis, nutrition and growth monitoring, parental counseling, social and adherence support) for all HIV-exposed and HIV-infected children.
- Assess feasibility of co-located services and/or coordinated appointment scheduling for HIV-infected women and their children.
- Work closely with SCMS and PSP to ensure a seamless supply of pediatric ARV and OI drug formularies.
- Establish pediatric and family support groups.
- Establish or strengthen links to community-based services for infants and children, including nutritional support and OVC services.
- Establish procedures for early infant diagnosis at all sites and ensure that site staff are trained in early infant diagnosis using DBS for DNA PCR and set up a transportation system in collaboration with the district to refer samples to the reference laboratories in Abidjan.
- Ensure that HIV-exposed infants are identified and maintained in care by setting up systems to identify HIV-exposed children in PMTCT, immunization, nutrition, and other care and treatment services. In collaboration with the PNPEC revise the maternal health card by incorporating information on maternal HIV status to ease tracking of HIV-exposed children and those who are lost to follow up. Support sites to provide cotrimoxazole to all HIV exposed infants at 6 weeks of age.

ICAP will collaborate closely with PATH and national partners (PNN, SASDE, PNCI, and PNOEV) to ensure that nutritional services are available for HIV-exposed and HIV-infected children enrolled at all sites based on national guidelines. In addition, ICAP will provide counseling and nutritional support for all children counseled and tested for HIV. HIV-positive children will be directly enrolled in HIV care and treatment services.

ICAP will develop a system at each site to reduce loss to follow up of patients on treatment using the following strategies. First, ICAP will train community counselors at each site in adherence and psychosocial support of patients and each patient will meet the counselor during their first visit; second, ICAP will recruit an assistant data manager for each site who will be responsible for documenting patient appointments, collecting detailed patient contact information, and identifying patients who do not return for appointments; if a patient misses an appointment, the data manager will alert the community counselor who will then attempt to trace the patient either by telephone or a home visit in an effort to reduce any loss to follow up; ICAP will furnish each site with motorcycles and bicycles to facilitate home visits; finally, other services will be put in place to support patient adherence such as bi-monthly support groups at each site facilitated by the community counselors,

In collaboration with PNPEC, ICAP will also strengthen the capacity of its supported districts to plan, implement and supervise HIV related activities. This will include strengthening supervision and clinical mentorship systems and skills, and enhancing district pharmacy capacity.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and

Activity Narrative: will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 26802.09	Planned Funds: \$700,000
Activity System ID: 26802	

Activity Narrative: ACONDA-VS began its scale-up of HIV/AIDS care and treatment activities supported by PEPFAR in 2004 as a subgrantee of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). In April 2007, ACONDA-VS became a prime implementing partner of PEPFAR. By March 2009, ACONDA anticipates having expanded its program to more than 90 sites providing family-centered and integrated CT, PMTCT, care and support, TB/HIV, ART, prevention, and OVC services. The infrastructure and human resources of each of these sites is being strengthened by renovations, and provision of supplies, equipment, and data management tools, including tools to help ensure a regular supply of drugs and laboratory commodities. ACONDA provides regular monitoring and supervision of these activities.

As of June 2008, ACONDA provided ART to 1,019 HIV-infected children in 58 sites. With FY09 funds ACONDA will continue to support FY08 sites and expand to an additional four sites, for a total of 94 sites providing ART for adult patients.

ACONDA will initiate at least 1,569 HIV-infected children on ART in FY09 and by September 2009 will be providing ART for at least 2,085 children.

Pediatric support care and treatment services will focus on increasing availability of infant HIV diagnostics, enhancing pediatric case finding and referral, ensuring comprehensive care and treatment services for HIV-exposed infants and for HIV-infected infants and children, and increasing access to pediatric ART.

Emphasis will be placed on full involvement of families. Key activities and approaches will include:

- Support sites to recruit and retain staff for ARV service provision. ACONDA will work with districts and facilities to identify staff needs and find creative solutions for augmenting staff. Providing the training, resources, and tools needed for staff to provide quality ART services will help also motivate staff and increase retention.
- Train 282 doctors, nurses, social workers, counselors, and outreach workers to provide ART, intensive on-site mentoring during the initiation of services, and periodic follow-up training and mentoring thereafter.
- Support sites to develop patient-flow algorithms, patient-appointment systems, and protocols related to the initiation of ART (e.g. number of pre- and post-ARV initiation appointments, standard ARV prescriptions, etc.).
- Develop protocols and systems for clinical staging of HIV patients and establishing eligibility for ART using national guidelines and clinical staging, when appropriate.
- Support the formation and functioning of multidisciplinary team meetings to discuss complicated cases and coordinate individual patient care.
- Training of all the health workers in infected child care
- Produce and disseminate national pediatric care and treatment guidelines, tools, and materials at all sites
- Help sites to provide effective support to children and their parents prior to ARV initiation, such as counseling about disclosure, adherence, and peer support.
- Support sites to develop patient-tracking systems that will help to identify patients who have not returned for pharmacy or other appointments. Protocols for patient home visits will be developed. ACONDA will develop a program to train PLWHA as peer educators/counselors to support and track patients enrolled in ART. Peer educators will be supervised by social workers or other staff.
- Ensure strong linkages within the facility and with community-based services. Referral mechanisms will be developed between ART services and other services (inpatient and outpatient departments, CT, PMTCT, TB, under-5 clinic, family planning). HIV testing will be routinely offered to all patients. HIV program management committees will meet regularly to coordinate services and cross-referrals.
- Support sites to establish/strengthen links with community-based organizations to ensure patient support for home-based care, OVC services, adherence support, nutritional support, and other services.
- Strengthen care services (including staging, cotrimoxazole prophylaxis, nutrition and growth monitoring, parental counseling, social and adherence support) for all HIV-exposed and HIV-infected children.
- Assess feasibility of co-located services and/or coordinated appointment scheduling for HIV-infected women and their children.
- Work closely with SCMS and PSP to ensure a seamless supply of pediatric ARV and OI drug formularies
- Ensure the availability of pediatric ARV drugs at all sites.
- Establish pediatric and family support groups.
- Establish or strengthen links to community-based services for infants and children, including nutritional support and OVC services.
- Implement national guidelines, tools, and protocols for pediatric care and treatment
- Improve access to Early Infant Diagnosis through DNA PCR using DBS technique, and serological testing using finger prick rapid algorithm for children above 18 months.
- Establish a good transportation system for DBS samples between sites and the reference laboratories
- Improve post natal follow up of HIV-exposed children until final HIV diagnosis
- Ensure availability of pediatric ARV drugs at all sites.
- Strengthen capacities of the pediatric ward at the University Teaching Hospital (CHU) of de Yopougon to fully act as a pediatric reference center

ACONDA will work with Ivorian Pediatric Society (SIP) to review and improve the quality of pediatric care and treatment services, in collaboration with URC and PNPEC. In collaboration with EGPAF, quarterly meetings were organized since 2007 for medical and paramedical care givers on pediatric care and treatment in order to share lessons, challenges, and address issues related to pediatric care and treatment. This initiative will continue to be supported by ACONDA at all sites.

Provide nutrition support to HIV-infected and HIV-exposed children on ART in collaboration with PATH, FANTA, and PAM and the PNN. The strategy will be to provide practical and theoretical training of counselors, and nutrition support (distribution of food kits made up of cereals – oil - flour – milk products and other nutrients).

ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Activity Narrative: Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the community
- Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 11044.09

Mechanism: TBD New Treatment Partner

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26453.09

Planned Funds: [REDACTED]

Activity System ID: 26453

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, palliative care and ART services.

In FY09, the partner will support this package of services at five facilities, three of which will provide pediatric treatment services and by September 2009, they will have initiated 38 HIV-infected children on ART.

The partner will continue to adapt and utilize evidence-based systems, tools, and procedures to achieve this goal. Pediatric support will focus on increasing availability of infant HIV diagnostics, enhancing pediatric case finding and referral, ensuring comprehensive care and treatment services for HIV-exposed infants and for HIV-infected infants and children, and increasing access to pediatric ART. Emphasis will be placed on full involvement of families.

A partner technical adviser will work closely with sites to provide focused training and clinical mentoring for pediatric care and treatment. Interventions will include:

- Assessment of lab services for pediatric diagnostics and development of plans for capacity-building. This will include assuring the availability of early infant diagnosis by dried blood spot DNA PCR via specimen referral to the regional or national reference laboratory level as appropriate.
- Establishment or strengthening HIV testing at entry points to pediatric services (inpatient wards, family-centered care programs, CT programs, adult ART clinics, under-5 clinics).
- Strengthening referral mechanisms between ART clinics and entry points to pediatric services.
- Assessment of staff capacity for pediatric ART according to national guidelines and provide targeted supplementary training.
- Strengthening of care services (including staging, cotrimoxazole prophylaxis, nutrition and growth monitoring, parental counseling, social and adherence support) for all HIV-exposed and HIV-infected children.
- Assessment of feasibility of co-located services and/or coordinated appointment scheduling for HIV-infected women and their children.
- Working closely with SCMS and PSP to ensure an uninterrupted supply of pediatric ARV and OI drugs.
- Establishing pediatric and family support groups.
- Establishing or strengthening links to community-based services for infants and children, including nutritional support and OVC services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5306.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 26712.09

Activity System ID: 26712

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$1,000,000

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

In the program area of pediatric ARV treatment, almost 4% of the current patient load is pediatric cases, and EGPAF is working assiduously to increase by 50% the number of children in care and treatment. The pediatric treatment goals for FY09 include 1 816 new pediatric patients on ART, 3,534 pediatric patient who ever received ART, and 2,385 pediatric patient receiving ART at the end of the reporting period.

- Key strategies for the coming year include:

- Implementation of a formal continuum-of-care "network model" to link women identified as HIV-positive in PMTCT programs to ART programs and to enroll their HIV-exposed children in care and treatment programs
- Support a pediatric treatment communication campaign at the national level in collaboration with the MTN Foundation (affiliated with the MTN cellular-telephone company) to increase awareness of pediatric HIV/AIDS services;
- Using whenever possible (particularly at FBO AND CBO health facilities) a performance-based contracting (PBC) model that reimburses partners based on a series of results rather than on a cost-reimbursable basis.
- Expansion of the "district model" approach, working in close collaboration with health structures and systems to share more responsibility with MOH staff in site selection, needs assessment, and supervision
- Expansion (to at least 80 sites) DNA PCR-based infant diagnostics to enroll more children at an early age into care and treatment programs.
- Support the national nutrition program to adapt/revise the guidelines and tools for infant feeding based on WHO recommendations, in partnership with PNSI; PATH and HKI/Abidjan; and introduction of the WHO-approved infant-feeding training curriculum for HIV-exposed children targeting doctors, nurses, and social workers
- Expansion of program quality assurance to more than 25% of supported sites with the goal of reaching more than 50% by the end of FY07
- Expansion of public-private partnerships to support more Ivorian businesses with their own health systems or clinics in HIV prevention, care, and treatment.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$4,000,000

Program Area Narrative:

Background

Cote d'Ivoire faces a dual epidemic of TB and HIV, with an adult HIV prevalence rate of 3.9% (Report on the Global AIDS Epidemic, UNAIDS 2008) and a TB incidence rate of 420 per 100,000 population (WHO, 2007), or approximately 84,000 cases. Despite considerable efforts by the national TB program (PNLT), TB remains a serious public health threat in Cote d'Ivoire. The TB case-detection rate remains low at 28% for all TB cases; in 2007, the TB case-notification rate was 108 per 100,000 population, with a total of 23,383 TB cases reported. Of these, 14,071 (60%) were smear positive (and thus 40% were smear negative). The treatment success rate for patients registered in 2006 was 75%.

Despite setbacks due to the political-military crisis, with TB sites initially closed in the North and West, the TB program continues to decentralize TB diagnostic and treatment services. The Ministry of Health (MOH) was awarded grants under Global Fund rounds 3 and 6 to support these efforts. By August 2008, with support from the Global Fund, PEPFAR, and international NGOs, 96 health facilities throughout the country had the capacity to diagnose and treat TB cases using the DOTS strategy. With Global Fund assistance, the PNLT plans to further decentralize TB diagnostic services to 15 more sites. Disruption of health services in the northern and western parts of the country since 2002 has created concerns about increased multi-drug resistance to TB medications.

HIV counseling and testing among TB patients shows that about 38% of TB patients tested are infected with HIV. TB remains the leading cause of mortality among HIV-positive patients. Clinical trials in CI and elsewhere have shown that provision of cotrimoxazole prophylaxis to TB/HIV co-infected patients reduces morbidity and mortality. National guidelines recommend that ARVs be made available for eligible TB/HIV co-infected patients by providers trained to manage both infections. INH prophylaxis is not yet supported by national policy in CI.

FY07 and FY08 Response

With PEPFAR support, the TB program is implementing routine provider-initiated opt-out HIV counseling and testing (PICT). The program is also training health care workers in monitoring and management of TB/HIV co-infection. In coordination with the National HIV Care and Treatment Program (PNPEC), PEPFAR-funded cotrimoxazole and ART are available in 68 TB diagnostic and treatment centers (September 2008), with links to HIV treatment sites following completion of TB treatment. The USG is supporting free "opt-out" testing programs at all 11 national TB specialist centers and 54 integrated TB diagnostic and treatment centers (31 other TB care and treatment sites still need to implement routine opt-out PICT), resulting in 11,264 TB patients being tested for HIV and identification of 4,370 TB patients co-infected with HIV in 2007. PEPFAR-supported sites are on track to provide HIV tests and results to at least 20,800 TB patients with FY08 funds. PEPFAR partners are also expanding TB screening at HIV-care clinics, and wraparound linkages have been created with the World Food Program to provide nutritional assistance to TB/HIV co-infected patients.

In FY08, the USG is supporting improved smear microscopy through adaptation and roll-out of the CDC/WHO smear microscopy training package and support for increased use of fluorescent LED microscopy (with support for maintenance of both old and new microscopes) as part of the effort to increase TB case finding. The USG is also supporting the PNLT to improve the quality of sputum smear microscopy by strengthening the quality-assurance system through external quality assessment by blinded rechecking; this will be piloted with FY08 funds in Abidjan. Rapid TB liquid culture capacity will be established at two central laboratories with MGIT technology – the Institut Pasteur-Cote d'Ivoire (the national TB reference laboratory) and CeDreS (laboratory at the University Hospital in Treichville) – and one regional center (the CAT-Adjame, the largest TB treatment center in Cote d'Ivoire) through a collaboration with FIND and UNITAID.

PEPFAR is supporting the PNLT to establish a system for transporting specimens from all TB clinics to one of the three central facilities with culture capacity, followed by communication of results to the referring facilities. USG funds also will ensure availability of basic laboratory equipment and supplies at central, regional, and peripheral laboratories. PEPFAR funds are supporting procurement of specimen tubes and reagents for liquid MGIT culture, complementing procurements by FIND using UNITAID funds over the next three years. Additionally, TB diagnostic capacity will be enhanced by the implementation of molecular diagnostic techniques for TB diagnosis (when specimens are smear positive) and drug susceptibility testing (DST) with support from FIND and UNITAID.

Implementing partners are working with the MOH to integrate HIV indicators within the national health system and at specialized TB centers and integrated peripheral sites. Job aids and training tools for counselors and other professionals are being adapted. PEPFAR partner Alliance-CI is providing 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 helping families access HIV and TB diagnosis and care.

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 recipient on 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.

FY09 Priorities

During FY09, the USG will build on previous achievements and continue to prioritize TB/HIV integration and expansion of service coverage. PEPFAR will directly support the PNLT in training health care workers at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation. PEPFAR will support the PNLT in scaling up the new routine opt-out CT strategy at all TB clinics, with a target of HIV testing for 80% of TB patients (approximately 19,200) by September 2009 and an ultimate goal of 100% (about 24,000). USG partners will work with the PNLT to incorporate a TB screening tool into the national HIV patient encounter form, which will be used by all USG partners for intensified TB case-finding among 100% of HIV-infected patients attending HIV care and treatment sites at registration as well as at each follow-up visit. With the addition of 13 new sites in FY09, the number of TB treatment sites supported by PEPFAR will increase from 96 to 109.

The USG will continue to support improvement of the quality of sputum smear microscopy at central, regional, and district level health centers by strengthening the quality-assurance system through external quality assessment and on-site supervision. To improve accuracy and speed of TB smear microscopy, fluorescent LED microscopy will be introduced and supported at 15-20 sites in FY09. The USG will also continue development and decentralization of rapid TB liquid culture capability using MGIT technology to strengthen intensified TB case finding among HIV-infected persons, diagnosis of smear-negative TB, as well as culture and drug susceptibility testing for TB cases failing primary treatment. The USG will also support the continued development (with the financial and technical support of FIND and UNITAID) of molecular diagnostic capacity (at IPCI-Cocody, CeDreS, and RetroCI, with the intention of eventual transfer of this capacity to the CAT-Adjame) for TB diagnosis and drug susceptibility testing of smear positive specimens. Referral of specimens to the central laboratories will be facilitated by continued development and strengthening of a TB laboratory network and specimen transport system that will support all TB diagnostic and treatment centers.

In support of improved TB diagnostic imaging, the USG will support a pilot to implement the introduction of digital chest X-ray imaging capacity (with improved image capability, computer-assisted interpretation, improved external quality control via computer and expert remote radiographic interpretation of images transferred across the cell phone network, and elimination of the need for continued procurement of X-ray film) at the largest TB treatment center (CAT-Adjame) and will pilot a mobile digital chest X-ray system to service five to 10 additional TB/HIV treatment centers on a regularly scheduled basis.

As part of a family-centered approach, 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. PEPFAR will continue to engage community-based organizations and NGOs to provide TB/HIV care to co-infected patients in the community, with effective referrals to health-care facilities.

National TB recording and reporting tools revised by the PNLT to include HIV variables will be used by all PEPFAR-supported sites for TB/HIV surveillance. The USG will also support the PNLT and PNPEC to implement an updated national TB infection-control policy at all TB and HIV care and treatment sites in an effort to minimize nosocomial infections.

Implementing partners will provide technical assistance to incorporate relevant approaches into national policies and guidelines. To improve the quality of care, partners will document experiences 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 TB treatment adherence and completion rates.

USG efforts in TB/HIV aim to strengthen the national HIV and TB programs to carry out collaborative activities. USG inputs serve to catalyze interactions between the two programs and among other key technical agencies. A workgroup including TB and HIV program partners will be created to coordinate and monitor implementation of TB/HIV activities and will be reinforced with FY09 funding. While CI 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.

Isoniazid Preventive Therapy: The USG team will work with the PNLT and PNPEC to develop a national policy related to IPT and will support its implementation.

Coordination and Sustainability

Long-term technical assistance from USG/CDC, International Union Against Tuberculosis and Lung Disease (IUATLD), WHO, FIND/UNITAID, PEPFAR partners (ASM, EGPAF, ICAP, ACONDA), and other experts is coordinated with the PNLT to promote a synergistic approach. To assure cooperative support, PEPFAR partners are identifiable by their comparative advantages, including service delivery and community support (EGPAF, ACONDA, ICAP-Columbia), laboratory services (Retro-CI), commodities management (SCMS), human capacity (Abt Associates), and training and performance standards (TBD to follow JHPIEGO).

Other major donors supporting TB/HIV activities in CI include the Global Fund and 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; FIND/UNITAID, supporting improved TB diagnostics, primarily at the central level; and Belgian Project FORESA, facilitating TB diagnostics in rural health facilities.

All USG-funded partners will report to the PEPFAR strategic information team with quarterly program results and ad hoc requested program data. To help build a unified national M&E system, all USG-funded partners will participate in quarterly SI meetings and will implement decisions agreed upon during these meetings.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7224.09	Mechanism: CDC Lab Coalition
Prime Partner: CDC International Lab Coalition	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 26823.09	Planned Funds: \$250,000
Activity System ID: 26823	

Activity Narrative: PEPFAR-CI has procured technical assistance since FY07 from the CDC International Lab Coalition, a CDC HQ-based funding mechanism that allows country programs to procure technical assistance from four leading organizations with laboratory expertise (APHL, CLSI, ASM, and ASCP) in support of the USG effort to address challenges in coordinating the Cote d'Ivoire lab portfolio relative to trainings, quality assurance, procurement, and management of collaborative projects between in-country partners.

In FY09, the American Society of Microbiology (ASM) will continue to support the development of TB/HIV laboratory and human capacity in Cote d'Ivoire, primarily at the central reference laboratory level, through ongoing efforts to establish quality-assured diagnosis of TB and strengthen the TB external quality assurance program. Specific activities related to TB diagnostic and drug sensitivity capacity development will include:

- 1) Strengthening Institut Pasteur Côte d'Ivoire (IPCI) to better perform its role as the national TB reference laboratory
- 2) Reinforcing Tuberculosis (TB) culture and drug susceptibility testing (DST) capacity at the Centre de Diagnostique et de Recherche sur le SIDA (CeDReS) in order to establish a provisional central level laboratory to perform these tests
- 3) Decentralizing TB culture capacity to Centres Anti-Tuberculeux (CATs) with CAT-Adjame (the largest TB treatment center in Cote d'Ivoire) as the first site
- 4) Providing expert guidance for TB laboratory design and infrastructure development including renovations and upgrades
- 5) Improving training and external quality assessment (EQA) for acid-fast bacillus (AFB) smear microscopy (including support for use of the CDC/WHO smear microscopy training package and the appropriate introduction and training related to fluorescent LED microscopy to help improve speed and accuracy of sputum screening in higher-volume settings).

ASM's technical support activities for strengthening the national TB laboratory network of Côte d'Ivoire will include:

- 1) Providing technical guidance and detailed requirements for laboratory renovations;
- 2) Developing detailed lists of equipment, consumables, reagents, etc. needed for each laboratory performing TB culture and DST;
- 3) Negotiating with different organizations (eg. FIND) for procuring and/or renting the recommended laboratory equipment and materials and following-up with the organization procuring the recommended materials;
- 4) Overseeing the laboratory renovations and installation of equipment;
- 5) Implementing TB culture and DST through onsite training and technical assistance;
- 6) Offering guidance for improving AFB microscopy trainings and EQA; and
- 7) Providing recommendations for improving TB laboratory workflow and setting up a specimen referral system.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 11044.09	Mechanism: TBD New Treatment Partner
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 26451.09	Planned Funds: ██████████
Activity System ID: 26451	

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions: Vallée du Bandama, Zanzan, and Les Savanes.

ART services will be initiated at health facilities where there is at least one medical doctor, according to national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. With FY09 funding, the new partner will provide support to five facilities delivering CT, PMTCT, TB/HIV, care and support, and ART services.

In FY09, the partner will support this package of services at five facilities delivering care and treatment services, 3 of which will be TB diagnosis and care clinics (CDT). By September 2009, the partner will counsel and test more than 90% of TB patients for HIV and screen for TB more than 90% of HIV+ patients who attend HIV care/treatment sites.

At all five sites, the partner will ensure that intensified TB case finding is consistently done among all the patients enrolled in HIV care and treatment at enrollment and follow up visits, and that those who screen positive by symptoms are properly managed, including provision of or referral for smear microscopy, chest x-ray, molecular diagnosis and TB culture as appropriate and according to national guidelines using appropriate tools.

In addition, the partner will ensure—either directly or in coordination with other implementing partners (PEPFAR and GF)—that at least 80% of all TB suspects, either at the on-site TB clinic or at referring TB treatment facilities (CAT and all CDTs in the covered area) are tested for HIV and that those testing positive are referred for enrollment in care and treatment.

Proven TB/HIV integration approaches and tools, such as a simple TB screening tool developed in by ICAP-CU and adapted for Côte d'Ivoire, will be implemented. The partner will also focus on promoting and supporting processes that minimize nosocomial transmission of TB and that protect health care workers from TB infection. The partner's capacity building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring, will ensure long term sustainability.

A TB/HIV adviser on the partner's staff will work closely with the PNLT, the regional CAT, and the treatment teams from individual sites to provide focused training and clinical mentoring for integrated TB/HIV interventions.

Interventions will include:

- Ensuring that minor renovations are completed taking into account fundamental infection control principles that are appropriate for resource-limited settings to prevent transmission of TB.
 - Support for laboratories to conduct appropriate diagnostics for TB in the context of HIV co-infected patients, ensuring that all the three TB diagnostic sites have functional microscopes and staff who are competent in smear microscopy.
 - Provide intensive training and on-site mentoring on integrated TB/HIV activities with a focus on routine testing for all TB patients, routine TB screening among all patients enrolled in HIV care and treatment, linkages and cross referrals between programs, and adherence and follow-up for co infected patients.
 - Sites will be supported to introduce and continue using a standardized TB screening questionnaire for intensified TB case finding in HIV-infected patients and to providing routine TB screening, prevention, care, and referrals for all patients enrolled in care and treatment.
 - Sites will be supported to implement routine HIV counseling and testing (moving toward an opt out approach), prevention education, and referral for HIV care, if needed, for all TB patients. Staff at the TB clinics will be trained in PITC using the training material developed by CDC/WHO, which has already been adapted for and translated into French.
 - Implement systematic, preventive cotrimoxazole therapy for all (100%) HIV co-infected TB patients at TB clinics.
 - For all children under 5 and all infected children, a screening algorithm will be adapted to include history of tuberculosis related symptoms, clinical indicators suggestive of tuberculosis, and history of TB contacts within and outside the household. The use of TST testing will be explored to establish the feasibility and efficacy to determine latent TB status in this population.
 - In addition to direct evaluation of TB risks in children, the routine TB screening questionnaire mentioned above will be administered to the adult caregivers of all children testing HIV positive. Most children are exposed to TB through adult caregivers within the household and in child care settings. Adults with a positive screening questionnaire will be referred for further evaluation. All pediatric household members will be screened for HIV as well as TB.
 - Ensure adherence with both TB and HIV treatment in order to achieve optimal patient outcomes.
- The partner will work with care and treatment sites to develop innovative approaches to adherence support such as DOTs or using peer educators to conduct patient follow up. The partner will also work closely with NGOs and CBOs to ensure community based support for TB and HIV patients.
- Ensure the implementation of data collection instruments developed by the national TB program (PNLT) to monitor and evaluate HIV/TB screening, diagnosis, and treatment activities at all sites supported by the partner.
 - Ensure that linkages between HIV and TB clinics are established and strengthened at all partner supported sites.

The multidisciplinary care teams in each facility will include representation from the TB service. Mechanisms to facilitate referral will be introduced, supportive supervision will be provided, and activities will be closely assisted and monitored by partner technical experts.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5306.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 5041.22423.09

Activity System ID: 22423

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$1,400,000

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

For EGPAF, TB/HIV is an important area of intervention. Based on a close working relationship with the national TB program (PNLT), EGPAF has been able to offer TB screening in most ART sites supported (currently at 62 health facilities). Support offered to facilities to provide TB services includes training of HIV care providers in management of TB, organization of services that enables TB patients to benefit from HIV and TB care in the same location, equipment and minor renovations and improved quality of services through supervision and program monitoring.

As noted in FY08 CAT Adjame (which cares for approximately ¼ of all TB patients in the country) was able to reconfigure its patient flows and services, with the support of EGPAF, and now offers 90% of all TB patients an HIV test. CAT Adjame continues to serve as an example and in FY09 EGPAF plans to organize study visits from other TB centers to see this model in action.

In FY08 the estimated HIV co-infection rate for TB patients was 50%, however, based on experience the actual rate is closer to 37-39%. Therefore the number of new TB patients with HIV is estimated to be 6,000 in FY09, rather than the 8,000 estimated in FY08.

Support offered to sites includes:

- Training of health workers
- Equipment for 20 laboratories, such as Bunsen burners, 12 kg gas bottles, ventilation hoods, shelves, furniture and fans
- Minor renovations where necessary to improve patient flow at the 10 TB sites, more major renovations are planned for CAT Koumassi and CAT Yamoussoukro
- Community counselors are an important link between patients and TB centers and assist with improved adherence and regular patient follow-up. High volume TB sites will have community counselors assigned to them.
- Supervision with PNLT and PNPEC of HIV/TB activities
- Extension of quality assurance to include TB

In PY6 the following TB screening among HIV patients will be intensified:

- In FY08 PNLT and EGPAF developed screening algorithms to improve TB diagnosis among HIV-positive patients. In FY09 these screening algorithms and tools need to be widely disseminated to all EGPAF-supported ART sites
- Inclusion in HIV patient medical records a list of essential screening questions for active case finding of TB to be asked of all HIV patients each time they are seen at a health facility
- EGPAF will work closely with PNLT to achieve its goal of offering TB diagnosis within certain HIV care and treatment centers. EGPAF proposes to offer TB screening services in the ten largest HIV care and treatment sites. This would entail the ability of sites to collect TB sputum cultures and transport them to CATs with TB diagnosis capacity. A successful pilot phase will allow for a rapid expansion among EGPAF-supported sites.
- Intensified TB screening will require the development of an improved laboratory network. EGPAF will support PNLT in their policy to decentralize TB diagnosis by liquid culture and molecular techniques.. PNLT will also acquire ten new binocular microscopes.

Another important component of the PY6 TB activities is infection control. TB transmission in health facilities is a known risk. The risk is serious for both health care workers and patients. Unfortunately the measures to prevent nosocomial infection in Cote d'Ivoire are generally insufficient. As HIV causes increased susceptibility to TB, the following measures need to be put into place to address this issue:

- Training of health care workers to understand the risks of nosocomial infection and take preventive measures, such as triage for patients giving priority to those who are coughing or the posting of signs and other IEC materials to encourage patients to cover their mouths when coughing
- Improve the ventilation in waiting rooms and consultation rooms in TB and HIV centers usually made possible with minor renovations
- Protective gear for health care workers such as masks (N95), use of air extractors in laboratories and other potentially contagious areas as well as the encouragement of testing for TB and HIV among health care workers.

Integration of TB and HIV services is an overarching goal for Project HEART and the whole PEPFAR program. Integration is being achieved through the 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 free routine HIV testing (moving from an "opt-in" to provider-initiated routine CT) in six specialized TB centers with a case load of more than 10,000 patients a year out of the annual country-wide case load of 21,000 active TB patients. These activities have resulted in greatly improved HIV testing uptake among TB patients and the identification of HIV-infected TB clients in need of joint HIV and TB care.

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. PEPFAR funds will be used to train health-care providers, perform minor facilities renovation if needed, and provide ARVs through a coordinated procurement process at the national level.

EGPAF in collaboration with the national TB control program (PNLT) and leading TB care providers have

Activity Narrative: been taking the leadership to change national policy and designed new training curriculum and materials to support a rapid scale-up of this new strategy across the country.

In support of the national priorities of the TB and HIV programs and in collaboration with PEPFAR and other partners, EGPAF will use FY09 funds to:

- Strengthen activities undertaken during PY 05 at the current 44 EGPAF-supported TB sites (8 CATs and 36 CDTs) and 57 ART sites
- Expand support for TB/HIV activities to 21 additional CDTs
- Continue to provide a comprehensive package of services to the existing 101 (44 TB clinics + 57 HIV sites) TB/HIV sites and the 8,400 new TB/HIV patients to be enrolled into HAART by the end of March 2009
- Collaborate with PNLT to roll out the provider initiated counseling and testing approach at all the TB clinics. EGPAF will ensure that at least 80% (about 10,490) of all TB patients diagnosed at the supported sites are tested for HIV. All the co-infected patients will be given cotrimoxazole prophylaxis.
- Revise the patient flow patterns used at all the CAT and CDTs supported by EGPAF based on those implemented at CAT Adjame and Cocody to systematically offer HIV testing earlier and provide the results on the same day.
- Systematically screen all patients attending HIV care and treatment sites at registration and each follow up visit using the TB screening tool developed by PNLT.
- INH prophylaxis will be given to eligible patients according to national guidelines.
- Implement the newly adopted simplified HIV testing algorithm using finger prick test and/or oral testing to increase the uptake of HIV testing at the main eight regional TB centers and CDTs supported by EGPAF
- Continue working in close collaboration with the TB control program recipient of the Global Fund TB grant, and the lung disease specialists health professional association to improve TB/HIV diagnosis (including children) as part of a family-centered approach, with follow-up of family members of the HIV/TB co-infected clients
- Expand TB screening, diagnosis, and treatment of HIV-infected patients at "HIV" points of entry (CT, PMTCT, etc).
- Improve and expand quality assessment and improvement activities in the eight regional TB centers to improve the overall quality of services provided to TB/HIV co-infected patients and their families
- Conduct training for all categories of staff working at TB/HIV care centers (medical doctors, nurses, social workers and community care givers) using the new training curriculum and tools
- Provide additional trained staff at the TB centers in the Central, and Northern regions of the country where there are severe human resource shortages while working with the Ministry of Health, donors and UN agencies involved in the fight against HIV/AIDS to hasten the redeployment of government health workers in these regions
- Support to organize information and coordination meetings at the district and regional levels as well as facilitate exchange visits between TB and HIV treatment centers
- Provide resources to regional TB centers and districts to strengthen their data management capacity and also enable them to perform regular formative supervision activities
- In collaboration with PNLT and ASM, support decentralization of rapid TB liquid culture to regional TB clinics in the central, northern and western regions of the country.
- Infection control measures including administrative controls and renovations as required will be done at all the CATs.
- Support TB culture for all cases of treatment failure as well as for diagnosis of smear negative cases; support integration of molecular diagnostic techniques (line probe assays and DST) into TB diagnostic services, working in collaboration with PNLT, ASM, FIND, and IPCI.

In addition an emphasis will be put on:

- Wraparound activities involving TB and HIV NGOs, CBOs, and FBOs dealing with TB and HIV to deepen and update their understanding and knowledge of TB-HIV co-infection related issues, in partnership with other PEPFAR partners and in particular with Alliance Cote d'Ivoire linked to EGPAF by a MOU signed in June 2007. With the support of PAM, EGPAF will also extend its food aid program to malnourished TB/HIV co-infected patients including children.
- 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 Drug Facility.
- Building sustainability through the empowerment of both government institutions (HIV, TB programs) and community organizations dealing with TB/HIV co-infection: joint planning, trainings, sensitization campaigns, and reinforcement of M&E capacity. EGPAF will provide medical, IT, and logistic equipment as needed.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers

Activity Narrative: not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15112

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15112	5041.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$1,895,000
10057	5041.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$1,950,000
5041	5041.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3389	1477.06	EGPAF Rapid expansion (country supp)	\$1,000,000

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs
 * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 10338.22465.09	Planned Funds: \$400,000

Activity Narrative: Since its creation in 2002, the Ivorian NGO of health professionals ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. 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. After working as a sub-partner to EGPAF (Project HEART) starting in 2004, ACONDA in September 2006 graduated to become a PEPFAR prime partner providing comprehensive family care and PMTCT services. ACONDA is rapidly expanding its family-based care and treatment model.

By the end of the FY08 project period ACONDA anticipates supporting 90 sites providing comprehensive, family-centered CT, PMTCT, TB/HIV, and care and treatment services. As of June 2008, ACONDA was providing care to more than 14,000 people in 58 sites. In FY09, ACONDA will continue to support FY08 care and treatment sites and expand to an additional 15 sites for a total of 105 sites, 28 of which will be TB diagnostic and treatment centers (CAT or CDT).

FY09 funds will support the following activities:

- In collaboration with PNLT, ACONDA will train all the TB clinic staff in TB HIV co-management and program implementation.
- ACONDA will strive to ensure routine HIV testing of 80% of TB patients at its 28 sites (for an estimated 5,816 TB patients) using a routine counseling and testing approach and will ensure coordination of the provision of HIV testing supplies from the national pharmacy (PSP).
- Cotrimoxazole prophylaxis will be offered to all HIV/TB co-infected patients at these sites.
- In line with its holistic approach, ACONDA will link HIV care and treatment services at its 94 ART prescription and 28 refill sites with TB services. Supervisions will be organized at TB and HIV/AIDS sites supported by ACONDA in collaboration with the National TB Control Program (PNLT), the national HIV care and treatment program (PNPEC) and the health districts.
- ACONDA plans to strengthen the existing referral system between HIV and TB in coordination with the national TB Program. A system of reference and linkage between TB centers and ARV service sites will be strengthened.
- Formal agreements with community- based organizations involved in the care of TB/HIV co-infection will be negotiated to ensure appropriate follow-up of patients receiving treatment for TB.
- Patients co-infected with TB/HIV will be linked to community services at both the TB clinic and the HIV/AIDS clinic. The number of community- based organizations involved in the care of the TB/HIV co-infection will be increased. CBOs and NGOs will receive sub-grants, in conjunction with Alliance CI, to guarantee DOTS adherence and to retrieve patients lost to follow-up. 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.
- In FY09, ACONDA will promote screening of 100% of HIV-infected patients for TB based on their clinical symptoms at all HIV/AIDS care and treatment sites supported by ACONDA. A total of 356 staff members from both existing and new sites will be trained on-site to diagnose TB in HIV-positive patients using guidelines from the National TB program. Other professionals (140) 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.
- According to the national guidelines, TB suspects will be referred for sputum smear microscopy and chest x-ray and active TB cases will be treated. During FY09, ACONDA expects to increase the coverage of TB diagnosis and treatment services to 2,090 patients in HIV clinics (an estimated 5% of all HIV patients at each clinic). To accomplish this, ACONDA will ensure that health professionals at both old and new sites are trained to clinically manage HIV and common opportunistic infections, including TB.
- Professionals from TB clinics will be offered training on the holistic case management of TB/HIV co-infected patients, using materials validated by the national TB program (PNLT) and the national HIV care and treatment program (PNPEC).
- Additionally, ACONDA will provide INH prophylaxis to eligible HIV-infected patients as per the national guidelines.
- ACONDA will provide TB diagnosis and treatment services to children aged < 5 years following national guidelines.

ACONDA in collaboration with the national TB program will conduct facility assessments at all HIV and TB care and treatment facilities for TB infection control (to reduce nosocomial infections) and will implement corrective action as per the national guidelines. Supervision will be organized at TB and HIV/AIDS sites in collaboration with PNLT and the health districts.

ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the

Activity Narrative:

community
 - Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 15090**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15090	10338.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$400,000
10338	10338.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$150,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 7220.09**Mechanism:** International Center for AIDS, Care and Treatment Program (ICAP)**Prime Partner:** Columbia University**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 16040.22437.09**Planned Funds:** \$550,000**Activity System ID:** 22437

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in 5 regions in the midwest of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra, and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at prison infirmaries and TB clinics.

By the end of FY08, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 facilities and 10 TB clinics.

In FY09, ICAP will support this package of services at all FY08 sites and expand to an additional 15 facilities delivering ART services, for a total of 43 sites providing ART services. Additionally, TB/HIV services will be delivered at three new TB clinics for a total of 13 TB diagnosis and care clinics (CDT).

At all 43 sites, ICAP will ensure that intensified TB case finding is consistently done among all the patients enrolled in HIV care and treatment at enrollment and follow up visits, and that those who screen positive by symptoms are properly managed, including provision of or referral for smear microscopy, chest x-ray, and TB culture according to national guidelines using appropriate interventions.

In addition, ICAP will ensure—either directly or in coordination with other implementing partners (PEPFAR and GF)—that at least 80% of all TB suspects, either at the on-site TB clinic or at referring TB treatment facilities (CAT and all CDTs in the supported area) are tested for HIV and that those testing positive are enrolled in care and treatment.

Proven TB/HIV integration approaches and tools from ICAP such as a simple TB screening tool developed in Rwanda and adapted for Côte d'Ivoire will be implemented. ICAP-CI will work closely with PNLT to validate this tool at the national level. ICAP will also focus on promoting and supporting infection control procedures that minimize risk of transmission of TB and that protect health care workers from nosocomial TB infection. ICAP's capacity building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring, will help ensure long term sustainability.

An ICAP TB/HIV adviser will work closely with PNLT, the regional TB treatment center (CAT) and care and treatment site teams to provide focused training and clinical mentoring for integration of TB/HIV care and treatment.

Interventions will include:

- Ensuring that minor renovations are completed taking into account fundamental infection control principles that are appropriate for resource-limited settings to prevent nosocomial transmission of TB reducing the risk of infection of patients and health care workers.
- Support for laboratories to conduct appropriate diagnostics for TB in the context of HIV co-infected patients, ensuring that all the 13 TB diagnostic sites have functional microscopes and that staff are competent in smear microscopy.
- Provide intensive training and on-site mentoring on TB/HIV integration activities with focus on provider-initiated counseling and testing for all TB patients, 100% routine TB screening among all patients enrolled in HIV care and treatment, linkages and cross referrals between programs, and adherence and follow-up for co-infected patients.
- Sites will be supported to introduce and continue using a standardized TB screening questionnaire for intensified TB case finding in HIV-infected patients and to providing routine TB screening, prevention, care, and referrals for all patients enrolled in care and treatment.
- Sites will be supported to implement provider initiated HIV testing and counseling (moving toward an opt-out approach), prevention education, and referral for HIV care, if needed, for all TB patients. Staff at the TB clinics will be trained in PITC using the training material developed by CDC/ WHO, which has been already translated in French and adapted.
- Implement systematic, preventive cotrimoxazole therapy for all (100%) HIV co-infected TB patients at TB clinics.
- For all children under 5 and all infected children, a screening algorithm will be adapted to include history of tuberculosis related symptoms, clinical indicators suggestive of tuberculosis, and history of TB contacts within and outside the household. The application of TST testing will be reviewed to determine the feasibility and efficacy of evaluating latent TB infection status in this population..
- In addition to direct evaluation of TB risks in the pediatric patient population, the routine TB screening questionnaire mentioned above will be administered to the adult caregivers of all children testing HIV positive. Most children are exposed to TB through adult caregivers within the household and in child care settings. Adults with a positive screening questionnaire will be referred for further evaluation. All pediatric household members will be screened for HIV as well as TB.
- Ensure adherence with both TB and HIV treatment in order to achieve optimal patient outcomes. ICAP will work with care and treatment sites to develop innovative approaches to adherence support such as DOTs or using peer educators to conduct patient follow up. ICAP will also work closely with SAPHARM and others NGOs and CBOs to ensure community based support for TB and HIV patients.
- Ensure the implementation of data collection instruments developed by the national TB program (PNLT) to monitor and evaluate HIV/TB screening, diagnosis, and treatment activities at all ICAP supported sites.
- Ensure that linkages between HIV and TB clinics are established and strengthened at all ICAP supported sites.

Activity Narrative: The multidisciplinary care teams in each facility will include representation from the TB service. Mechanisms to facilitate referral will be introduced, supportive supervision will be provided, and activities will be closely assisted and monitored by ICAP-CU technical experts.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16778	16040.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$425,000
16040	16040.07	HHS/Centers for Disease Control & Prevention	Columbia University	7319	7319.07	UTAP	\$200,000

Emphasis Areas

Health-related Wraparound Programs

- * Malaria (PMI)
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5301.09

Prime Partner: Ministry of Health, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 12211.22380.09

Activity System ID: 22380

Mechanism: MOH- CoAg #U2G PS000632-01

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$500,000

Activity Narrative: Côte d'Ivoire is facing a dual epidemic of HIV and tuberculosis (TB), with an HIV prevalence of 3.9 % among adults (UNAIDS, 2008) and a TB prevalence of 116 cases per 100,000 residents (MOH/PNLT, 2007).

The Ministry of Health (MOH) has received \$3.8 million and €5.5 million in Global Fund Rounds 3 and 6 to strengthen its TB-control program. With Global Fund assistance, anti-TB drugs are being provided by the Global Drug Facility, and the National TB Program (PNLT) is decentralizing sputum smear microscopy by increasing the number of designated TB centers, increasing human capacity by training health care workers, developing and producing monitoring and evaluation (M&E) tools, and strengthening supervision. The number of sputum smear microscopy centers will be increased from 105 (currently) to 115 centers by the end of FY09.

Through support from PEPFAR, these efforts have been strengthened. Using USG funding, the PNLT has taken the lead in the response to TB/HIV co-infection, along with the National HIV/AIDS Care and Treatment Program (PNPEC) and the Institute Pasteur of Côte d'Ivoire. Other PEPFAR implementing partners such as EGPAF, ACONDA, and Alliance have also contributed to the expansion of TB/HIV activities throughout the country. The PNLT's response to the TB/HIV epidemic is focused on policies and guidelines promoting the development of a TB/HIV collaborative framework, improvement in diagnosis of TB among people living with HIV/AIDS (PLWHA), provision of routine HIV counseling and testing (CT) of all TB patients, and integration of HIV care and support in all TB clinics. The PNLT expanded services and improved supervisory activities with PEPFAR support in FY04 and FY05. Using FY07 plus-up funds, the PNLT improved TB/HIV coordination by setting up a system to collect, store, and transport sputum. In FY08, the PNLT worked with PEPFAR implementing partners to test 100% of TB suspects and 100% of TB patients (23,000 people) at all nationally recognized TB clinics. The PNLT has strengthened referral systems and linkages between TB and HIV care by setting up a register of referral in each CATs.

Priorities in FY09 for the PNLT will include:

TB/HIV coordination

- Strengthening collaboration between the national TB and HIV programs (the PNLT and the PNPEC, respectively) by developing a national TB/HIV coordination committee and ensuring joint planning of TB/HIV activities.

- Promoting the planning and implementation of TB/HIV activities by establishing TB/HIV coordination mechanisms at the district level.

- Organizing quarterly meetings with TB/HIV partners to plan and review progress of TB/HIV activities.

- Supporting supervisory activities for monitoring of TB/HIV activities from the national level by the PNLT.

Expansion of provider-initiated HIV counseling and testing

- Training trainers for rapid expansion of provider-initiated counseling and testing (PICT) in all TB clinics, in collaboration with the PNPEC and with support from PEPFAR/CDC. PEPFAR implementing partners will draw on this pool of trainers to scale up PICT in all PEPFAR-supported TB facilities.

- Ensuring the availability of ARV services at CATs so that co-infected TB patients can be enrolled into HIV care and treatment at the same facility. This will be implemented in collaboration with the PNPEC and through the assistance of PEPFAR implementing partners (such as EGPAF, ACONDA, and ICAP-CU).

Intensified TB case finding among HIV-infected persons

- Updating and reproducing the TB screening tool and algorithm for intensified TB case finding among HIV-infected persons with assistance from EGPAF, ICAP, and other PEPFAR partners. The PNLT will work with the PNPEC to incorporate the TB screening tool into the national HIV patient encounter form.

- Training HIV care providers in TB case finding and care among HIV-infected patients, with support from PEPFAR/CDC and the PNPEC. The PNLT will also provide tools for collection, storage, and transportation of sputum specimens for 2,000 HIV-infected patients.

- Producing and disseminating TB/VIH counseling tools in both HIV and TB care and treatment facilities.

- Conducting intensified TB case findings in 10 prisons around the country, and conducting training for nurses in tools for collection, storage, and transportation of sputum of prisoners.

- Conducting a survey in one CAT on drug resistance among failure and relapse by HIV status.

Strengthening of laboratory capacity

- Continuing to support the collection and transportation of sputum specimens from all national TB diagnosis and treatment centers, including the 13 CATs and 92 CDTs, to the 3 reference laboratories for rapid TB liquid culture.

- Providing administrative support for the continued expansion of the availability of diagnostic rapid liquid TB culture at three or four additional TB facilities in the North and West of the country. This will be provided through the technical and financial assistance from ASM and EGPAF.

- Using culture for diagnosis of smear-negative TB, in consultation with PEPFAR/CDC and other PEPFAR partners. Cultures will be made available to all eligible patients free of charge.

- Continuing to reinforce the quality assurance system, including external QA and on-site supervision. With support from a national TB reference lab (Institute Pasteur-CI), the PNLT will continue to ensure the quality of sputum smear microscopy throughout the country.

Infection control

- Working with implementing partners to ensure that facility assessments are conducted, and that TB infection-control facility-level plans are developed and implemented by all PEPFAR partners.

- Developing, reproducing, and disseminating norms and standards on infection control in care facilities.

- Providing the CATs X-ray room with air extractors and masks.

- Reproducing and disseminating posters on TB infection control to increase TB prevention sensitization.

- Encouraging CAT and CDT's workers to be tested for HIV.

- Training community workers in management of co-infections.

Strengthening of personnel (PNLT/PNPEC) capacities in co-infection management

- Facilitating the participation of three medical doctors (two from PNLT, one from PNPEC) in an international TB course in Cotonou.

- Facilitating the participation of two medical doctors (one from PNLT, one from PNPEC) in an international HIV course in Paris.

- Facilitating the participation of three PNLT medical doctors in a two-week training session on HIV activities monitoring in Dakar.

- Organizing English training for five staff members of the PNLT.

- Organizing annual coordination meetings on TB infection management for PNLT staff.

- Creating and training a pool of 10 people for laboratory supervision.

- Activity Narrative:**
- Providing logistic support to social workers for home visits to TB/HIV patients. TB/HIV surveillance
 - Building on the Global Fund-supported modification of TB recording and reporting tools to capture HIV variables, the PNLT will work with PEPFAR partners to ensure that these revised tools are available at all TB clinics throughout the country.
 - Supporting the reproduction and dissemination of TB recording and reporting tools to all CATs and CDTs. For many years, the PNLT has experimented with a reporting system based on CATs (each CAT collects data from CDT during one site supervision). Data are retrieved by fax and computed by the PNLT. These data will be transmitted quarterly to DIPE who will transmit them to PEPFAR SI team. Each CAT and CDT transmits quarterly data to the district director according the national reporting system.
- Other activities
- Developing TB/HIV training materials to train staff at TB and HIV care sites, in collaboration with the PNPEC and other PEPFAR partners.
 - Collaborating with the Ivorian Network of Journalists and Artists in the Fight Against HIV/AIDS (REPMASCI) to broadcast 10 radio spots for sensitization of TB/HIV activities.
 - Supporting a national TB/HIV Awareness Day to highlight the importance of TB/HIV co-infection as well as ongoing TB/HIV activities around the country.
 - Facilitating access of community-based NGOs to CATs and CDTs in order to strengthen community-based support for TB and HIV patients, in collaboration with Alliance and other partners.
 - Supporting an M&E plan tracking project-specific as well as PEPFAR and national indicators. The PNLT will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, the PNLT will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15134

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15134	12211.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	7056	5301.08	MOH- CoAg #U2G PS000632-01	\$382,781
12211	12211.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Population, Cote d'Ivoire	5301	5301.07	MOH- CoAg #U2G PS000632-01	\$500,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5554.09

Mechanism: CDC-RETRO-CI GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 10346.22332.09

Planned Funds: \$650,000

Activity System ID: 22332

Activity Narrative: With FY09 funds, CDC-Retro-CI will strengthen Cote d'Ivoire's response to the dual epidemic of HIV and TB by supporting the national TB program through the procurement of equipment and supplies, including: 1) a digital radiography system for the Adjame Tuberculosis Center, the largest TB diagnosis and treatment facility in the country, which treats more than 25% of Cote d'Ivoire's TB patients; 2) a digital radiography system that will be placed in a mobile unit to serve five to 10 district TB centers outside of Abidjan; and 3) 25-30 fluorescent LED microscopes to support more effective and efficient TB diagnosis via smear microscopy.

In addition, FY09 funds will support USG technical staff (with salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded interventions designed to strengthen the national TB/HIV program. This technical assistance is provided in close consultation with relevant ministries (Health, Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.

The country team will provide ongoing technical assistance to support the integration and scale-up of routine HIV counseling and testing services at TB facilities, improved screening of HIV patients for TB, joint care of HIV and TB at joint-care facilities, improved monitoring and evaluation of integrated HIV/TB services, strengthening of centralized and decentralized TB diagnostic services, and surveillance of multi-drug resistant TB.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15169

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15169	10346.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7067	5383.08	CDC & RETRO-CI (Base)	\$90,000
10346	10346.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$15,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7078.09

Mechanism: NPI RIP+ GHH-A-00-07-00016-00

Prime Partner: Network of People Living with HIV/AIDS

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17292.22365.09

Planned Funds: \$0

Activity System ID: 22365

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Following discussions with the National Malaria Program (PNLP), RIP+ initiated a number of activities, including establishing a partnership framework with PNLN for HIV/Malaria co-infection that will be formalized with an MOU in FY09. RIP+ has laid out areas of collaboration and PNLN has been granted Global Fund resources through to support implementation. RIP+ will be responsible for strengthening the community mobilization components of these programs. Activities planned include developing audio broadcasts and TV spots; elaboration, validation and distribution of a training manual dealing with care of the co-infected; and TOT for a pool of national trainers on co-infection. RIP+ will also contribute to the organization of Malaria/ HIV world day and strengthen the capacity of NGOs to provide patient follow up. ROLPCI, the umbrella for organizations fighting against Malaria will be involved in the implementation of this activity with support from PNLN.

COMPLETE NARRATIVE

RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHAs organizations created in 1997, works to establish and protect the legal rights and improve the quality of life of persons living with HIV/AIDS. Through fund raising, sub-granting, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 50 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS), Ministry of Health (MOH), and Ministry of Family, Women, and Social Affairs, as well as many other technical ministries, RIP+ participates in the design and implementation of national policies and strategies as a member of various technical working groups and committees.

In late 2006, RIP+ was awarded a three-year grant, one of three Ivorian organizations selected in the first round of the New Partners Initiative (NPI). Through the NPI program, RIP+ is implementing Project SERVIR in Côte d'Ivoire to achieve the following objectives: (1) build administrative capacity of PLWHA organizations, (2) train the members of all PLWHA NGOs in positive HIV prevention, (3) implement positive-prevention activities, (4) institutionalize a national HIV testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based care and support to those in need. RIP+ manages the project and provides sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, are delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing (CT) for at least 100,000 youths and adults through Cote d'Ivoire Testing Day and to provide direct care and support services to at least 17,500 PLWHA nationwide. With FY07 and FY08 NPI funds, RIP+ has collaborated with JHU/CCP, MLS, MOH, and other national key stakeholders to develop, launch, and institutionalize a Côte d'Ivoire Testing Day (CITD). The first CITD is planned for Dec. 15, 2008.

In FY09, RIP+ will build on its experience and on outreach activities of its affiliates to continue to strengthen and expand the capacity of local PLWHAs organization to respond to HIV/AIDS in their communities, including strengthening access to and uptake of CT as a critical component of prevention, care, and treatment strategies. RIP+ has worked with a variety of partners (including RIP+ affiliates, local NGOs, JHU/CCP, the District of Abidjan, PSI, Hope Worldwide, Alliance CI, Clinique de Confiance, and the private-sector network CGECI) to mobilize communities and increase demand for CT, using innovative approaches such as door-to-door, family-centered services provided by mobile units. At least 4,503 persons were reached through community mobilization activities. These community mobilization efforts highlighted the need to harmonize stakeholder understanding of scale-up to support a national testing day. RIP+ worked in support of a new simplified algorithm allowing whole-blood, finger-prick rapid testing and promoted understanding of home- and community-based service-delivery approaches. In FY09, the MLS and MOH will spearhead the national testing day, and RIP+ will lead community mobilization efforts. RIP+ will ensure that an effective, client-friendly national referral system is put in place to ensure a continuum of quality care for PLWHA newly diagnosed during the second CITD (2009).

In FY09, in coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and the National TB Treatment Program (PNLT), RIP+ will provide 17 sub-grants worth \$5,000-15,000 to affiliate organizations to provide home- and community-based palliative care services to alleviate psychosocial, physical, and spiritual distress; promote positive living; and support bereavement for at least 10 000 PLWHA and their family members countrywide. Affiliates will work to improve community support for persons living with HIV or HIV/TB co-infection and their families to address stigma and discrimination; promote treatment literacy and adherence; and link clients to comprehensive services, including medical care (ART, TB treatment, and others) community-based palliative care and care for positive children.

RIP+ will continue to develop and strengthen community mobilization efforts to address HIV/TB co-infection. Activities will include development and airing of radio and TV spots on the co-infection; elaboration, validation and distribution of a training manual dealing with co-infection; and TOT for a pool of national trainers on co-infection. RIP+ will contribute to organization of TB/ HIV world day activities. RIP+ will also work with COLTMER-CI, the umbrella organization for the fight against TB, to build the capacity of NGOs to provide quality patient follow up

RIP+ expectsto provide direct care to at least 2000 people with HIV TB in FY09 and train 50 new people to provide direct care. RIP+ will build on it partnership with the national TB program for implementation of integrated, community based palliative care services

RIP+ will work to link community mobilization, treatment literacy, and palliative care and other support services, including TB-related home- and clinic-based palliative care, with related services in the geographic area and to promote coordination at all levels through the district, regional, and national HIV and other coordination forums. RIP+ will ensure that accurate and timely M&E reports are provided to the relevant bodies and will contribute to building a single national M&E system.

Activity Narrative: RIP+ will continue to provide technical assistance and share its experience to assist national authorities and key stakeholders, including its affiliate members, in the use of a simplified monitoring and evaluation plan for community-based palliative care activities developed in FY08. RIP+ will provide technical and management assistance to ensure that local PLWHA organizations receive adequate information and assistance to access funding opportunities supported by PEPFAR and other donors.

RIP+ will also promote using of a simplified national referral system for community-based palliative care to address the high rate of lost to follow up within the care and treatment program. Acting as a watchdog on this issue, RIP+ will report to the national body (PNPEC) any gap within the system and assist PNPEC in organizing periodic meetings to review the assessment report and make recommendations for the way forward.

RIP+ will coordinate with the Ministry of Health's strategy for decentralizing care and treatment services to ensure synergistic impact. A fund-raising strategy will be put in place to ensure the sustainability of project activities. The project will be monitored by ongoing data collection and periodic feedback meeting with stakeholders. A final evaluation combining a focus group discussion with PLWHA, key stakeholder interviews, and routine data analysis will assess the project's effectiveness. Final evaluation will also include external evaluation of project's process, effect and impact.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17292

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17292	17292.08	U.S. Agency for International Development	Network of People Living with HIV/AIDS	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	\$0

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Total Planned Funding for Program Budget Code: \$10,053,368**Program Area Narrative:**

Background

The 2005 AIDS Indicator Survey (AIS) estimated adult HIV prevalence in Cote d'Ivoire at 4.7%, with higher rates among women 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, with female OVC at high risk of transactional or intergenerational sexual relationships.

The AIS estimated that 16% of children were orphaned or vulnerable, including 8% who had lost father, mother, or both. These 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%). HIV-related OVC are estimated to number 540,000, including 80,000 children living with HIV (UNAIDS 2004).

Institutional and community-based services for HIV-affected families are limited, especially outside Abidjan. The country's extended politico-military crisis disrupted social, health, and education services and economic activity, increasing food insecurity and other child vulnerabilities, and resulted in significant decreases in donor funding and in potential for local private-sector partnerships for OVC. Although UNICEF and the World Food Program contribute to the national OVC strategy, PEPFAR remains the only major donor for OVC activities in the country, with the World Bank re-engaging as the country stabilizes. The PEPFAR team continues to explore leveraging and wrap-around opportunities, including collaboration with UNICEF to maximize assistance for the national response as well as increasing coordination with the UNFPA to use existing and new research on gender-based violence, girls' education, and women's income generation to inform projects with adolescent female OVC and female caregivers.

Although the lack of major donors has presented challenges in identifying and serving large numbers of OVC, Cote d'Ivoire has taken important steps, with PEPFAR assistance, toward ensuring OVC support through policy, coordination, capacity-building for NGO/CBO/FBOs, training of caregivers, and delivery of direct services. As of September 2008, 68,061 OVC were being provided services with PEPFAR support, exceeding the target of reducing the vulnerability of 63,000 children. OVC care is coordinated through the Ministry for the Family, Women, and Social Affairs (MFFAS) and its National OVC Program (PNOEV) in cooperation with the national think tank on OVC (CEROS-EV). With support from PEPFAR and UNICEF, the PNOEV has led the participatory development and dissemination of a new National OVC Strategic Plan (2007-2010), the Ministry of AIDS sector plan, and a national OVC policy and M&E plan (2007-10). These documents define the national priority of supporting OVC within families and communities. PEPFAR funds contribute by engaging partners with a mandate to build the capacity of local organizations to identify, assess, and meet the needs of OVC while strengthening systems to coordinate, manage, and track progress at local, district, and national levels.

FY05-08 Response

Based on the national OVC policy, standard criteria for services to be provided for OVC were developed and disseminated. Identification of OVC is conducted at service entry points in PMTCT, CT, and health-care settings and by community committees and local NGO/FBO/CBOs, which provide an initial needs assessment and household follow-up. A central part of the OVC strategy is to build linkages that allow any child living in an HIV-affected household to receive comprehensive services, including pediatric HIV treatment if needed, with referrals and follow-up to ensure integrated care. In FY05-06, the district pilot project of San Pedro (IRIS) was designed as a model for providing a continuum of linked health services (palliative care, CT, PMTCT, HIV/TB, ART, and STI treatment) and social services with a focus on OVC. PEPFAR funds allowed the PNOEV to pilot and reinforce the use of social centers as platforms for coordinating OVC-related activities (including education support with the Ministry of Education) and sharing lessons among organizations in the public and private sectors within a geographic area. Twelve more platform sites are being added with FY08 funds, and another 12 will be added with FY09 funds, bringing the total to 40.

In FY05-08, PEPFAR, Global Fund, and UNICEF funded the rapid expansion of sub-grants to C/F/NGOs to support expanded decentralized services for OVC and their host families and communities. PEPFAR partners are implementing grant programs, training, and referral systems to ensure local ability to identify OVC, assess their needs, and provide comprehensive care. Hope Worldwide provides strong mentoring and capacity building for small partner organizations that identify OVC and provide direct services, while ANADER is strengthening rural OVC identification and service delivery through creation and training of village committees and FHI continues to work with the PNOEV to improve district-level coordination and begin harmonizing data collection among government agencies and civil society. The PNOEV continues to advocate for OVC legal rights, no-fee legal documentation, and reduced expenses for social services for OVC. The Ministry of Education has used PEPFAR funds to help OVC stay in school and succeed in their studies through social worker and teacher training, scholarships, the provision of basic learning materials, and nutrition programs. New partners such as AVSI and Save the Children UK joined the PEPFAR CI team to strengthen child protection, especially for vulnerable girls; improve early childhood nutrition and care; and increase coverage for

OVC direct care services in the underserved West.

Under the coordination of PNOEV, PEPFAR partners are working to adapt the Child Status Index while improving reporting through harmonized indicators and a national OVC database. This included a review of partners' tools and resources to improve consistency of capacity building and organizational assessments, with the aim of "graduating" local organizations to become sub-partners or larger implementers, as well as training in use of the CSI and quality assurance for local NGOs, service providers, teachers, and social workers.

FY09 Priorities

PEPFAR and national priorities for FY09 focus on systems strengthening, coordination, and capacity building to enhance sustainability of programs. Altogether, at least 80,000 OVC will receive direct services by September 2009. Planned activities will:

1. Build on progress in strengthening the ability of local organizations to identify OVC, assess their needs, and provide referrals and quality care with appropriate monitoring of the children's status. A consultant will continue to work with the PNOEV and CEROS-EV to map OVC services and needs, ensure strategic placement of service providers, and define and implement a strategy for rapidly scaling up quality services.
2. Reinforce 28 social center platform sites (including 12 sites being added with FY08 funding) and add 12 more sites (for a total of 40) to continue capacity building and coordination of local service providers, formalize referral systems, and strengthen the standardizing of data collection started in FY08. This will build on steps that MFFAS is taking in 2008 to expand state support of social centers by purchasing buildings, assigning salaried staff, providing operating resources, and working at the cabinet level to institutionalize the model. PEPFAR will continue to work with the PNOEV SI team, CEROS-EV, and platform directors to ensure that by September 2009, data-entry systems are easy to use and local N/C/FBOs may begin entering data directly at the platform sites. The platforms are a strong tool for coordinating local responses, and strategies in FY09 will develop non-monetary incentives (training, access to computers) to help ensure utilization and maximize consistency of data collected.
3. Strengthen referral systems and improve quality and consistency of service delivery. A new partner is being added in FY09 to coordinate harmonization of indicators of quality in all areas of OVC programming, to train all partners, and to help integrate QAI procedures across OVC programs. The PNOEV will continue to develop its certification system for OVC training. All PEPFAR ART and PMTCT service providers will continue to engage lay referral counselors at all sites dedicated to providing a comprehensive package of HIV prevention interventions and effective referrals to community-based OVC and palliative-care services. Efficiency of OVC care delivery will be improved by funding all OVC partners to cross-train their OVC community caregivers to provide community- and home-based palliative care and support as well, and vice versa. PEPFAR also is participating in national strategic planning to implement core competencies and incentives for community and lay counselors.
4. Further expand referral systems to improve geographic and targeted population coverage, including the contribution of AVSI, a new partner beginning in October 2008, who will continue to work in areas of greatest need. In coordination with the PNOEV, PEPFAR partners will continue to provide sub-grants and technical assistance to local NGO/CBO/FBOs throughout the country, including in the underserved North and West. The PNOEV will continue its coordinating meetings to address gaps in regional coverage and to limit duplication at the subpartner level, while a stronger focus on platforms in Abidjan will help reach OVC in higher-prevalence urban and peri-urban areas.
5. PEPFAR partners will continue to work with the CEROS-EV to develop strategies for meeting the needs of especially vulnerable children and youth. This includes links, co-planning, and advocacy with the Ministry for Technical and Vocational Training and the private sector to address livelihood security and preparation for work among older OVC, as well as advocacy with the Ministry of Youth to provide psychosocial support for older OVC (targeting ages 18-24). Partners will continue to develop and implement strategies for nutritional support for younger children and will work to reduce the vulnerability of adolescent female OVC through income generation, psychosocial support, HIV prevention, and linking with male-norms programs in AB. Social workers and OVC caregivers will be trained in income-generating activities, based on a best-practices guide elaborated with FY08 funding, with implementation efforts prioritizing the development of IGA for female OVC caregivers.

All USG-funded partners will report to the PEPFAR strategic information team with quarterly program results and other requested program data. To help build one national monitoring and evaluation system, all USG-funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5315.09	Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5480.22371.09	Planned Funds: \$1,100,000
Activity System ID: 22371	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

New activities in FY09 include:

- Initiate HIV/AIDS-related activities in primary schools through hygiene committees.
- Initiate debates and activities within existing youth associations in order for them to become advisory entities to village action committees.
- Support specific interventions by the national network of religious leaders ARSIP to strengthen religious leaders' capacities to contribute to the fight against HIV/AIDS in villages.
- Sensitize women's organizations so as to empower them to discuss AB-related issues with their children and young counterparts.
- Educate women/men and girls/boys on reproductive health, self-esteem, and nutrition as a vehicle for addressing AB issues.
- Monitor village action committees through quarterly meetings with ANADER specialists.
- Reproduce and disseminate AB sensitization materials developed by other partners (Hope Worldwide, JHU/CCP, and Ministry of Education).
- Begin a pilot Sports for Life activity in Abengourou and San Pedro.
- Evaluate the AB component of the project.

COMPLETE NARRATIVE

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. EGPAF intervenes in Abengourou and Tanda instead of ACONDA.

In the program area of AB Sexual Prevention, FY09 funds will be used to continue and strengthen FY08 activities in 10 departments (Dabou, Jacqueville, Sikensi, San Pedro, Abengourou, Tanda, Koun Fao, Bondoukou, Soubré, and Daloa). These activities, implemented through village HIV/AIDS action committees in 146 village sites, draw on ANADER's risk-mapping approach, which includes segmenting village populations to allow young women, young men, older women, and older men to discuss sexuality and HIV-related risks and risk-reduction strategies separately and together. Within local village action committees, three members (including at least one woman) are chosen by village authorities and committee members to become community counselors, based on several criteria: literacy level, time availability, willingness to engage in volunteer work, proven ability to be discreet, and acceptance among community groups. Local HIV/AIDS action committees and community counselors are supported, with the help of JHU/CCP, in applying culturally appropriate BCC strategies, curricula, and educational materials with abstinence, faithfulness, and gender-based violence-prevention messages. Specific programs are being developed for and with youth groups, with an emphasis on vulnerable girls and young women. Within the ANADER project, community counselors also link HIV prevention with promotion of HIV counseling and testing (through the project's mobile CT units and fixed-site CT services at rural health centers) and with provision of care and support services and OVC care and support.

Activities include coordinated BCC campaigns mediated by influential figures and peers and designed to a) delay sexual debut among youth, b) decrease number of sexual partners and c) promote mutual fidelity with knowledge of one's own and one's partners' serostatus. Use of methods of proximity (debates, sketches, videos, peer education, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches are reinforced by radio in local languages. Community counselors, traditional and religious leaders are empowered through tools such as the HIV/AIDS lexicon, interactions with networks such as ARSIP (a religious leaders' association), and use of participatory approaches to lead communities to address HIV/AIDS in their socio-cultural context, including addressing issues of negative gender attitudes and HIV-related stigma and discrimination. Community counselors visit individual homes and discuss issues related to mutual fidelity and secondary abstinence with couples. ANADER works with teachers to reach youth in primary and secondary schools, drawing on Ministry of Education (MEN) life-skills materials and approaches.

In FY09, a particular emphasis will be placed on encouraging youth and women's associations to become actors in the fight against HIV/AIDS by empowering them to discuss issues related to safer behavior and gender norms in the community and to serve as advisory entities to the village action committees.

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

Activities conducted with FY05-08 funds include:

- Identification of 146 village sites (each serving multiple surrounding villages) for intervention
- Baseline needs assessments in three departments: Tanda, Soubré, and Daloa
- Training of 130 ANADER staff in AB-targeted prevention

Activity Narrative: - Training of 36 ANADER workers/facilitators (three to five per department) and 528 community counselors (three per village site) in use of the local-language HIV/AIDS lexicon and AB-targeted prevention

- Training of 144 schoolteachers in AB-oriented prevention
- Training of 12 local radio announcers (two per department) in AB prevention, with REPMASCI providing the training and drawing on IRIN/JHU/CCP materials
- Delivery of video campaigns with community mobilization (at least three per village) and prevention campaigns on local radio (at least two per village)
- Creation of linkages among village action committees and agricultural cooperatives by involving members of cooperatives in village action committees
- Broadcast of 1,584 radio spots and 72 radio programs (in FY08) with AB prevention messages in all 10 departments
- Development, with technical assistance from JHU/CCP, of the Sports for Life program with youth organizations in two departments (San Pedro and Abengourou).

In FY09, AB activities will be guided by quantitative and qualitative assessments conducted in FY07 and the 2005 national AIDS Indicator Survey. To improve on the quality of AB and other prevention and care activities, ANADER will emphasize work with focus groups. ANADER will partner with ARSIP (religious leaders' network) to increase participation of rural religious leaders in the fight against AIDS. ANADER will continue to work with schoolteachers while seeking to increase youth participation as actors through school hygiene committees and village youth associations, and 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.

Between April 2009 and March 2010, activities supported by FY09 funding will reach 120,000 people (including 44,000 youth (37%) with A-only messages) through community outreach that promotes AB-oriented prevention and will train 1,129 people to promote AB-oriented prevention. FY09 funds will also be used to perform a general participatory evaluation of the project.

Specific activities with FY09 funds will include:

1. Training of trainers for 30 ANADER facilitators (five per department) and training for 438 village action committee members (three per village site in 146 villages) in AB-targeted prevention using the new national training guide.
2. Training of 146 schoolteachers in life skills and Sports for Life approaches.
3. AB sensitization through youth and women's associations (in all departments) and health clubs in secondary schools (Tanda, Abengourou, Jacquville, Daloa, and Soubré).
4. On-site BCC training of five committee members per village in 146 village action committees.
5. Sensitization of members of agricultural cooperatives on fidelity and secondary abstinence, in "farmer field schools."
6. Initiation of HIV/AIDS-related activities through 12 pilot primary school hygiene clubs, with assistance from the MEN.
7. Implementation of a Sports for Life activity in two village sites (Abengourou, San Pedro).
8. Broadcast of AB prevention spots (1,108 in the six departments) and educational programs (36 emissions) on local radio;
9. At least two video campaigns in each village (a total of 292 video film projections in 10 departments).
10. Education of young women/men and girls/boys on reproductive health, self-esteem, and nutrition. These sessions will serve as a vehicle for addressing AB issues.
11. Training of 150 religious leaders in BCC, community mobilization, and reduction of stigma and discrimination.
12. Reproduction of educational materials on AB prevention, with assistance from JHU/CCP, Hope Worldwide, the MEN, and the National OVC Program (PNOEV)
13. Facilitation of thematic quarterly meetings with village action committee members (four per year).
14. Evaluation of knowledge on HIV transmission and AB prevention methods (comparative analysis between project sites and villages outside the project).
15. Evaluation of the effect of AB sensitization on the communities.
16. Evaluation of community counselors' mastery of A and B training tools and messages.
17. Production of a 26-minute documentary film on the project's four years of activities and results.
18. Exploration of potential new departments/districts to be included in the program, with a view to project extension.

The project will continue to implement an M&E plan based on national and USG requirements. ANADER will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANADER will participate in quarterly SI meetings and will implement decisions taken during these meetings.

ANADER strives to strengthen capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability of activities. Training of community counselors, other members of village HIV/AIDS action committees, and rural health center staff is designed to enable communities to carry on prevention, CT, and care activities after PEPFAR funding for the project has ceased. In 2009, ANADER will work to transfer to village action committees the capacities necessary to organize and perform most community outreach events (e.g. cine-village for HIV prevention and CT promotion).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15146

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15146	5480.08	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	7060	5315.08	U62/CCU02512 0-01 ANADER	\$1,050,000
9934	5480.07	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	5315	5315.07	U62/CCU02512 0-01 ANADER	\$800,000
5480	5480.06	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	3731	3731.06	U62/CCU02512 0-01 ANADER	\$450,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$430,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$150,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$180,000

Education

Estimated amount of funding that is planned for Education \$200,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5302.09

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: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4554.22375.09

Planned Funds: \$1,200,000

Activity System ID: 22375

Activity Narrative: Funds reprogrammed in April 2009 will support renovation/upgrades of three additional social centers, as part of the PNOEV's core platform strategy.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

In FY09, the PNOEV will:

- Extend its interventions through the platform mechanism to 12 new sites.
- Implement restructured social centers in FY08 sites.
- Integrate OVC-related issues in the training curricula of health and social work schools (INJS, INFAS). Materials will also be adapted for sensory-disabled people and integrated in the curricula of national training institutes for the blind and deaf.
- Strengthen coordination of OVC interventions at central and decentralized levels.
- Improve the quality of OVC identification and care by:
 - Reinforcing referral systems with PMTCT, CT, and TB services.
 - Establishing a pool of 20 master trainers in OVC.
 - Promoting children's rights and their participation in all OVC activities.
 - Encouraging the promotion of abstinence and fidelity (to moral values) in primary and secondary education
- Improve advocacy and resource mobilization by training social workers and community caregivers.
- Strengthen behavior change communication and policy advocacy to reduce stigma and discrimination toward OVC.
- Strengthen quality assurance in OVC services and activities.
- Integrate gender vision in all activities concerning OVC.

COMPLETE COP09 NARRATIVE including updates

The Ministry of Family, Women, and Social Affairs (MFFAS) is responsible for coordinating, monitoring, and evaluating care and support services for orphans and vulnerable children due to HIV/AIDS (OVC) through its National OVC Program (PNOEV), with support from the national think tank on OVC (CEROS-EV). In the past four years, the PNOEV has developed a multi-sector strategy built around social centers (operational structures of MFFAS) aimed at supporting OVC within family units and communities. PEPFAR funds have contributed to this effort by strengthening the capacities of the PNOEV and social centers. With financial and technical support from CDC/PEPFAR and technical support from Measure/Evaluation and FHI, the PNOEV has improved its monitoring and evaluation system through updating of harmonized data collection tools, including the Child Status Index (CSI) and the elaboration of an OVC database at peripheral and central levels. It has also emphasized capacity building for social workers and community caregivers as well as community mobilization and advocacy for holistic OVC care and protection.

In FY08, with support from PEPFAR and other partners, the PNOEV coordinated care for 63,000 OVC (50,000 supported by PEPFAR), training for 2,000 social workers and caregivers, and support for 148 community-based organizations and 28 platforms (including 12 new platforms added with FY08 funds). In addition, 58 community support groups and 28 legal and human-rights committees support sensitization and legal protection for OVC. With technical assistance from FHI, the PNOEV conducted situation analyses in 28 sites.

Based on an assessment of a pilot in San Pedro, a restructured social center model (IRIS) was scaled up to 15 other sites (Abobo, Yopougon, Koumassi, Abengourou, Bondoukou, Korhogo, Dabakala, Gagnoa, Dimbokro, Daloa, Man, Bouaké, Agboville, Bouna, and Yamoussoukro). This decentralized and integrated coordination model provides a good referral system in support of a continuum of care for OVC and their families. In addition, the PNOEV and its partners developed an integrated strategy for empowering women and addressing other gender issues, including the vulnerability of adolescent female OVC, and conducted a study to better understand factors contributing to vulnerability.

With FY08 funds and technical assistance from FHI and JHPIEGO, the PNOEV is creating a pool of 20 master trainers from the OVC national trainers' pool in order to improve the quality of OVC care and support. Twenty other OVC trainers are being trained in palliative care, in collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC), and 80 rural health agents and 50 women working at the Institute of Training and Education for Girls and Women (IFEF) are being trained in OVC care. To strengthen policy advocacy and reduce stigma against OVC, the PNOEV is working with JHU/CCP and UNICEF to produce and disseminate audiovisual behavior change communication (BCC) aids and messages. In addition, 500 social workers and community caregivers are being trained in communication, strategic planning, and social mobilization.

To better coordinate the national response, the PNOEV has developed a collaboration framework with technical ministries (Education, Vocational and Technical Training, Sports and Youth, Justice) to address the educational needs of OVC ages 16-18. In collaboration with MFFAS technical units (including the Direction of Family Promotion and Socio-Economic Activities (DPFASE)), the PNOEV has developed a national guide for income-generating activities (IGA) for vulnerable people, including OVC and their families. The PNOEV is also establishing close working relationships with the Direction of Social Protection, which is responsible for OVC due to causes other than HIV, in order to maximize synergies between the two programs. To address gender issues, the PNOEV is developing strong links with the Direction of Gender Promotion and supporting ongoing reflections on gender issues in HIV/AIDS committees.

With FY09 funding, the PNOEV will continue to strengthen the quality of OVC services and reinforce its coordination mechanisms by continuing to increase the number of social centers with OVC platforms. Twelve more OVC platforms will be added, for a total of 40 OVC platforms by September 2009. In all, with PEPFAR funding, the PNOEV will support training for 265 caregivers and care for at least 16,400 OVC by September 2009, including at least 4,920 OVC receiving primary direct services and at least 10,800 OVC receiving nutritional support.

With FHI assistance, situation analyses will be conducted in 12 sites as a basis for new collaboration

Activity Narrative: platforms, community support groups and legal committees. Sites will be provided with basic office equipment. With financial support of PEPFAR and the technical support of IYCN/PATH and the National Nutrition Program (PNN), 10 social centers will be provided with nutrition education materials and therapeutic food for malnourished OVC. AVSI, a new PEPFAR OVC partner in Cote d'Ivoire, will provide technical assistance to help the PNOEV to strengthen coordination platforms and education-support approaches.

The PNOEV will strengthen and integrate OVC care and support through stronger links with other MFFAS technical departments (Family Promotion and Socio-Economic Activities (DPFASE), Social Protection (DPS), Gender (DPEG), Documentation and Planning (DPD), Disabled People (DPPH)). Quarterly coordination meetings with PEPFAR and other partners and with CEROS will allow the PNOEV to improve monitoring and harmonization of OVC interventions in accordance with national policy. To improve the quality of OVC care, the PNOEV will supervise the training of 240 social workers and caregivers at its 12 new sites, with technical assistance from FHI and JHPIEGO. The program will establish a pool of 20 master trainers/monitors to supervise and certify national OVC trainers. To strengthen HIV prevention among OVC, the PNOEV will participate with other ministries and partners in the promotion of abstinence and fidelity to moral values in primary and secondary education. In order to involve all social workers and community caregivers in OVC care, the PNOEV will collaborate with FHI and JHPIEGO to continue to integrate OVC modules in the training curricula of health and social work schools (INJS, INFAS). With support from PATH and FANTA, existing training modules will be updated based on a new OVC nutritional care manual, and national OVC trainers will be trained in nutritional care and support.

In collaboration with the UNFPA and the Direction of Gender Promotion (DEPG), the PNOEV will develop sensitization programs and training for social workers and community caregivers on gender issues (stereotyping, prejudice, discrimination, socio cultural difficulties, gender-based violence, etc.) and their integration in OVC activities.

In accordance with the National OVC Strategic Plan 2007-2010, the PNOEV will develop training modules on OVC care adapted for sensory languages for the disabled (deaf, blind), in collaboration with the national social work training school (INFS) and the Department of Disabled Promotion (DPPH). These modules will be integrated in the curricula of training schools for the deaf (ESIS) and the National Institute for the Blind (INIPA) in order to train blind and deaf caregivers to improve care and support for disabled OVC.

To promote sustainability of OVC care, the PNOEV will collaborate with the departments of family promotion and socio-economic activities (DPFASE) to train 120 social workers and caregivers in income-generating activities, based on the best-practices guide elaborated with PEPFAR support. In FY09, the PNOEV will prioritize the development of IGA for female OVC caregivers.

The PNOEV will continue to develop its certification system for OVC training (training plan, development of national trainers based on JHPIEGO criteria, national training certificates, and centralized data collection). In collaboration with its partners, the program will organize the supervision of training at national health and social work training institutes (INFS, INFAS, and INJS) based on tools developed in FY08.

Advocacy to reduce discrimination and stigma toward OVC will be strengthened through promotion of BCC, in accordance with the National OVC Strategic Plan. Proximity communication will be prioritized, with assistance from JHU/CCP and UNICEF, working through community support groups and including a variety of subgroups (chiefs, OVC, families, old people, parent substitutes, women's and youth associations, religious leaders, etc.) to strengthen community dialogue. In these sessions, a particular emphasis will be placed on the reduction of intergenerational and transactional sex, male norms, violence and sexual abuse, equitable access to girls' and boys' education, and the importance of women's and children's inheritance rights. The PNOEV will emphasize the promotion of children's rights and the effective participation and leadership of children in OVC activities. The PNOEV will advocate with the Ministry of Justice to facilitate access to legal support for women and children in the case of rights abuses.

Results of an FY08 study on girls' vulnerability will inform the development of a strategy to help girls manage sexual issues and promote girls' autonomy. The PNOEV will also seek technical assistance from an international consultant or partner to design, write a protocol for, and implement an assessment of the impact of OVC activities on children's lives.

To build self-sufficiency of families, and particularly of women, the PNOEV will work with the DPFASE to build capacity of 200 representatives of platform members organization in advocacy, resource mobilization, IGA financing, and microcredit.

With technical support from PEPFAR, Measure, and FHI, the PNOEV will work to improve the national M&E system, including working with PEPFAR and other partners intervening in OVC care to compile quality data for the national OVC database. An audit for OVC data quality will be conducted with Measure support in the 40 social centers with collaboration platforms and at the national level.

PNOEV will develop a quality-assurance strategy with technical support from Measure and a new technical partner. This strategy will be introduced as part of a strategic plan that will seek to provide OVC partners with the information they need for decision-making and will include partner capacity building for quality assurance regarding both services and data, with post-training monitoring to ensure expected results. The PNOEV will disseminate updated OVC tools to all sites and will conduct on-site supervisory missions to coach M&E focal points at social centers on the use of tools to assess data quality. Use of the CSI will be promoted to better assess the quality of services delivered. Mapping of OVC services will be extended to all sites.

The PNOEV will take part in PEPFAR and national strategic information meetings and will benefit from Measure technical support for the implementation of meeting recommendations and in strengthening strategic information use for decision-making (visualization/Web and data dissemination) at central and decentralized levels as well as among community actors and OVC platform members. In addition, the

Activity Narrative: PNOEV will produce a resource book based on situation analyses and will ensure that this data is widely available through simplified communication aids for use in decision-making.

PNOEV and other ministry staff, M&E focal points of social centers, community organizations, and partner organizations will continue to benefit from capacity building and technical support in M&E, with support from PEPFAR, Measure, and FHI for the elaboration of the OVC database at central and decentralized levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15142

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15142	4554.08	HHS/Centers for Disease Control & Prevention	Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire	7059	5302.08	CoAg Ministry of Solidarity #U62/CCU0243 14	\$1,011,508
10058	4554.07	HHS/Centers for Disease Control & Prevention	Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire	5302	5302.07	CoAg Ministry of Solidarity #U62/CCU0243 14	\$950,000
4554	4554.06	HHS/Centers for Disease Control & Prevention	Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire	3376	77.06	Cooperative Agreement with Ministry of Solidarity, #U62/CCU0243 14	\$350,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$0

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,000

Education

Estimated amount of funding that is planned for Education \$20,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5304.09

Prime Partner: Ministry of National Education,
Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 10059.22379.09

Activity System ID: 22379

Mechanism: CoAg Ministry of Education
#U62/CCU24223

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$50,000

Activity Narrative: With PEPFAR support, the Ivorian Ministry of Education (MEN) has implemented a 3.5-year project designed to improve HIV prevention and care services for students, teachers, and other MEN staff. In 2008, the MEN was awarded a new five-year cooperative agreement with CDC to continue and extend its HIV prevention and care activities through 2013. As part of a comprehensive multi-sectoral response consistent with the 2006-2010 HIV/AIDS National Strategic Plan, and in collaboration with other ministries and NGO/CBO/FBO partners, the MEN is building on FY04-07 achievements to improve the quality and coverage of HIV care services; strengthen linkages and referral networks to HIV treatment and other health, social, and education services; and address negative gender and discriminatory attitudes conducive to HIV infection.

To meet the needs of children who have been orphaned or otherwise made vulnerable by HIV/AIDS (OVC) in the national school system, the MEN implements activities in collaboration with UNICEF and the National OVC Program (PNOEV) under the Ministry of Family, Women, and Social Affairs (MFFAS). In FY07, the MEN conducted an OVC advocacy meeting and activities workshop to assess the needs of OVC in Côte d'Ivoire and define the roles of the MEN and other partners. In FY08, 8,000 OVC are being provided with targeted services that address case-by-case needs (such as school fee subsidies, school canteen subsidies, supplies, psychosocial support, palliative care, and academic tutoring). Social workers and other MEN staff are being trained to identify and address OVC-specific needs and provide referrals to care at the MEN's 20 pilot intervention sites.

With FY09 funds, these activities will continue at the 20 pilot sites and will be expanded to 10 new sites, for a total of 30 sites. The MEN will work with the PNOEV-supported collaborative "platforms" built around social centers to provide comprehensive OVC care. The MEN will focus on providing educational support to improve school attendance and school performance among OVC. To avoid double-counting in reporting project results, the MEN will work closely with the PNOEV and its social center coordination platforms to standardize data-collection tools and contribute to a national OVC database.

To reduce the vulnerability of OVC, social workers and special educators employed by the MEN will work with NGO/CBO/FBOs to monitor the progress of OVC in school and coordinate with other organizations to provide care services. To increase community participation in OVC support, the MEN will collaborate with other partners in community activities and national campaigns to raise awareness and reduce discrimination and stigmatization of OVC. Social workers and teachers will be trained to recognize and address the vulnerabilities of OVC, especially girls who may be at risk of engaging in transactional or inter-generational sex. Collaboration with care partners (such as the school health centers (SSSUs), the PNOEV, QUITUS (an NGO of teachers living with HIV/AIDS), RIP+ (network of PLWHA organizations), Alliance-CI, Care International, and UNICEF) will facilitate the identification of OVC in the schools and help to strengthen the system of referral to comprehensive care. These strategies will be complemented by training and technical assistance, as well as sensitization and advocacy meetings to strengthen coordination and harmonize monitoring efforts.

A lack of sufficient school canteens continues to be a challenge in the education sector. Through dialogue with partners such as the World Food Program (WFP), UNICEF, and the National Direction of School Canteens (DNCS), the MEN will explore how best to provide nutritional support to OVC in the absence of a canteen, in addition to mobilizing resources to fund additional canteens at the secondary-school level. The MEN will continue its collaboration with the WFP for the provision of food and nutritional assistance in rural areas, supplemented by income-generating activities in conjunction with school canteens through technical assistance from ANADER.

Specific activities with FY09 funding will include:

- Collaborating with the PNOEV and the national OVC think tank CEROS-EV in the creation of a national OVC database and revision of standardized data collection tools that integrate new PEPFAR indicators.
- Collaborating with the PNOEV and social-center platforms to enhance referral and monitoring systems to ensure comprehensive OVC care.
- Strengthening the system of tutoring and educational follow-up to facilitate OVC academic success.
- Conducting at least three visits to each site, in collaboration with the PNOEV, to advocate for OVC academic, nutritional, and economic support, including from local government authorities and other partners (such as ANADER, SODECI, and COGES).
- Training 460 social workers in identifying behavioral problems and needs of OVC, as well as in providing referrals to OVC care services.
- Providing access to existing school canteen programs for 1,000 OVC who need nutritional support. Follow-up will be conducted to evaluate the results and develop a strategy to better cover OVC nutritional needs at school.
- Collaborating with CEROS-EV to update extension strategies for OVC activities in the Ministry of Education.
- Evaluating the academic results of OVC at 30 sites at the end of the school year to assess whether the children's needs were met and to bridge service gaps.
- Coordinating with the PNOEV to pay school enrollment and examination fees for OVC in need of financial support in order to increase school retention.
- Collaborating with the PNOEV to train 44 trainers in OVC care.
- Collaborating with UNICEF to acquire and distribute 1,000 school kits for OVC in need of school supplies.

The MEN will continue to implement monitoring and evaluation activities based on national requirements and PEPFAR indicators. Quarterly meetings of the OVC supervisory team, with the participation of relevant ministries and key stakeholders, will rotate among pilot sites to enhance monitoring and evaluation of the sites. The MEN will report quarterly program results and ad hoc requested program data to the USG strategic information team. To participate in the building and strengthening of a single national M&E system, the MEN will participate in quarterly strategic information meetings.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15141	10059.08	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	\$450,000
10059	10059.07	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	5304	5304.07	CoAg Ministry of Education #U62/CCU24223	\$450,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$15,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7211.09

Mechanism: Infant and Young Child Nutrition (IYCN) Project

Prime Partner: Program for Appropriate Technology in Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12219.22356.09

Planned Funds: \$500,000

Activity System ID: 22356

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

- Integrating HIV and Nutrition into the pre-service training curricula of social workers (INFS and INJS);
- Strengthening the capacity of the national OVC trainers in Nutrition and HIV;
- Using the strategies of other OVC PEPFAR partners to spread sensitization messages to the target population;
- Provide basic equipment to OVC social centers and community health workers in collaboration with national programs and other partners;
- Conduct a situational analysis to research food mapping by zones (North, West, East, Center) and propose adapted recipes appropriate for OVCs 6-24 months of age
- Support the creation and animation of HIV support groups at social centers

COMPLETE NARRATIVE

Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been limited in many PEPFAR-supported programs. In an effort to develop and implement a comprehensive nutrition strategy and services for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team significantly increased their investments, starting with FY07 plus-up funds, to strengthen this area of work.

In FY08, IYCN/PATH received funding to support the continued development, evaluation, and implementation of strategies that PATH had been undertaking under a subcontract to other PEPFAR partners for improving the quality and targeted provision of nutrition support to OVCs, including infants of sero-positive mothers in PMTCT services, as well as pregnant and lactating women.

PATH provides technical support in nutrition and infant feeding in collaboration with national partners (the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), child health (PNSI), OVC (PNOEV), reproductive health (PNSR), and public health (INSP)), as well as the International Baby Food Action Network (IBFAN-CI), Stratégie Accélérée pour la Survie et le Développement de l'Enfant (SASDE), PEPFAR partners for PMTCT (EGPAF, ACONDA, and ICAP), and PEPFAR partners for OVC (ANADER, Care International, Hope Worldwide, the World Food Program, AED/FANTA, RIP+, Le Soutien, FHI, Geneva Global, and the Ministry of Education). PATH's technical assistance consists of strengthening the capacity of partners to provide:

- 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 pediatric care services.
- Nutritional assessment, counseling, and support as an integrated part of care, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished clients.
- Linkages to food aid and social services that can assist in the assessment and support of household food security.
- Training for social workers, community workers, and OVC caregivers.
- Wrap-around nutrition support provided as part of home-based palliative and OVC care.

With FY08 funding, PATH in collaboration with national programs and international and local partners is:

- Training 150 health workers from 50 PMTCT and HIV care sites supported by ICAP, ACONDA, and EGPAF as well as two staff members from PNPEC, four from PNN, and one each from PNSI, PNOEV, SASDE, INSP, PNSR, and ICAP in infant feeding, nutritional care, and HIV.
- Adapting, disseminating, and supporting the use of clinical support tools (algorithms) and IEC materials (counseling cards and take-home brochures) at 50 sites.
- Strengthening or introducing systems at 50 PMTCT and HIV care sites to routinely follow up and support nutritional care of infants (0-2 years) of HIV-positive women (including mechanisms to capture those lost to follow-up).
- Providing technical support and supervision in nutrition and infant feeding to PMTCT and HIV care sites through quarterly visits once training is completed.
- Elaborating a minimum package and standards for nutrition services for OVCs.
- Incorporating appropriate information from the infant feeding curriculum, depending on partners' needs, into existing or planned partner trainings (of social workers, facility-based lay counselors, and/or community agents).
- Adapting and introducing key community- and home-based support, counseling, and IEC materials for OVCs (0-5 years), building on materials developed.
- Developing and supporting implementation of referral and counter-referral systems for food and nutritional care for OVCs to PMTCT, ART, and palliative care services.
- Providing technical support for quality control in food and nutrition activities to OVC partners. This includes community and home follow-up.
- Working as a member of IRIS and providing technical assistance on nutrition and quality control for partners involved in IRIS.
- Providing ongoing technical assistance on food and nutrition to the PEPFAR team and national OVC program, including assistance in determining entry and exit criteria for OVCs for WFP.
- Supporting the development and quarterly meetings of a national nutrition and HIV working group ("Groupe Technique") led by the Government of Côte d'Ivoire.
- Developing and disseminating key nutrition strategies, directives, and technical updates for nutrition and infant feeding.
- Providing updates to national training courses and technical assistance for trainings as needed.
- Providing technical support and assisted in national consultations to revise the child health card (including new growth standards).
- Providing technical support and assisting in national consultations to revise post-partum follow-up routines and forms for infants and OVCs at PMTCT and OVC sites.
- Providing technical support for additional national dialogue and consultation on food and nutrition and HIV (including the use of fortification foods, fortification of complementary foods, and promotion of exclusive breast feeding).

- Activity Narrative:**
- Developing new materials and supports (e.g. flip chart and take-home brochure) for feeding of infants 6-24 months (complementary feeding), including appropriate care, recipes, etc.
 - Providing high-level advocacy, sensitization, and technical assistance to health professionals, training institutions, and other donors as needed.
 - Negotiating with GAIN to include Cote d'Ivoire as one of the target countries for IYCN/GAIN collaboration.
 - Pending selection of Cote d'Ivoire as a target country, working to create and implement an appropriate business plan for the collaboration, including identification of local private-sector partners and roles.

With FY09 funding, PATH will continue to provide technical assistance to PEPFAR-supported facility- and community-based OVC care providers as well as to the PNN and WFP to develop and implement nutrition activities. Technical assistance will strengthen, disseminate, and apply national policies on nutrition for persons living with or affected by HIV/AIDS.

Building on FY08, PATH will use FY09 funding to apply lessons learned to strengthen and expand activities with existing and new OVC partners. Activities will be expanded in additional OVC sites proposed by PEPFAR partners in consultation with the PNOEV. In addition, new activities will be integrated to reach target groups of other national, international, and PEPFAR partners. New activities will include:

- Integrating OVC-related HIV and Nutrition information and skills into the existing pre-service training curricula for social workers (INFS and INJS)

The PNOEV has started to introduce the concept of OVC care in the national pre-service training curricula of social workers through their training schools (INFS). In TY09, PATH will provide technical assistance to the PNOEV, in collaboration with FHI, to integrate HIV and Nutrition in the national pre-service training curricula of social workers (INFS, INJS).

- Strengthen the capacity of national OVC trainers to provide in-service training in Nutrition and HIV

Eighty national OVC trainers work in collaboration with the PNOEV through the integrated OVC coordination platforms (16 existing platforms and 12 planned by the PNOEV for FY08) for social services throughout the country. In collaboration with the PNOEV, PATH will integrate HIV and Nutrition in the in-service training curriculum for social workers, which focuses on the minimum package of nutrition services for OVC, defined collaboratively in FY08. PATH will then train 60 national trainers in HIV and Nutrition. Work to make the training course and curriculum accessible for social workers began in collaboration with the PNOEV during FY08. PATH will also work with the PNOEV to adapt these materials to the level of community counselors.

The 60 OVC trainers will then be responsible for integrating HIV and Nutrition issues into routine in-service training workshops. They will also organize cascade workshops for social workers and community counselors, as proposed by the PNOEV. The PNOEV will be responsible for cascade training workshops, with PATH providing occasional TA, support, and supervision.

- Build upon and strengthen strategies of other OVC partners to spread sensitization messages to the target population

PEPFAR OVC partners use various ways to spread messages to the community, such as community radio, messages in local language, and discussion groups. PATH will work with these partners to introduce appropriate messages on nutrition for OVC. The basic technical messages will build upon the minimum package of nutrition for OVC developed in FY08.

- Provide basic equipment to social services sites

In collaboration with national programs (PNOEV, PNN) and international partners (UNICEF, WHO), PATH will adapt the minimum standards of equipment (e.g. measuring ribbon, infant feeding cup, weight measure, materials for diet demonstrations) for social services. This equipment is critical to ensure appropriate and regular nutrition and growth assessments of infants and young children. PATH will assist in a facility assessment in social centers, to be conducted in collaboration with the PNN and PNOEV. Based on the results of this assessment, 28 social centers will be equipped by PATH.

- Conduct situational analysis to research food mapping by geographic zone and propose adapted recipes for OVC 6-24 months

In FY08, food mapping in Abidjan was used to identify appropriate, locally available foods that could be used to make complementary foods suitable for OVC aged 6-24 months. With FY09 funds, PATH in collaboration with the PNN, PNOEV, and PNPEC will conduct a similar food-mapping exercise in other zones (North, West, East, and Center) of the country. Results of this food mapping will allow PATH to propose adapted recipes for complementary feeding by zone in order to take into account the available foods and feeding habits of each zone. PATH will use linear programming tools to propose exact quantities for each recipe.

- Initiate the creation and animation of HIV support groups at social centers, in collaboration with OVC partners

Given the importance of psychosocial support and positive living for people infected or affected by HIV, PATH will collaborate with the PNOEV, PNN, PNPEC, national networks (RIP+, COSCI), and PEPFAR nutrition and OVC partners to initiate the creation of support groups with monthly discussion topics through the OVC platforms at social-services sites. PATH will reproduce one copy of an animation guide for each OVC partner, and will train them to use it. Each OVC partner will initiate the creation and animation of HIV support groups at social centers using this guide. This guide will include specific information on how to manage HIV-positive infants (e.g. sensitization after receipt of HIV positive results, how to encourage compliance with long-term ARV treatment and nutrition advice for infants and young children, etc), as well as advice for adults.

PATH's emphasis on national guidelines and tools; on training for national, district, and community-level

Activity Narrative: actors, including health and social workers; on researching and using locally available and acceptable foods; and on strengthening national and district-level technical groups and coordination bodies will all contribute to sustainability of HIV and nutrition activities.

PATH will participate in PNOEV reviews of OVC activities. These reviews will provide an opportunity to update and sensitize new OVC partners, as well as to reorient or provide refresher information to existing partners, in order to strengthen their capacity in nutrition, in collaboration with other nutrition partners.

PATH will share its work plan with the PNN, PNOEV, and PNPEC in order to strengthen collaborative relationships and to assist in providing coordinated assistance to health and social center sites.

PATH will use its M&E system to provide timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, PATH will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17121

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17121	12219.08	U.S. Agency for International Development	Program for Appropriate Technology in Health	7211	7211.08	Infant and Young Child Nutrition (IYCN) Project	\$500,000
12219	12219.07	U.S. Agency for International Development	Program for Appropriate Technology in Health	7320	7320.07	PATH	\$600,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$350,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7217.09

Mechanism: NPI Le Soutien GHH-A-00-07-00022-00

Prime Partner: Le Soutien

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17126.22389.09

Planned Funds: \$0

Activity System ID: 22389

Activity Narrative: In 2006, the Ivorian NGO Le Soutien was awarded a New Partners Initiative grant, initially estimated at \$992,620 over three years, to provide OVC care and support in the severely war-affected western region of Cote d'Ivoire and in Abidjan.

Building on Le Soutien's past community-based work to promote HIV/AIDS prevention and testing and provide OVC care in the Abidjan quarter of Yopougon, the NPI project is designed to educate communities about HIV/AIDS, to mobilize and support them to promote and use HIV testing services, and to provide care and support to OVC and their families in 30 villages around Danane in western Cote d'Ivoire as well as in Yopougon.

The project helps establish HIV committees in all intervention villages and trains them to promote HIV prevention through abstinence, delay of sexual debut, partner reduction, and correct and consistent use of condoms, as well as to promote CT and OVC services. The village committees are made up of the village head, leaders of youth associations, women, men, traditional midwives, and community representatives.

Le Soutien's paid counselors are trained to identify, assess, and provide care and support for OVC, as well as to provide HIV prevention education and to use monitoring and evaluation tools. These counselors help train and support HIV village committees to conduct activities of mass, small-group, and proximity sensitization led by peer educators and members of CBOs selected for their involvement in the community and their field knowledge. Le Soutien provides technical assistance for care and support for OVC as well as for HIV prevention and M&E.

Sensitization sessions are directed toward the general population and specifically toward women, youth, and OVC host families, and they promote behavior change to reduce risk of HIV transmission (abstinence, fidelity, correct and consistent condom use) and to increase uptake of CT services.

OVC are identified by counselors from Le Soutien in collaboration with care providers for PLWHA as well as PLWHA organizations and support groups. Counselors (two per village) are trained and supported to conduct home visits, to assess the needs of children and their families using the Child Status Index in order to match available services to specific needs; and to provide or arrange for psychosocial, educational, medical, nutritional, and clothing support.

Le Soutien's community agents refer OVC to medical care in Danane. Children on ART are monitored and supported by counselors. Trained counselors also provide home-based palliative care for OVC requiring such care.

Le Soutien will advocate with the Ministry of Education (MEN) to ensure that all school-age OVC have access to school, with necessary supplies obtained from other sources (Ivorian government, UNICEF). For older OVC, Le Soutien provides vocational training (including apprenticeship kits and fees) and job-placement support. In order to improve the living conditions of OVC, the rehabilitation of some host families' homes is planned.

HIV-positive parents of OVC are referred to health facilities in the Danané department for medical care.

Project activities are conducted in collaboration with the technical ministries (National OVC Care Program (PNOEV) of the Ministry of the Family and Social Affairs, Ministry for the Fight Against AIDS, Ministry of Health), other PEPFAR partners (Alliance CI, ANADER, PSI, REPMASCI), community-based organizations (SIDAGBE, ACDL, GEALIS, COPOA, and others), and traditional authorities.

In FY09, Le Soutien will continue and extend its OVC care activities in the district of Abidjan as well as in the Danané department.

OVC Identification:

- In Danané, the testing van will provide blood screening services in the 10 new villages, promoting OVC identification. In addition, Le Soutien counselors will collaborate with HIV/AIDS committee members to identify OVC, including children whose parents have been tested in a facility and those whose parents died of AIDS.
- In Abidjan, OVC will be identified at CT centers, by community support groups under the OVC care organization network established by the PNOEV, by associations of PLWHA, and by other NGOs working with OVC.

The project will provide direct services to 2,200 OVC in the 30 villages around Danané and to 500 OVC in Abidjan in FY09.

OVC Care and Support: Based on national standards of care (PNOEV) and PEPFAR requirements, Le Soutien will provide a range of services to OVC and their families:

- Psychosocial support will be provided by support groups and by counselors during home visits. During support group meetings, activities will include awareness raising, collective games, and development of HIV/AIDS and civic activities.
- Home visits, as defined by PNOEV, will be conducted to assess and address the needs of OVC and their families. This activity makes it possible to assign each child to a specific counselor for personalized assistance. In addition, home visits will give counselors an opportunity to observe the living conditions and family relationships of the child.

These psychosocial support activities will reduce the psychological impact of HIV/AIDS on OVCs and will improve their socialization.

Educational support and vocational training: This support will target OVC attending school, school-age drop-

Activity Narrative: outs, and OVC in apprenticeships.

- Educational support will be provided to promote regular school attendance of OVC. This will include participation in support groups led by Le Soutien counselors; tutoring and remedial courses; and provision of school kits meeting PNOEV guidelines. Some OVC will receive school kits (copybooks, geometric set, pens, etc), and others will be provided tuition and exam fees, based on needs criteria.
- Vocational training will be provided to school drop-outs no longer eligible for school owing to age limits (over 14), and vocational training will be prioritized for girls, who are at higher risk of HIV/AIDS infection. Participating children will be placed with master craftsmen based on their preferences (carpentry, sewing, mechanics, masonry, seaming, weaving, hairdressing, serigraphy, cooking, floral art, embroidery, knitting etc.), with apprenticeship, transportation fees, and meal expenses – factors that often underlie the failure of training initiatives – paid by Le Soutien. Le Soutien counselors will monitor children in apprenticeship to ensure that training is properly performed and to find solutions to problems that arise.

Food and nutritional support will be provided to needy OVC families.

- Le Soutien will sign agreements with suppliers to provide food and hygienic products. Food kits made up of rice, food oil, soap, and bleach will be distributed quarterly to participating OVC families. In Abidjan, kits will be distributed during home visits. In Danané, OVC families will be invited to the branch office to be served during market days. Heads of OVC families will come to Danané as if they were going shopping to avoid being stigmatized.
- Counselors from Le Soutien will provide courses on how to obtain potable water as well as meal preparation compatible with family food habits and children's physical growth.
- Le Soutien will develop partnerships with PEPFAR partners (AVSI, FANTA and PATH) to build its capacities in nutritional and educational support and to ensure quality services to OVC and their families.

Economic Strengthening:

- 100 of the most vulnerable OVC families will be selected for income generating activities. Selection criteria will be based on the best practices guide for implementation of IGA for OVC developed by PNOEV with PEPFAR support. Families selected in the 10 new villages will be trained in micro-project design and management. At the end of the training, funding will be provided to these OVC families to implement income generating activities such as fish selling, fruit and vegetable farming, and agricultural cooperative formation.
- Shelter rehabilitation for OVC families will continue in the villages around Danané and will include the 10 new villages of the project for a total of 100 houses. Selection criteria for OVC families are based on economic hardship and the condition of their houses.

Training and capacity development:

- Trainers from the national pool of trainers will provide refresher training in OVC care, including monitoring and evaluation, to six health agents and 25 counselors from the Danané branch office and 18 counselors from Abidjan. Counselors from Le Soutien's Danané branch office will provide initial training for 100 members of the 10 new village HIV/AIDS committees and a refresher course for the 200 original HIV/AIDS committee members.
- Le Soutien will participate in national and international meetings and seminars to build staff capacity.
- An audit will be conducted to ensure compliance with USG procedures and to help strengthen NGO LE Soutien's financial management.
- Ten experience-sharing workshop will be organized for members of the 30 HIV/AIDS committees to improve village-level activities.
- Le Soutien will publicize its activities through monthly meetings with local media and information updates on its Web site. Le Soutien will work with JHU and REPMASCI (the national network of journalists and artists to fight against AIDS) to develop a communications policy and audiovisual materials which will be available to partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17126

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17126	17126.08	U.S. Agency for International Development	Le Soutien	7217	7217.08	NPI Le Soutien GHH-A-00-07- 00022-00	\$0

Emphasis Areas

Construction/Renovation

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5318.09

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

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4593.22404.09

Planned Funds: ██████████

Activity System ID: 22404

Activity Narrative: Note: HWW OVC activities are also supported by Track 1 funds (see separate entry).

ANCHOR is a five-year, six-country project, implemented as a partnership by Hope Worldwide, Rotary International's HIV/AIDS Fellowship (RFFA), the Emory Schools of Public Health and Nursing, the International AIDS Trust, and Coca Cola. In Cote d'Ivoire, its focus is on strengthening OVC care activities in the highly affected greater Abidjan area and extending OVC care and support to new sites. ANCHOR activities support OVC with home- and community-based counseling, psychosocial support, and health and nutritional services.

Hope Worldwide Cote d'Ivoire (HWW) places a strong emphasis on technical assistance to local organizations

- to strengthen their capacity to provide better services for OVC (through program materials, technical training, and supportive network affiliation through social center OVC platforms),
- to ensure better-quality data on OVC needs and services (through M&E training, standardized forms for assessing progress, and database access), and
- to achieve a more sustainable civil society response to OVC needs (through improved financial and programmatic management processes for small and medium-size organizations).

HWW participates in the national OVC technical working group (CEROS-EV) to help coordinate efforts with the National OVC Program (PNOEV) and other PEPFAR and non-PEPFAR partners.

In FY06 and FY07, HWW developed and implemented a program approach that helped identify and provide technical and organizational capacity-building assistance to 36 local organizations involved in the care and support of OVC in the greater Abidjan area. HWW provided direct care and facilitated care and support to more than 5,500 OVC and trained 128 caregivers in provision of psychosocial support and other care to OVC.

In FY07, HWW expanded its program to four new municipalities (Yamoussoukro, Daloa, Bondoukou, and Bouaké) reaching a significant number of 8,000 OVC and training 140 caregivers in providing psychosocial support and other care services. HWW collaborated with the Ministry of Education (MEN) to select 25 teachers and social workers to be trained in implementing OVC care and support activities in schools.

In 2008, HWW strengthened programs in its 14 sites: nine districts in Abidjan and the cities of Grand-Bassam, Yamoussoukro, Daloa, Bondoukou, and Bouake. HWW gave technical, material, and financial assistance to 48 organizations and supported five coordination platforms based in the urban centers of Abobo, Yopougon, Yamoussoukro, Daloa, and Bondoukou. HWW furnished sub grants and technical assistance to three partners in order to help them to obtain their objectives. OVC support in the school system through Kidz Clubs was implemented in three schools and 180 caregivers were trained in the care and support of OVC. HWW identified an additional 2,000 OVC and provided direct and facilitated care and support to 10,000 OVC

With FY09 funding, HWW will extend its activities to the city of Tiassalé and periphery of Abidjan continuing to train, mentor, give financial support, and supervise local organizations to build their organizational and service-delivery capacities according to most recent national standard of care for OVC. This will include five new organizations.

HWW will require new sub-partners to participate in social center OVC coordination platforms to facilitate networking and strengthen referral systems, contributing to the community's long-term capacity to assess and meet the needs of its OVC. Strategies will emphasize access to comprehensive support for OVC, and access to medical and psychological care adapted to HIV-positive OVC.

In collaboration with the PNOEV and FHI, the project will work to strengthen the organizational capacities of the social center OVC platforms as resource centers and referral hubs for small C/F/NGOs serving vulnerable children.

In collaboration with the Ministry of Education, HWW will extend OVC care and support into schools in project sites where involvement of school teachers, social workers, and youth leaders will contribute to ensuring sustainability HWW also will facilitate creation of an OVC peer-educators' organisation.

With FY09 funds, HWW will provide technical, programmatic, administrative, and financial assistance to 15 sites, representing 60 NGO/CBO/FBOs, enabling identification and care of 12,000 OVC. The processes for technical and financial assistance developed by HWW have been based on the strategy of the decentralized coaching. HWW is currently working with 48 organizations and three sub-partners situated in 14 sites. Extension of the project to the new site of Tiassalé, and identifying an average of five partner organizations per site in Abidjan and Grand Bassam will make it possible to achieve these objectives.

Organizations in the same site will be linked and each of the "mini-networks" established will be coached by a site coordinator responsible for:

- giving technical assistance to the organization
- strengthening their capacity to identify new OVC,
- collecting and managing data;
- supervising volunteers trained in the delivery of services to OVC;
- organizing assessment meetings with the site organizations for sharing experiences and best practices;
- organizing synthesis meetings of parents/caregivers of OVC in order to improve the quality of care given to the children in their families; and
- following up on the use of the funds granted to the site organizations.

Administrative assistance provided by ANCHOR is based on the evaluation and capacities reinforcement tools developed by ROSI (Regional OVC-Organization Support Initiative), a supporting partner to the project. Site coordinators will carry out the initial and mid-term evaluations of each sub-partner organization,

Activity Narrative: from which strategic plans and capacity reinforcement plans will be developed. HWW staff will conduct site visits to provide supportive supervision. Sub-partners will be selected, in collaboration with the PNOEV and other OVC care and support partners in the country, in order to avoid duplication of effort and double-counting of OVC served.

The five sub-grants recipients will be the organizations best structured in the organizational plan and those delivering high quality services after evaluation by the ROSI matrices. In addition to formalized financial support, a plan for reinforcing their organizational capacities and their skills in the areas of management, programming and finances will be worked out and implemented with them by the site coordinators.

Through CEROS-EV and in support of the PNOEV, HWW will contribute to the development of national policies, plans, training and other materials, including definition of targeted OVC care packages to support OVC within the community, as well as to ongoing coordination at the national level. HWW will help implement nationwide use of the Child Status Index (CSI) by participating in the CEROS-EV adaptation process and by training local organizations and HWW staff in using the adapted and translated tool.

In collaboration with FHI, HWW will assist the PNOEV to strengthen the capacity of social center-based OVC collaborative platforms, which serve to coordinate local organizations involved in the care and support of OVC. HWW will provide technical assistance through training and mentoring platform members, organize an evaluation plan for them after one year, and provide a report to the PNOEV.

HWW will also use FY09 funding to:

- Assist local partners whose capacity is increasing to prepare strategies and proposals in support of their goals.
- Train and mentor 200 caregivers from CBO/NGO/FBOs and other community stakeholders in OVC identification, needs, and care, as well as provision of basic community- and home-based palliative care and referral to health facilities. This includes training in community-mobilization strategies, psychosocial support, counseling, nutritional support, succession planning, and play skills. Training sessions will be conducted in conjunction with the PNOEV and relevant partners such as Alliance, ANADER, and CARE International.
- Strengthen the capacity of CBO/NGO/FBOs by providing IEC materials for OVC Kidz Clubs and connect them with AB prevention and other psychosocial-support activities. HWW will reinforce the synergy between its 3 programs: AB, OVC and Care and Support to PLWA, in order to ensure greater access to holistic care and support for a larger number of children. In addition, through Kids Clubs and other care opportunities, older OVC will have a forum for applying life skills and leadership skills to benefit younger children in need of support.
- Assure greater quality assurance for services provided to OVC. This includes better monitoring and evaluation of sub-partners' organizational capacities and activities on the ground. Supervision of mentored organizations' trained caregivers and peer educators will include monthly site visits. HWW will organize an evaluation plan with them after one year and participate in PNOEV-led efforts to share and evaluate the effectiveness of organizational assessment tools used by PEPFAR implementing partners and others in Cote d'Ivoire.
- Accentuate training and economic support activities targeting parents (mothers in particular) in order to reinforce the capacity of families to care for their children, HWW will. The training will be developed in collaboration with the PN-OEV and in synergy with HOPE's ABY program, and will improve care and support at the family level. This will also give parents/caregivers competencies for better communicating with their children in particular with regard to disclosing their serology to their children and with them planning for their future.
- Finance small IGAs based on lessons learned by country programs from CARE, UNFPA and other partners to enhance greater autonomy for families and allow them to provide for the basic needs of their children. The creation of exchange groups among parents/caregivers and children will be encouraged.
- In collaboration with the MEN, initiate OVC activities at nine more schools and continue to facilitate afterschool programs to provide multilevel support for children through support groups for OVC. This includes counseling, play therapy, nutritional support, referrals, and educational support. Child participation and interaction will be promoted.
- Support OVC-focused home-based care activities for children with special needs, including assessment of living conditions and family needs and concerns with the goal of providing holistic care to OVC and their families.
- Develop and facilitate a referral system within the network of mentored NGOs and with other PEPFAR funded partners, as well as with other funding organizations, to contribute to ongoing platform efforts. This includes links with other organizations (local and international) that provide different services, as well as with other programs (HIV prevention, PTMCT, health care, etc.).
- Sub-contract for an independent evaluation of HWW's OVC and related community-mobilization activities to assist documentation of its best practices and identify areas for improvement and program gaps. The evaluation will cover HWW's monitoring and evaluation plan as well as service provision and internal organizational capacity.
- Collaborate with other PEPFAR partners (such as Alliance, CARE, ACONDA, and FHI) as well as with other donors (Global Fund, UNICEF) to avoid duplication of services and reach the most vulnerable children.

Olive Leaf South Africa will continue to provide technical assistance to the program, both in terms of programmatic support and organizational capacity development. Olive Leaf will share key documents and manuals, conduct site visits, and conduct a regional ANCHOR conference in South Africa.

HWW will continue to mobilize additional material and financial resources and develop a plan to promote local ownership and long-term sustainability of quality services for OVC. Local "Fighting AIDS" committees will be established within those organizations (especially religious organizations) in order to initiate and encourage activities around resource mobilization and care and support for OVC. To ensure greater sustainability, monthly review meetings will be held with these organizations to assess their activities and help them identify other long-term funding resources within the community.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15123	4593.08	U.S. Agency for International Development	Hope Worldwide	7051	5318.08	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00	\$1,100,000
10061	4593.07	U.S. Agency for International Development	Hope Worldwide	5318	5318.07	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00	\$700,000
4593	4593.06	U.S. Agency for International Development	Hope Worldwide	3533	3533.06	ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00	\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4936.09

Prime Partner: Hope Worldwide

Funding Source: Central GHCS (State)

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

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5499.22405.09

Planned Funds: \$342,977

Activity System ID: 22405

Activity Narrative: Note: HWW OVC activities are also supported by country funds (see separate entry).

ANCHOR is a five-year, six-country project, implemented as a partnership by Hope Worldwide, Rotary International's HIV/AIDS Fellowship (RFFA), the Emory Schools of Public Health and Nursing, the International AIDS Trust, and Coca Cola. In Cote d'Ivoire, its focus is on strengthening OVC care activities in the highly affected greater Abidjan area and extending OVC care and support to new sites. ANCHOR activities support OVC with home- and community-based counseling, psychosocial support, and health and nutritional services.

Hope Worldwide Cote d'Ivoire (HWW) places a strong emphasis on technical assistance to local organizations

- to strengthen their capacity to provide better services for OVC (through program materials, technical training, and supportive network affiliation through social center OVC platforms),
- to ensure better-quality data on OVC needs and services (through M&E training, standardized forms for assessing progress, and database access), and
- to achieve a more sustainable civil society response to OVC needs (through improved financial and programmatic management processes for small and medium-size organizations).

HWW participates in the national OVC technical working group (CEROS-EV) to help coordinate efforts with the National OVC Program (PNOEV) and other PEPFAR and non-PEPFAR partners.

In FY06 and FY07, HWW developed and implemented a program approach that helped identify and provide technical and organizational capacity-building assistance to 36 local organizations involved in the care and support of OVC in the greater Abidjan area. HWW provided direct care and facilitated care and support to more than 5,500 OVC and trained 128 caregivers in provision of psychosocial support and other care to OVC.

In FY07, HWW expanded its program to four new municipalities (Yamoussoukro, Daloa, Bondoukou, and Bouaké) reaching a significant number of 8,000 OVC and training 140 caregivers in providing psychosocial support and other care services. HWW collaborated with the Ministry of Education (MEN) to select 25 teachers and social workers to be trained in implementing OVC care and support activities in schools.

In 2008, HWW strengthened programs in its 14 sites: nine districts in Abidjan and the cities of Grand-Bassam, Yamoussoukro, Daloa, Bondoukou, and Bouake. HWW gave technical, material, and financial assistance to 48 organizations and supported five coordination platforms based in the urban centers of Abobo, Yopougon, Yamoussoukro, Daloa, and Bondoukou. HWW furnished sub grants and technical assistance to three partners in order to help them to obtain their objectives. OVC support in the school system through Kidz Clubs was implemented in three schools and 180 caregivers were trained in the care and support of OVC. HWW identified an additional 2,000 OVC and provided direct and facilitated care and support to 10,000 OVC

With FY09 funding, HWW will extend its activities to the city of Tiassalé and periphery of Abidjan continuing to train, mentor, give financial support, and supervise local organizations to build their organizational and service-delivery capacities according to most recent national standard of care for OVC. This will include five new organizations.

HWW will require new sub-partners to participate in social center OVC coordination platforms to facilitate networking and strengthen referral systems, contributing to the community's long-term capacity to assess and meet the needs of its OVC. Strategies will emphasize access to comprehensive support for OVC, and access to medical and psychological care adapted to HIV-positive OVC.

In collaboration with the PNOEV and FHI, the project will work to strengthen the organizational capacities of the social center OVC platforms as resource centers and referral hubs for small C/F/NGOs serving vulnerable children.

In collaboration with the Ministry of Education, HWW will extend OVC care and support into schools in project sites where involvement of school teachers, social workers, and youth leaders will contribute to ensuring sustainability. HWW also will facilitate creation of an OVC peer-educators' organization.

With FY09 funds, HWW will provide technical, programmatic, administrative, and financial assistance to 15 sites, representing 60 NGO/CBO/FBOs, enabling identification and care of 12,000 OVC. The processes for technical and financial assistance developed by HWW have been based on the strategy of the decentralized coaching. HWW is currently working with 48 organizations and three sub-partners situated in 14 sites. Extension of the project to the new site of Tiassalé, and identifying an average of five partner organizations per site in Abidjan and Grand Bassam will make it possible to achieve these objectives.

Organizations in the same site will be linked and each of the "mini-networks" established will be coached by a site coordinator responsible for:

- giving technical assistance to the organization
- strengthening their capacity to identify new OVC,
- collecting and managing data;
- supervising volunteers trained in the delivery of services to OVC;
- organizing assessment meetings with the site organizations for sharing experiences and best practices;
- organizing synthesis meetings of parents/caregivers of OVC in order to improve the quality of care given to the children in their families; and
- following up on the use of the funds granted to the site organizations.

Administrative assistance provided by ANCHOR is based on the evaluation and capacities reinforcement tools developed by ROSI (Regional OVC-Organization Support Initiative), a supporting partner to the project. Site coordinators will carry out the initial and mid-term evaluations of each sub-partner organization,

Activity Narrative: from which strategic plans and capacity reinforcement plans will be developed. HWW staff will conduct site visits to provide supportive supervision. Sub-partners will be selected, in collaboration with the PNOEV and other OVC care and support partners in the country, in order to avoid duplication of effort and double-counting of OVC served.

The five sub-grants recipients will be the organizations best structured in the organizational plan and those delivering high quality services after evaluation by the ROSI matrices. In addition to formalized financial support, a plan for reinforcing their organizational capacities and their skills in the areas of management, programming and finances will be worked out and implemented with them by the site coordinators.

Through CEROS-EV and in support of the PNOEV, HWW will contribute to the development of national policies, plans, training and other materials, including definition of targeted OVC care packages to support OVC within the community, as well as to ongoing coordination at the national level. HWW will help implement nationwide use of the Child Status Index (CSI) by participating in the CEROS-EV adaptation process and by training local organizations and HWW staff in using the adapted and translated tool.

In collaboration with FHI, HWW will assist the PNOEV to strengthen the capacity of social center-based OVC collaborative platforms, which serve to coordinate local organizations involved in the care and support of OVC. HWW will provide technical assistance through training and mentoring platform members, organize an evaluation plan for them after one year, and provide a report to the PNOEV.

HWW will also use FY09 funding to:

- Assist local partners whose capacity is increasing to prepare strategies and proposals in support of their goals.
- Train and mentor 200 caregivers from CBO/NGO/FBOs and other community stakeholders in OVC identification, needs, and care, as well as provision of basic community- and home-based palliative care and referral to health facilities. This includes training in community-mobilization strategies, psychosocial support, counseling, nutritional support, succession planning, and play skills. Training sessions will be conducted in conjunction with the PNOEV and relevant partners such as Alliance, ANADER, and CARE International.
- Strengthen the capacity of CBO/NGO/FBOs by providing IEC materials for OVC Kidz Clubs and connect them with AB prevention and other psychosocial-support activities. HWW will reinforce the synergy between its 3 programs: AB, OVC and Care and Support to PLWA, in order to ensure greater access to holistic care and support for a larger number of children. In addition, through Kids Clubs and other care opportunities, older OVC will have a forum for applying life skills and leadership skills to benefit younger children in need of support.
- Assure greater quality assurance for services provided to OVC. This includes better monitoring and evaluation of sub-partners' organizational capacities and activities on the ground. Supervision of mentored organizations' trained caregivers and peer educators will include monthly site visits. HWW will organize an evaluation plan with them after one year and participate in PNOEV-led efforts to share and evaluate the effectiveness of organizational assessment tools used by PEPFAR implementing partners and others in Cote d'Ivoire.
- Accentuate training and economic support activities targeting parents (mothers in particular) in order to reinforce the capacity of families to care for their children, HWW will. The training will be developed in collaboration with the PN-OEV and in synergy with HOPE's ABY program, and will improve care and support at the family level. This will also give parents/caregivers competencies for better communicating with their children in particular with regard to disclosing their serology to their children and with them planning for their future.
- Finance small IGAs based on lessons learned by country programs from CARE, UNFPA and other partners to enhance greater autonomy for families and allow them to provide for the basic needs of their children. The creation of exchange groups among parents/caregivers and children will be encouraged.
- In collaboration with the MEN, initiate OVC activities at nine more schools and continue to facilitate afterschool programs to provide multilevel support for children through support groups for OVC. This includes counseling, play therapy, nutritional support, referrals, and educational support. Child participation and interaction will be promoted.
- Support OVC-focused home-based care activities for children with special needs, including assessment of living conditions and family needs and concerns with the goal of providing holistic care to OVC and their families.
- Develop and facilitate a referral system within the network of mentored NGOs and with other PEPFAR funded partners, as well as with other funding organizations, to contribute to ongoing platform efforts. This includes links with other organizations (local and international) that provide different services, as well as with other programs (HIV prevention, PTMCT, health care, etc.).
- Sub-contract for an independent evaluation of HWW's OVC and related community-mobilization activities to assist documentation of its best practices and identify areas for improvement and program gaps. The evaluation will cover HWW's monitoring and evaluation plan as well as service provision and internal organizational capacity.
- Collaborate with other PEPFAR partners (such as Alliance, CARE, ACONDA, and FHI) as well as with other donors (Global Fund, UNICEF) to avoid duplication of services and reach the most vulnerable children.

Olive Leaf South Africa will continue to provide technical assistance to the program, both in terms of programmatic support and organizational capacity development. Olive Leaf will share key documents and manuals, conduct site visits, and conduct a regional ANCHOR conference in South Africa.

HWW will continue to mobilize additional material and financial resources and develop a plan to promote local ownership and long-term sustainability of quality services for OVC. Local "Fighting AIDS" committees will be established within those organizations (especially religious organizations) in order to initiate and encourage activities around resource mobilization and care and support for OVC. To ensure greater sustainability, monthly review meetings will be held with these organizations to assess their activities and help them identify other long-term funding resources within the community.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15122

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15122	5499.08	U.S. Agency for International Development	Hope Worldwide	7050	4936.08	GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide	\$450,000
9706	5499.07	U.S. Agency for International Development	Hope Worldwide	4936	4936.07	GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide	\$311,228
5499	5499.06	U.S. Agency for International Development	Hope Worldwide	3390	1481.06	ANCHOR OVC CoAg: Hope Worldwide No GPO-A-11-05-00014-00	\$195,510

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$0

Education

Estimated amount of funding that is planned for Education \$0

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7226.09

Mechanism: JHU-CCP Communication 2008

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25617.09

Planned Funds: \$50,000

Activity System ID: 25617

Activity Narrative: In Côte d'Ivoire, the Ministry of Family, Women, and Social Affairs (MFFAS) is responsible for coordinating services for the country's estimated 540,000 orphans and vulnerable children (OVC) due to HIV/AIDS through its National OVC Program (PNOEV). In the past three years, the PNOEV has developed, disseminated, and begun to implement a sector strategy that operationalizes the national priority of supporting OVC within families and communities.

In 2007, JHU/CCP developed with PNPEC, PNOEV, and other PEPFAR partners a communication strategy and a curriculum on interpersonal communication/counseling for people affected or infected by HIV/AIDS. About 50 health workers and community counselors have been trained with this curriculum. Care and support for OVC is one of the areas of this curriculum, which addresses insufficient knowledge of OVC needs and services, laws to protect OVC, OVC rights, and barriers to effective identification of OVC.

In 2008, JHU/CCP consolidated its past work with religious leaders on stigma reduction and support for PLWHA and extended it to OVC through its Compassion Kit.

In 2009, drawing upon its past work in stigma reduction and support for PLWHA, JHU/CCP will start to develop, in collaboration with the PNOEV, relevant materials addressing stigma, discrimination, and psychosocial support for OVC and caregivers. Materials will include TV and radio spots in French and local languages, posters, and information leaflets).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11044.09

Mechanism: TBD New Treatment Partner

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 26598.09

Planned Funds: [REDACTED]

Activity System ID: 26598

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes. As part of a full range of HIV care, treatment, and prevention services, the partner will support the development of strong mechanisms and services targeting OVC and their families.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their individual needs. In these individual sessions, the counselor will seek to obtain contact information (e.g. address, telephone number) for the client and briefly assess the client's needs and resources. The counselor will provide the client with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselor will then ask the client whether she or he would like to provide the names of people in the household who might need referral to such services.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, the partner will ensure that community-based services capable of meeting these needs are identified, and the partner will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system. Health workers will be trained in pediatric HIV/AIDS management and care and will be encouraged to facilitate access to OCV services in the partner assisted regions. The partner will promote uptake of early infant diagnosis and provision of cotrimoxazole prophylaxis. All community leaders will be sensitized and encouraged to facilitate access to OVC services

Funding to support staffing and training of these counselors, as well as training of physicians and nurses to refer clients to the counselors, and adaptation and reproduction of job aids and prevention materials will be apportioned among different program areas (OVC, Adult Care and Support, Adult Treatment, PMTCT, CT, and Pediatric Care). The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services for persons living with HIV. The program's effort will reflect the funding proportions noted above.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5383.09	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: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5164.22341.09	Planned Funds: \$160,000
Activity System ID: 22341	

Activity Narrative: With FY09 funds, USG technical staff will be supported (salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded interventions designed to improve the lives of orphans and other vulnerable children (OVC) and families affected by HIV/AIDS in Cote d'Ivoire. This technical assistance is provided in close consultation with relevant ministries (Family, Women, and Social Affairs; Health; Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.

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 service-delivery systems. 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 PEPFAR-supported OVC activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15162

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15162	5164.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7066	5554.08	CDC-RETRO-CI GHAI	\$160,000
10347	5164.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5554	5554.07	CDC-RETRO-CI GHAI	\$376,530
5164	5164.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$273,423

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 17125.22359.09	Planned Funds: \$300,000
Activity System ID: 22359	

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

OVC

Since May 2005, PEPFAR Cote d'Ivoire has rapidly scaled up HIV/AIDS care and treatment across the country. Care and support for orphans and vulnerable children (OVC) has grown from 2,199 OVC in 2005 to 38,747 as of March 2008. As the Cote d'Ivoire program expands, SCMS has played a key role in providing technical assistance to coordinate accurate and frequent commodities forecasts and improve real-time stock management activities at facility, district and central levels of the health system.

To date SCMS, as part of an integrated care and support program for OVC, has procured and delivered a basic package of support materials including bed nets, water purification tablets, paracetamol, albendazole, malaria treatment, oral rehydration solution, and amoxicillin for a targeted 63,000 OVC in FY08. SCMS technical assistance enhanced the institutional capacity of the PSP, health districts, and targeted 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 service sites in the National HIV/AIDS Care and Treatment Program.

FY09 Activities

Procurement

With FY09 funds, SCMS will continue strong technical and management assistance to support the PSP in its leadership and coordination role in the national HIV/AIDS program. In the program area of OVC, SCMS will continue to procure and deliver a standard package of commodities to support orphans and vulnerable children through the community activities of other PEPFAR implementing partners. These kits will include

Activity Narrative: bed nets, water purification tablets, paracetamol, albendazole, malaria treatment, oral rehydration solution, and amoxicillin. Specific needs projections will be negotiated with the MOH, the National OVC Program (PNOEV) of the Ministry of the Family, Women, and Social Affairs, and other partners in support of the overall PEPFAR FY09 target of 70,000 OVC.

Technical Assistance

SCMS will continue to improve the quality, accuracy, and frequency of OVC commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID and other donors through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site. In FY09, the systems that track and manage ARVs will be expanded to include these other commodities with the introduction of a Laboratory LMIS. SCMS will also ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17125

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17125	17125.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7061	5414.08	Supply Chain Management System	\$506,200

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5343.09

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: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 9939.22457.09

Planned Funds: \$300,000

Activity System ID: 22457

Activity Narrative: The ANS-CI 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 ANS-CI and PEPFAR in order to serve as the linking organization between donors/partners and civil-society organizations working at the community level.

ANS-CI works in collaboration with the National OVC Program (PNOEV) of the Ministry of Family, Women, and Social Affairs (MFFAS) as well as the national reflection committee on OVC concerns (CEROS-EV), and PEPFAR partners (FHI, ANADER, Care International, Hope Worldwide CI, EGPAF, ACONDA, and others) to provide technical and financial support to NGO/CBO/FBOs to identify, assess, and provide quality community- and home-based services for OVC according to national priorities and standards.

From FY06 to FY08, ANS-CI:

- Participated in the national OVC technical working group and coordinated site placements to enhance comprehensive OVC service delivery and effective referral networks.
- Selected and provided sub-grants and technical support for 33 organizations to deliver OVC care and support services for 17,000 OVC and their families by the end of FY08
- Trained 493 caregivers in OVC care and support.

In FY09, sub-grantees will be assisted to design and implement OVC project proposals that provide comprehensive, cost-effective OVC services, including psychosocial, educational, nutritional, legal, and medical assistance. Community counselors will be trained and supported to deliver both OVC care and palliative care services through home visits. Referral systems will be established or strengthened to link OVC activities with health facilities, especially for HIV-positive OVC, who will receive cotrimoxazole prophylaxis. HIV prevention activities for HIV-positive adults will be delivered while providing palliative care for children. ANS-CI will help its sub-grantees to develop programs that establish effective linkages between OVC, care and support, PMTCT, CT, ART, and TB treatment sites. In order to ensure that these strategies and activities will be correctly implemented, ANS-CI will orient subgrantees during start-up meetings and provide need technical support and regular supervision.

Partnerships with RIP (the national network of PLWHA organizations), EGPAF, ACONDA, ANADER, Save the Children UK, Care International, UNICEF, Hope Worldwide CI, service organizations, and others will be strengthened to promote access to OVC and related services throughout the country. These linkages will facilitate supervision and support required to ensure that small grants to NGO/CBO/FBOs are used effectively. All sub-grants will be reviewed and awarded by a technical committee that includes representation from the PNOEV, UNICEF, local N/CBOs, the USG, and other national partners to ensure transparency, coordination, quality, and adequate monitoring and evaluation.

ANS-CI will participate in the national technical working group's adaptation of the Child Status Index as a tool for assessing and monitoring the status of OVC. ANS-CI will train and support its partners to identify OVC through three main types of entry points for OVC services: health-care facilities (ART, CT, PMTCT, TB, pediatric clinics), community (families, HIV-positive support groups, OBC), and in institutions (schools, orphanages, social centers). Under the leadership of the relevant ministries (MFFAS, Health, AIDS, Education), ANS-CI will actively participate in coordination meetings with other PEPFAR and non-PEPFAR partners to ensure that OVC activities are integrated and linked with other health and social services.

In FY09, ANS-CI will continue working in conjunction with national authorities, PEPFAR partners, and other stakeholders to harmonize interventions and ensure that sub-grantees have access to relevant commodities for OVC, including impregnated bed-nets, safe-water systems, and educational supplies procured by the SCMS project. These will be designed to wrap around initiatives such as the World Food Program's school canteen program, UNICEF's school-kit program, and other education and OVC initiatives. ANS-CI will provide OVC kits designed by the national OVC technical committee to meet the needs of underserved populations. ANS-CI will establish an operational ANS-CI with the National Society of the Red Cross to develop CT, care, and support programs by five local committees to be identified in late 2008. ANS-CI will take advantage of the Red Cross' well-trained volunteers to provide HIV prevention (including "prevention for positives") activities, home-based care, and psychosocial support for OVC and PLWHA, as well as activities to reduce stigma and discrimination against OVC and their host families.

With FY09 funds, ANS-CI will provide technical and financial support to five to 10 sub-partners, selected on the basis of a participative capacity analysis. The size of the grants will depend on sub-grantees' geographic range and population coverage. In all, program activities are expected to serve 4,000 OVC in FY09.

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. ANS-CI will continue providing technical assistance to enable sub-grantees to use existing national OVC tools to report national and PEPFAR indicators (including primary and supplemental service delivery). ANS-CI will participate in the national process of harmonizing OVC tools used by the various partners. ANS-CI will encourage and enable its partners to participate actively in the social center OVC collaboration platforms and will work with the PNOEV and the national OVC committee to define and implement its strategies improving geographic coverage and data quality.

More than \$250,000 will go directly to support sub-grants in FY09 to provide OVC activities, including family-oriented HIV education, psychosocial support, support for schooling and vocational training, help with medical fees, legal and child-protection services (birth certificates, inheritance rights, rights advocacy, etc.), income-generating activities, and nutritional assessment and support. Nutritional support will be provided in collaboration with the PNOEV, PATH, and the PEPFAR country team, leveraging local inputs and other partner donations (WFP, UNICEF) when possible. Emphasis will be placed on psychological support.

By September 2009, at least 120 people will receive training in program and financial management, organizational development, monitoring and evaluation, and provision of OVC and palliative care, building

Activity Narrative: capacity of local organizations to promote sustainability of community-based OVC services.

ANS-CI will report to the USG strategic information team quarterly program results and ad hoc requested program data. To participate in the building and strengthening of a single national M&E system, ANS-CI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15097

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15097	9939.08	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	7039	5343.08	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$0
9939	9939.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$1,000,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$57,684

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$20,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6123.09

Prime Partner: Save the Children UK

Mechanism: Save the Children UK

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12217.22349.09

Activity System ID: 22349

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,100,000

Activity Narrative: With funds reprogrammed in April 2009, Save will support OVC services delivered by subpartners in additional geographic zones. The funding will permit Save to provide care and support for a total of 9,300 OVC by September 2010.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- The total number of OVC supported will increase to 7,500.
- Livelihoods activities for the most vulnerable OVC and their families will provide economic strengthening.
- Community gardens will mobilize community members' commitment to caring for and supporting OVC and will also improve the nutritional status of OVC.
- The project will increasingly emphasize a focus on OVC in a family/household context rather than focusing only on the child.

COMPLETE COP09 NARRATIVE:

This activity builds upon and extends FY07 and FY08 activities that aim to provide better health, social protection, and education services for OVC in western and northwestern regions of Côte d'Ivoire that were severely affected by the country's politico-military crisis and remain largely without functioning government services or with severely limited government services.

With FY08 funding, Save the Children UK Cote d'Ivoire is working to build capacity of six local partner organizations (four of which were also supported with FY07 funding) to link communities to available services, train 120 community caregivers and 200 government service providers, and provide direct care for 5,000 OVC in and around Toulepleu, Boléquin, Guiglo, Duékoué, Man, and Odienné by September 2009. Specific intervention sites around these towns are selected in consultation with local NGOs, service providers, and the National OVC Program (PNOEV) to ensure that the project reaches the most underserved zones.

With FY09 funding, Save will reinforce FY08 activities and expand them to additional villages, especially around Odienné (far Northwest), filling significant gaps in national OVC coverage. The project will provide direct care for at least 7,500 OVC by September 2010. Save will also, in collaboration with the PNOEV/MFFAS and UNICEF, work to strengthen the capacity of the social centers in Guiglo, Duékoué, Man, and Odienné (if the social center in Odienné reopens) through material and technical support.

With the gradual return of government services to zones previously controlled by the Forces Nouvelles, Save will ensure that project activities are well-coordinated with relevant social-service structures and the PNOEV to ensure that activities contribute to national strategies and objectives. Save will participate in relevant technical working groups and will work in coordination with other PEPFAR partners and other donors to avoid duplication and maximize synergies. The PNOEV-led OVC platforms will be especially important for this coordination, and Save will be an active, integral member of platforms. Project activities will also complement Save's non-PEPFAR-funded work in education, child protection, and health in western and northwestern Côte d'Ivoire, which includes the rehabilitation of school facilities, training for health workers and teachers, community gardens for malnourished children, sexual and reproductive health awareness-raising, the creation of referral pathways to services for victims of abuse, and support for vulnerable youth, including child victims of sexual exploitation and abuse.

Save will implement a multi-tiered approach designed to assist OVC individually and at the systems level by:

- providing core priority services to the children;
- supporting the families of extremely impoverished children through livelihoods activities;
- training and supporting community caregivers who will monitor children's progress and refer them to appropriate services;
- enhancing community commitment to caring for and supporting OVC; and
- strengthening health, social protection, and education systems that provide services to OVC.

At the service-delivery level, Save will train community caregivers to identify OVC due to HIV/AIDS, assess their needs using the Child Status Index, provide regular home visits, refer OVC to appropriate support mechanisms, and monitor their well-being. Community caregivers will serve as essential links between Save, local partner organizations, service providers, and the children. These caregivers will be selected by the communities – with input from vulnerable children – and will receive a monthly stipend for their work. By September 2009, there will be 150 caregivers directly supporting OVC, an increase from 70 who were working at the end of September 2008.

Training will be conducted in collaboration with the PNOEV and will use nationally approved materials and trainers. Follow-up visit forms and additional monitoring mechanisms will also follow national-level guidance.

Caregivers will link to and be supervised by six local partner NGOs that will ensure proper follow-up of referrals. Through trainings and work sessions, the project will link these local partner organizations to state services so that referrals occur smoothly and in the best interests of the children.

Community caregivers will identify OVC in a variety of ways, including:

- Direct identification in the community, in consultation with community leaders and village-level associations;
- Links with HIV counseling and testing centers, ART sites, TB sites, and hospitals (some of the local partners already run CT centers and ART sites);
- Identification in schools; and
- Identification through social centers.

After assessing children's needs, caregivers will focus on ensuring that OVC receive four of the seven core OVC services, as needed: health care, protection, psychosocial support, and education. Save will also

Activity Narrative: pursue wraparound nutritional support from the World Food Program for cases in which families are extremely impoverished. An activity piloted in FY08 will provide economic strengthening for 150 extremely vulnerable households, who will receive income-generating training and start-up kits. Save will follow PNOEV guidance on implementing IGAs and draw upon its own experience of having provided such activities to more than 1,000 children. The monitoring and evaluation officer will support local partners to put in place monitoring systems to ensure that the activities become sustainable livelihoods activities for the families. Save intends to pilot the activity with 100 families by the end of FY08 and expand to another 150 families, for a total of 250 families by the end of FY09.

Another new activity will seek to enhance community commitment to care and support for OVC while improving their nutritional status. In consultation with the PNOEV, Save will support community gardens that will provide nutritious fruits and vegetables to OVC while creating an activity around which community members can coalesce to support those most vulnerable among them. Collaborating with FAO, Save has piloted these gardens as part of its health program and has found them to be a low-cost, locally sustainable solution for improving the nutritional status of vulnerable children and pregnant women. Communities are able to make a profit through the sale of a portion of the fruits and vegetables they grow while dedicating the remainder to children exhibiting malnutrition. Save intends to approach both FAO and IYCN/PATH to identify best practices in community gardening and to implement this activity in several project sites. Save will also explore collaboration possibilities with the rural development agency ANADER to take forward both the IGAs and the community gardens.

1. Health care – Save's local partners and community caregivers will link OVC with appropriate health services. Save will oversee coordination between these partners and health centers to ensure smooth referrals. Save will train health-care personnel on working with vulnerable children and will provide essential drugs free to OVC. The project will also advocate (in collaboration with the PNOEV and PNPEC) with the Ministry of Health to abolish user fees for OVC, building upon Save's ongoing work to abolish user fees for pregnant women and children under age 5. The project will support vaccination campaigns, in collaboration with the national vaccination program, for OVC who are at least 1 year old. Save will encourage HIV testing for children of HIV-positive parents (as well as for all family members of HIV-positive children) and will ensure appropriate referrals, including for ART, and follow-up.

2. Protection – Working in zones with large immigrant populations and highly mobile populations, Save will collaborate with the PNOEV, mayors or other local structures, social centers, the Norwegian Refugee Council, and the International Organization for Migration to establish identity papers for children up to 13 years old. Save will train local partners and community caregivers to identify and report cases of child abuse, especially sexual abuse. Save will also encourage local partners and community caregivers to sensitize their communities about acceptance and support of OVC. Community caregivers' regular home visits will also serve as a protective factor for OVC. During home visits, caregivers will assess not only the status of the OVC themselves but also the general status of the family; families identified as extremely vulnerable (including child-headed households) will be referred for economic strengthening. All people involved with the project – government actors, local partners, community caregivers, OVC – will engage with Save the Children UK's Child Protection Policy, which seeks to minimize protection risks for children.

3. Psychosocial support – Social workers, local partners, and community caregivers will receive training in listening skills and other basic psychosocial support mechanisms. They will provide support through needs assessments, referrals and follow-up, and regular home visits. Psychosocial support will be targeted to the entire family and may include such activities as inheritance planning and memory books. Caregivers will also organize recreational activities to promote the social integration of OVC.

4. Education – Save will advocate with the Ministry of Education (MEN) to ensure that all school-age OVC have access to school. The project will support the MEN's initiative to incorporate HIV/AIDS awareness and prevention into the national curriculum by training teachers and education authorities on the use of the MEN's life-skills materials. Save will also include teachers in trainings about non-discrimination and psychosocial support for OVC. Save will support teachers' associations for HIV-related awareness-raising activities. Save will work with school management committees to create innovative, locally sustainable solutions to ensure that OVC are able to access school.

Community caregivers will also conduct age-appropriate, village-level HIV-prevention activities for project beneficiaries and other at-risk community members. The caregivers will receive training in behavior change communication and awareness-raising methodologies, and they will work with OVC to develop key messages. Save will also create linkages between project beneficiaries and local media so that OVC are able to speak to local populations about the special needs of OVC, non-discrimination, and HIV prevention.

To build sustainability, a crucial element of the project will be to strengthen the capacity of the ministries of Health, Education, and Family, Women, and Social Affairs (MFFAS, which houses the PNOEV) to provide needed services. By September 2009, the project will have trained 240 service providers representing these ministries in identifying OVC, working with vulnerable children, providing psychosocial support, and improving social inclusion of OVC. Of these providers, 80 will be "focal points" tasked with case management of referrals. Save will collaborate with Care International and the PNOEV to coordinate trainings.

Project staff will train staff at social centers in Guiglo, Duékoué, Man, Bangolo, and Odienné in care and support to OVC following PNOEV guidance. Save will also contribute (with FHI and the PNOEV) to an OVC situational analysis and will support the social centers' efforts to put in place OVC collaboration platforms to streamline case management and ensure maximum coverage of the coordinated efforts of government and civil society actors. Save will work with health centers near project sites, creating referral networks so that OVC are able to access health care in a confidential, child-friendly way.

More specific support to ministries will include:

- Material and technical support to the five social centers to ensure proper follow-up of cases referred to

Activity Narrative: them and to support the creation and running of collaborative coordination platforms; the material support will not take the form of salaries or incentives but will be decided in collaboration with the social centers based upon their most pressing needs;

- Assistance to the national vaccination program;
- Provision of essential drugs, in collaboration with PNOEV, PNPEC, and UNICEF, for OVC to the Ministry of Health; and
- Training assistance to the MEN.

The six local partner NGOs will form a crucial link between community caregivers and state service providers. The partner NGOs will, for example, serve as the reference to health care providers for OVC needing medical support. These partners will also advocate with regional MEN officials for all OVC to be in school and will follow up the legal processes for OVC lacking birth certificates. They will be required to participate actively, along with Save, in supporting PNOEV-led platforms. They will be selected using a process that Save has developed for assessing local partners' capacity in eight domains of organizational management. Although Save does not currently use a sub-granting system, the project will work with local partners to identify in-kind and technical support that will help them to develop their capacities. Areas for support are likely to include capacity building on issues related to OVC (identification, psychosocial support, casework, and others); in-kind support for managing their offices; training support on financial management, procurement, and logistics; training support for fund raising; and material and technical support for monitoring and evaluation. Save will also assist the NGOs to build their capacity to supervise the community caregivers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15157

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15157	12217.08	U.S. Agency for International Development	Save the Children UK	7063	6123.08	Save the Children UK	\$900,000
12217	12217.07	U.S. Agency for International Development	Save the Children UK	6123	6123.07	Save the Children UK	\$600,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$78,800

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$30,000

Education

Water

Estimated amount of funding that is planned for Water \$25,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7220.09

Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17122.22438.09

Planned Funds: \$100,000

Activity System ID: 22438

Activity Narrative: ICAP-Columbia University will develop strong mechanisms and services targeting OVC and their families in the health districts they support. At each PMTCT and VCT site, peer educators will be trained and supported to identify OVC in the surrounding community, including both in and out of school children and youth. The peer educators and staff from care and treatment sites will identify and register OVC during routine outreach and home visits, particularly visits to HIV positive patients enrolled in care and treatment and PMTCT programs.

ICAP will introduce national OVC tools, such as registers and identification cards, at each site to ensure proper documentation of OVC enrollment and services provision. ICAP anticipates enrolling approximately 800 OVC who will be referred for other community based services as available and appropriate.

Health personnel at ICAP supported sites will offer information to all enrolled patients about the availability of OVC services for them or for their family members and will make referrals to specific community-based OVC care services tailored to their individual needs. They will also inform patients that services are free for those enrolled and with an enrollment card. In these individual sessions, the counselor will seek to obtain contact information (e.g. address, telephone number) for the client and briefly assess the client's needs and resources. The counselor will provide the client with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselor will then ask the client whether she or he would like to provide the names of people in the household who might need referral to such services.

ICAP will support each site to establish a list of services available to OVC and their families in the surrounding community including, legal services, nutritional support, emotional support, micro-finance, support for school fees, etc. In addition, through community sensitization campaigns and routine outreach by peer educators and other site staff, sites will engage key religious and other opinion leaders to mobilize community support for OVC. These efforts will also serve to address stigma and discrimination against PLHA and OVC in the community. In collaboration with NGOs such as WPF and Caritas and local associations of PLHA, ICAP-supported sites will distribute food supplements, school fees, and clothing to OVC and vulnerable families. Finally, all OVC and family members will be encouraged to participate in support groups at care and treatment sites.

OVC services will be integrated into all HIV services at each site. For instance, HIV counseling and testing programs will refer HIV positive clients to OVC services, and counseling and referral for HIV testing will be offered to all OVC and/or their guardians. Integrating HIV prevention into OVC services will be emphasized for adolescent clients. To ensure that staff at sites are sensitive to the needs of OVC, health personnel from all ICAP-supported sites, particularly physicians and pediatricians, will be trained in pediatric HIV care and treatment.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ICAP will ensure that community-based services capable of meeting these needs are identified, and ICAP will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system. Health workers will be trained in pediatric HIV/AIDS management and care and will be encouraged to facilitate access to OCV services in ICAP assisted regions. In addition to the training, each facility will receive a copy of the national pediatric care and treatment guide. ICAP will place particular emphasis on early infant diagnosis and on the initiation of cotrimoxazole at 6 weeks of age for all exposed infants. In addition, ICAP will continue to collaborate with PATH to provide nutritional support to exposed infants, in compliance with national guidelines and recommendations.

In collaboration with PNOEV, ICAP will support the training of at least one community counselor from each ARV treatment site, in addition to social workers. A total of 50 people will be trained in OVC care. These trained staff will then work with PNOEV in each region to develop a plan for OEV services in their respective Districts, in collaboration with District Health Authorities. All OVC activities will be reported monthly by the community counselors and the data reviewed and approved by the district health officers (Directeurs Departementaux) before being reported to ICAP.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17122

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17122	17122.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$60,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5316.09

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: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5044.22447.09

Planned Funds: \$1,150,000

Activity System ID: 22447

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

- The period of this proposal is for one year
- The main focus for FY09 will be on consolidating and ensuring the quality of existing activities by following national strategies for training local OVC partners.
- Efforts will be made to reach more peri-urban and rural areas.
- Supervision visits will be made with the National OVC Program (PNOEV) to providers and partners trained during FY05-08.
- Care will work with social centers with the promotion of the platform approach for OVC support coordination
- Care will leverage its relationships with migrant communities in Abidjan to conduct OVC support activities with children from Niger, Burkina, Guinea, Ghana, and Nigeria living in Port Bouet, Abobo, and Adjame and the CNO zones.
- Care will pilot the use of the Child Status Index to assess needs of OVC
- Care will take over support of approximately 3 000 OVC previously supported by Alliance through subpartners in the CNO zone.

COMPLETE NARRATIVE

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 and other government services have been severely disrupted since civil conflict split the country in 2002.

Working under the coordination of the National OVC Program (PNOEV), Care provides sub-grants and capacity-building assistance to local partners to provide OVC identification and care according to national guidelines in five hub cities (Bouake, Korhogo, Man, Bouna, and Duekoue) and nine satellite sites. In FY09, Care will add partners (AIPS in Bouake and Afrique Espoir Vie in Man) previously supported by the PREMA project (Global Fund) and Solidarity Against AIDS Project (EU), both ending this year. Care will also continue funding certain NGOs previously funded through Alliance CI. With FY09 funds, Care will also leverage its relationships in Abidjan to include OVC support activities within the high-risk communities of migrant workers residing in Port Bouet, Abobo, and Adjame. Care will use its strong ties with these communities to continue efforts by the Angels of the Migrants, a new NGO led by migrants, to begin addressing the health concerns of their population. Using the same methods and tools as in its primary intervention area, Care will work with local health care and social workers to identify OVC, assess their needs, and conduct support and care visits to address specific needs of OVC and host families.

Care's OVC strategy is to identify and serve OVC and their families by ensuring effective linkages between project partners and public and private HIV and TB treatment, PMTCT, and testing sites, as well as palliative care and HIV prevention partners working in the community, such that anyone identified as HIV+ will have timely access to the full spectrum of diagnostic and follow-up care, including care and support for their children. To do this, Care will ensure that a referral sheet with information about local OVC partners is printed and available at each CT and palliative care site and that the 15 community counselors who are based at CT sites have the resources to accompany new HIV-positive clients to palliative-care and OVC partner offices for their initial visit. Care will make sure during regular supervision visits that referral sheets are available in adequate supply and are used in CT, care, and OVC sites.

Care ensures that NGO partners receive training (based on national training modules produced by the PNOEV), medicines, and other supplies (mosquito nets, water purification products, etc.) to provide to OVC and their host families. Trainings will be based on the national training module created by the PNOEV, which covers the provision of quality psychosocial, nutritional, educational, and judicial support with a "family approach" and the identification and referral of childhood illnesses (anemia, malaria, malnutrition) with an emphasis on prevention messages (the importance of clean water, hygiene, and nutrition education). Care has two staff members, and has supported at least one member of regional training pools, who are prepared to train others on the national OVC training module. In FY09, particular emphasis will be placed on the provision of judicial and medical support, which have proved to be areas that need improvement among partners.

Care will seek technical assistance for training of staff and partners on the use of the Child Status Index tool, to improve assessment of OVC needs and ensure that priorities for assistance are established for each individual child.

Care hopes to continue to work with the World Food Program (WFP) to provide wraparound nutritional support for OVC and host families assessed as food-insecure, although the program may be reduced in FY09 due to reduced WFP funding in Cote d'Ivoire. OVC requiring medical attention are referred to local health centers, which have received refresher training in the diagnosis and treatment of childhood illnesses.

NGO social workers conduct school and home visits to assess and monitor the well-being of children. In FY09, these social workers will receive basic training, based on the national community health worker (ASC) training module, which includes basic information for diagnosing and care of medical issues, to facilitate identification of health problems among children.

In FY09, Care will continue to reinforce regional HIV/AIDS NGO coordination networks to ensure a continuum of care and facilitate the extension of services and coordination by the PNOEV of the Ministry of Family, Women, and Social Affairs (MFFAS), as well as the Ministry of AIDS (MLS) and the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC). To implement the PNOEV's "platform" model of OVC activities coordinated around local social centers, Care's OVC coordinator, hired during FY08, will work with the PNOEV to support the revitalization of MFFAS social centers in the North and West, which were closed during the civil conflict. Specific support will be determined with the PNOEV but could include further rehabilitation of social center structures, provision of materials and supplies (Internet

Activity Narrative: service installation, motorbikes) to allow social workers to effectively coordinate OVC support activities in their zones, and requiring local NGOs to commit to participating in monthly meetings to discuss OVC support and agree upon areas of responsibility. Care will place an emphasis on supporting the promotion of social centers as the official "center" of platform coordination efforts.

Efforts will be made to support local partners in reaching more rural areas through the provision of motorcycles and more funds to cover transportation costs.

OVC activities will complement and build on other PEPFAR-funded work, including OVC policy and guidelines as well as HIV prevention, care, and treatment activities by ministries (AIDS, Health, Education, Social Affairs) and other partners. District health management teams will continue to be involved in planning and supervision to maximize medical care services for OVCs.

As the principal recipient for the 2nd Phase of the Global Fund Round 2 National HIV Project (OASIS), Care expects to increase its OVC caseload by linking with new ART sites to be established with GF and PEPFAR support. Systematic referral for HIV testing of partners and family members of HIV+ clients will be emphasized. Pediatric HIV care sites are limited, but Care will refer children identified through CT, OVC, and prevention partners for appropriate care and treatment to the sites that exist and will work to ensure that needed medical care is available for opportunistic infections and other basic illnesses, including support for travel costs if required for the treatment of pediatric HIV cases.

Training-of-trainer methods were emphasized in FY07-08 to give partner NGOs the capacity to train and monitor community-care groups and counselors. A joint supervision visit will be conducted each semester with PNOEV representatives to review the quality of community-based OVC activities.

Project activities will be coordinated with other Care HIV projects, including the GF Round 2 Phase 2 HIV project. A joint work plan will be used to ensure that projects are complementary. Care's PEPFAR project will take over the support of partners previously supported by the Global Fund Round 5 PREMA Project, in preparation for the end of PREMA in early FY09. All Care HIV projects will emphasize the prevention and treatment of malaria among HIV-affected/infected populations and will be coordinated with the GF Round 6 and 8 Malaria Projects.

In coordination with JHU/CCP, CARE will support the network of religious leaders (ARSIP) to train religious leaders and to promote common HIV prevention and care strategies, including spiritual care for PLWHA and OVC and advocacy against stigmatization of OVC.

In support of the PNOEV's "platform" model, expanded funding will also allow the rehabilitation and support of social centers where government social workers will work with local NGOs and service providers to ensure that OVC receive appropriate care and support services. "Exchange visits" will be organized so that social workers can directly observe how the "platform" model operates in other areas.

Care will integrate OVC activities into health promotion work conducted through HIV prevention efforts and follow-up services at the hospital in Duekoue, with a new NGO partner there. Care will work with local health authorities to determine the most effective way of ensuring OVC services in the zone.

Care will also continue to work to create "twinning" relationships with organizations conducting similar work in other zones. "Exchange visits" will be financed by the project to allow project staff and partner representatives to observe successful OVC care approaches, particularly with Hope Worldwide.

Care will support poverty-reduction and economic-support activities to build self-sufficiency for OVC, including support for savings-and-loan and income-generating activities (described in AB and Other Prevention narratives) for child-headed households and host families of OVC, through Care's transversal POWER project. The project trains "group promoters" from local partners, who guide and support VS&L groups put in place in FY0708, to help ensure sustainability.

In all, FY09 funds will support services for at least 10,500 OVC by September 2009 and 14,000 OVC by March 2010, as well as training for at least 175 care providers between September 2008 and March 2010. Activities will include:

1. Sub-grants and strong technical assistance and supervision to Caritas and seven local OVC partners, including partners previously supported by Alliance National contre le SIDA.
2. Strengthening of the referral system linking OVC, CT, and prevention, care, and treatment providers, in collaboration with the PNOEV and social centers.
3. Training or refresher training for 100 social workers and community counselors in OVC identification, care, and support using a "family approach" and the Child Status Index, as well as in diagnosing HIV infection and other illnesses in children.
4. Cross-training and use of all local partners' OVC caregivers in provision of palliative care, and vice versa.
5. Wraparound nutrition support with the WFP, as available, and refresher training for food-distribution teams and care providers in nutrition-education methods and nutrition needs of PLWHA and children.
6. Purchase of drugs and commodities to prevent pneumonia, TB, malaria, and diarrheal disease in HIV-exposed and HIV-infected children.
7. Provision of water-purification products, mosquito nets, and hygiene kit components to health structures and NGO partners providing OVC care.
8. Regular supervision visits by PNOEV and Care OVC focal point to support field staff and health personnel trained in OVC support in FY06-08.
9. Continued support and follow-up for peer-support groups of parents of OVC with village savings-and-loan and possible income-generating activities.

Care will continue to follow the project M&E plan based on national and PEPFAR requirements and contribute to the implementation of an integrated national M&E system. A final evaluation will be conducted

Activity Narrative: by an outside research group at the end of the project to assess overall project achievements.

National supervision tools will be revised based on FY08 experiences as part of an emphasis on tracking the evolution of partner capacity. Care's new research coordinator will focus on monitoring and evaluating the impact of the project. Care will work with PEPFAR, and the new PEPFAR partner in this area to determine the best methods for evaluating the effectiveness of project activities. Care will hire a higher-level subgrants manager who will focus on providing staff the tools and training necessary to measure institutional capacity building. Particular emphasis will be placed on building administrative capacity among local partners to increase their autonomy as the project nears its end.

Care incorporates flexibility into its partnerships with local NGOs to avoid dependency and encourage autonomy. A strong accent is placed on training of trainers and regular instructive supervision so that necessary technical skills are transferred to local partner staff. Subgrant managers with financial backgrounds have been hired and continue to support partners with budgeting and financial justification on site. Care is also emphasizing the development of project-writing skills so that partners can apply directly for funding in the future. Institutional capacity building will continue through equipment purchases (including motorcycles and computers) and linking of partners into the national commodities circuit. Care will also continue to link local organizations with district health authorities by facilitating quarterly supervision visits and ensuring that service provision sites are monitored and authorized by national authorities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15106

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15106	5044.08	HHS/Centers for Disease Control & Prevention	CARE International	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$1,233,000
9938	5044.07	HHS/Centers for Disease Control & Prevention	CARE International	5316	5316.07	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$800,000
5044	5044.06	HHS/Centers for Disease Control & Prevention	CARE International	3536	3536.06	Rapid expansion North West: RFA # AAA070 North & West of CI	\$300,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$25,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,000

Education

Estimated amount of funding that is planned for Education \$75,000

Water

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5309.09

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17114.22466.09

Activity System ID: 22466

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$200,000

Activity Narrative: Since its creation in 2002, the Ivorian NGO of health professionals ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health PMTCT and HIV treatment programs. 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. After working as a treatment sub partner to EGPAF (Project HEART) starting in 2004, ACONDA in September 2006 graduated to become a PEPFAR prime partner by winning a competitive award to provide comprehensive family care and PMTCT services. With FY09 funds ACONDA will continue to support FY08 sites and expand to an additional 15 sites with a total of 105 sites providing care and support to 4,070 HIV-infected children in the facility and the community. In FY09 ACONDA will provide care and support to 1,800 OVC.

Besides providing medical care and treatment, facility-based health services represent a critical opportunity to affect client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients effectively with community-based care services. All ACONDA sites will ensure that HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative-care services.

ACONDA will engage enough counselors to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients. In individual sessions, the counselor will seek to obtain contact information (e.g. address, telephone number) for the client and briefly assess needs and available resources. Following an assessment of risk and vulnerability, the counselor will provide the client with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselor will then ask the client whether she or he would like to provide the names of people in the household who might need referral to such services.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ACONDA will ensure that community-based services capable of meeting these needs are identified, and ACONDA will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services for persons living with HIV. The program’s effort will reflect the funding and proportions noted here.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17114

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17114	17114.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$130,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7737.09

Mechanism: AVSI Track 1

Prime Partner: Associazione Volontari per il Servizio Internazionale

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17373.22450.09

Planned Funds: \$1,450,391

Activity System ID: 22450

Activity Narrative: With funds reprogrammed in April 2009, AVSI will support OVC services delivered by subpartners in additional geographic zones. The funding will permit AVSI to provide care and support for a total of 5,928 OVC by September 2009 and a total of 8,500 OVC by September 2010.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Activities will remain unchanged from FY08 in terms of strategy and services given, as described below. Additional activities in FY09 will be the following:

- AVSI will expand its activities to two more social centers in Abidjan.
- Particular emphasis will be given to building sustainability of the project through income-generating and skills-training activities for parents and guardians to increase sustainability at the family level, as well as indirect assistance to schools for specific needs (creation of libraries, learning materials and training for teachers) to increase the quality of education given to OVC.
- Altogether, project activities will provide primary direct services for at least 7,500 OVC

COMPLETE COP09 NARRATIVE

This activity will build on and expand OVC care and support activities started with FY08 funding, contributing to a scale-up of OVC services in Cote d'Ivoire by building the capacity of local organizations and social centers to identify, assess, and meet the needs of OVC while strengthening systems to coordinate, manage, and track progress at the local, district, and national levels.

With FY08 funding arriving in October 2008, AVSI – an international NGO conducting USG-funded OVC program in Uganda, Rwanda, Kenya – is launching OVC activities in Cote d'Ivoire that will provide direct care for 5,500 OVC by September 2009 as well as sub-grants, capacity building, and mentoring for local sub-partners and leadership in district-level and regional coordination and quality assurance. AVSI will contribute cost-share matching funds of more than 10% of the total program budget.

With staff based in three social centers (Yopougon and Abobo in Abidjan, and Bouaké), AVSI will provide OVC services, both directly and through local partners, by using the following strategic approach:

- Focus on the child as a unique and unrepeatable human being, endowed with dignity and potential, and by nature, not only by necessity, in relationship with family and community;
- Ensure that every child be cared for by an adult, either in the family or by someone in the community or of a NGO/CBO;
- Rely on and enhance the operational capacity of local NGOs/CBOs through close and continuous working relations between AVSI personnel and every partner, as well as among the partners through an operational and stable network.

Under the coordination of the National OVC Program (PNOEV), AVSI will ensure that each child is followed by a community worker, hired and trained by AVSI, who will be responsible for making an individual intervention plan for each child based on the assessment of individual needs and for closely following the services provided. The assessment and the monitoring of activities will be done through regular visits at home and at school and through meetings in AVSI or social center offices. This overall strategy is made possible by a close collaboration between AVSI staff and local partners' staff, in order to establish a common way of working and to ensure that every child supported is given comprehensive care based on the needs and resources of the child and his/her family and community.

AVSI will assist the PNOEV to promote the use of the Child Status Index and national tools to implement regular monitoring and to track the improvement of the well-being of children served and the effectiveness and quality of services delivered.

A key strategy in Cote d'Ivoire is AVSI's support for building the capacity of PNOEV-led collaborative "platforms" using social centers as a base for coordinating OVC-related activities in a given geographic areas. In order to give operational support to the OVC platforms, AVSI will establish a regular physical presence of one staff member at each of the identified social centers. This staff member will work hand in hand with the social -center staff to plan, provide, and monitor OVC care activities.

AVSI will serve both as a model provider of direct OVC care, using evidence-based and innovative approaches reflecting international best practices and lessons, and as financial and technical assistance provider and mentor to local sub-partners providing direct care. The approaches used, as described above, include ones tested by AVSI and other PEPFAR partners (holistic package of service, community-based care, database system for monitoring individual children, support to siblings and parents to strengthen families) and others developed by PEPFAR (Child Status Index, OVC guidance).

Local Sub-Partners

To help build sustainable systems of care, AVSI will provide financial and technical assistance and training to strengthen the organizational, management, M&E, and technical capacities of local sub-partners to identify OVC, assess their needs, and provide referrals and quality care with appropriate monitoring of the children's status. The partner will create or reinforce links to health care (including HIV testing, PMTCT, and ART sites), educational, and social services to ensure that children benefit from effective referrals within a continuum of care. Trainings of partners on financial project management and planning skills, to address institutional and operational weaknesses and to improve capacity, efficiency and quality, are an essential component of this process.

AVSI will also provide subgrant funding and technical assistance to local sub-partners, including three partners formerly supported through Alliance Nationale Contre le SIDA (Club des Amis, Bayewa, and Amepouh). AVSI intends to identify at least three sub-partners per platform.

Service Delivery: Identification and Assessment of OVC

Identification of OVC will be conducted at service entry points in PMTCT, CT, and health-care settings and by community committees and local NGO/FBO/CBOs. Initial needs assessment and household follow-up will be conducted using the Child Status Index and the national OVC forms. AVSI will work in close and permanent contact with local partners, organization members of platforms, and social workers to jointly establish and update the selection criteria and the characteristics of intervention within each specific family and community.

With FY09 funding, AVSI will expand its activities to two more social centers in Abidjan, to be selected in

Activity Narrative: consultation with the PNOEV and the PEPFAR-CI team, based on mapping of OVC needs and resources. All project activities will be coordinated with the PNOEV and will follow and support the national HIV/AIDS and OVC strategic plans. AVSI will work with other PEPFAR partners (Care International, ANADER, Hope Worldwide) and other donors to avoid duplication and to maximize synergies.

Services and Targets

The project will ensure that direct services are provided for at least 5,500 OVC by September 2009 and for at least 7,500 OVC by September 2010.

Children enrolled for primary direct support will benefit from:

- Health care: Basic health care will be ensured to each child enrolled in the project. AVSI will promote access to health centers and hospitals through formal agreements and/or health insurance systems, when possible. Working with the platform networks, AVSI will reinforce links to ensure that children benefit from effective referrals within a continuum of care.
- Education: Payment of school fees when necessary, provision of necessary school materials (including uniforms) as needed, and collaboration with school administration.
- Psychosocial support: Counseling sessions and regular visits to home and school by AVSI workers, recreational and sport activities.
- Nutritional support: According to needs.
- Family support: Since children will be followed at the household level by AVSI community workers, all siblings will be monitored, and some of them will be provided supplemental support for health care, education, psychosocial support, and/or economic opportunities.

Other support activities will improve the quality of care and education received by the enrolled OVC and their siblings and peers. With FY09 funding, particular emphasis will be given to the following:

- Income-generating and skills-training activities for parents and guardians to increase sustainability at the family level. This will include basic business-skills training, selection of business plans submitted by trained beneficiaries, distribution of start-up tools or capital and/or micro credit schemes.
- School support to improve quality of teaching and learning may include the creation of libraries, provision of learning materials for teachers, and delivery of training for teachers, depending on local needs and resources.
- Training: In consultation with the PNOEV, AVSI will organize a training of trainers for 30 participants (including teachers, social workers, and platform members) on the AVSI psychosocial manual in use in other countries where AVSI's OVC program is implemented. These trainers will train 120 more social and community workers on psychosocial care.
- HIV prevention and sensitization: With FY08 funding, a group of trainers will be trained in collaboration with the PNOEV on "The Value of Life," a training module on HIV/AIDS prevention, to build skills in training and sensitization. With FY09 funds, 10 sensitization sessions (two per platform) will be organized to reach OVC, their families, and community members.

Coordination and Monitoring

All program activities will be coordinated with the PNOEV and will follow the national OVC strategic plans and documents. Collaboration with the national OVC technical working group (CEROS-EV), the PNOEV, and the PEPFAR team will help AVSI to continually revise its strategies in order to follow national and PEPFAR OVC guidelines and to improve results. AVSI's experience and lessons learned will support the PNOEV in the revision of national documents and guidelines for continuous improvement and strengthening of OVC policies in Cote d'Ivoire.

AVSI will participate in the national M&E system and send timely, accurate reports (quarterly and annually) to national authorities and the USG strategic information team. To help build a unified national M&E system, AVSI will assist social centers to develop a strategy for management of the OVC database at the platform level. AVSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17373

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17373	17373.08	U.S. Agency for International Development	Associazione Volontari per il Servizio Internazionale	7737	7737.08	TBD	\$1,100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$36,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$45,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$210,000

Education

Estimated amount of funding that is planned for Education \$342,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5306.09	Mechanism: EGPAF Rapid Expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 17119.22424.09	Planned Funds: \$200,000
Activity System ID: 22424	

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

In FY09 EGPAF will more aggressively identify OVCs through counselors or providers who will communicate with HIV-positive adults are enrolled in care at supported facilities. During individual and group counseling sessions the providers will encourage parents to have their children tested. To better identify OVCs through individuals enrolled in HIV prevention, care and treatment services, EGPAF will utilize the OVC identification form created by the national OVC program (PNPOEV).

In addition to on-site activities, community counselors primarily identified from local organizations, will conduct home visits to assess the living conditions of OVCs and determine whether there are overwhelming needs for additional resources or services and determine how these needs can be met. Needs could include nutritional support or income generating activities.

EGPAF works with nine local organizations that are responsible for approximately 1,800 orphans and vulnerable children. The Activity plans will be developed in collaboration with the local organizations to determine how EGPAF support is most beneficial. Some possible activities for FY09 include: education tutors to help children to stay in school, organization and formalization of children's support groups and exchanges with other groups, children's camps for adolescents living with HIV for more in-depth psychosocial support for the other children struggling with social issues and questions about sexuality and reproduction and a holiday party for children.

The package of care for OVCs includes:

- Reinforce the capacity of nine local organizations both in technical and managerial aspects
- Make tools available to sites to assist in the identification of OVC
- Psychosocial support to OVCs provided by counselors during home visits and in peer support groups. Support groups allow for an open discussion of issues facing youth.
- Tutoring in school subjects for in-school youth in need of additional educational support
- Sensitization and testing of all children of HIV-positive family and caregivers
- Linking families with income generating opportunities
- Nutritional support especially for infants 6-24 months and malnourished children under the age of five
- Medical care for all children seen at EGPAF-supported sites

Additionally, EGPAF will supply educational materials and OVC materials in waiting rooms high volume pediatric centers (CHU Treichville, CHU Cocody, Centre PIM Abengourou, Centre SAS and CIRBA) for all children and caregivers to read.

In addition to providing medical care and treatment, facility-based health services represent a critical opportunity to impact client behavior through clear, authoritative health messages delivered in one-on-one or small-group settings, as well as to connect clients effectively with community-based care services. To use the opportunity to reduce risk behavior and thus HIV transmission, all PEPFAR Cote d'Ivoire ART and PMTCT service providers will ensure that their package of services includes HIV prevention behavior-change communication promoting risk reduction through abstinence, fidelity, correct and consistent condom use, status disclosure, partner testing, and STI prevention and care targeting both HIV-positive and HIV-negative clients. In addition, they will ensure that all HIV-positive clients are offered effective, monitored referrals to community-based OVC and palliative-care services.

At all its PMTCT and ART sites, EGPAF will provide – through direct hire or, more commonly, by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children.

EGPAF will engage enough counselors to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

HIV-negative clients at PMTCT, CT, and TB sites:

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients at PMTCT, ART, TB, and CT sites:

At all clinical visits, clients who are HIV-positive will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs now and in the future. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non- PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their individual needs. In these individual sessions, the counselor will seek to obtain contact information (e.g. address, telephone number) for the client and briefly assess the client's needs and resources. The counselor will provide the client with a brochure or other illustrated materials showing what the palliative care and OVC care services might include, such as

Activity Narrative: clean water and bed nets for palliative care and educational, medical, nutritional, legal, and psychosocial support for OVC. The counselor will then ask the client whether she or he would like to provide the names of people in the household who might need referral to such services.

With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, EGPAF will ensure that community-based services capable of meeting these needs are identified, and EGPAF will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Funding to support staffing and training of these counselors; training of physicians and nurses to refer clients to the counselors; and adaptation and reproduction of job aids and prevention materials will be split at approximately 50% Abstinence/Being faithful, 10% Condoms/Other Prevention, 10% Palliative Care, and 30% Orphans and Vulnerable Children. The reason for dividing the funding is to allow the program to address an array of HIV prevention needs for HIV-positive and HIV-negative persons as well as to provide effective linkages to OVC and palliative-care services for persons living with HIV. The program's effort will reflect the funding and proportions noted here.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17119	17119.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$340,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7218.09

Prime Partner: Geneva Global

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17362.22410.09

Activity System ID: 22410

Mechanism: NPI-Geneva Global GHH-A-A-00-07-00005-00

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$0

Activity Narrative: Geneva Global is a U.S. based professional-services firm that advises private donors on effective philanthropic investment in the developing world. Its core competencies include identifying effective local CBO/FBOs; analyzing and building their organizational, technical, financial, and governance capacities; and monitoring and evaluating funded projects.

In late 2006, Geneva Global was awarded a three-year grant of \$2 million as one of three Cote d'Ivoire projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, Geneva Global will support 12 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; to provide and promote HIV counseling and testing CT; and to provide care and support and OVC services.

In FY07, Geneva Global launched its project by finalizing a work plan, opening an office and hiring staff in Abidjan, and identifying local sub-partners through a grant bidding conference and capacity assessments. Geneva Global invited and trained 19 CBOs and FBOs on PEPFAR guidelines and requirements as well as best practices in HIV/AIDS mitigation and began the mentorship process, assessing sub-partners' financial and organizational systems, building capacity through coaching and a due-diligence process, and providing technical assistance in project conception and budgeting.

Geneva Global selected 12 partners using its due diligence tools as well as AED tools for institutional capacity assessment and strengthening. It has also used mentoring, shadowing, coaching, workshops, and linkages to build subpartner capacities. Ongoing supervision is helping Geneva Global to monitor how much progress the subpartners are making, and in 2009, Geneva Global will administer the AED tool again to determine its strongest partners. If a requested cost extension beyond the project's November 2009 end date is granted, Geneva Global and its subpartners are capable of increasing targets in all program areas.

In the program area of OVC, Geneva Global will support at least five local organizations to provide direct services in Abidjan, San Pedro, Yamoussoukro and Blolequin: Renaissance Sante Bouake (RSB), Femme Action Development (FEMAD), Groupe Biblique Hospitalier (GBH), Lumiere Action, and Mudessa. In cases where subpartners are receiving other PEPFAR support, Geneva Global funds will be used to provide additional services in different locations in order to avoid duplicating activities.

FY09 funds will be used to provide sub-grants, training, and other technical assistance to enable subpartners to provide direct care and support to at least 1,000 OVC and to train at least 12 community animators or health agents.

Geneva Global will continue to use project management teams and to implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. Partners will be supported to conduct a situation analysis and establish a community OVC referral system involving community leaders, schools, and F/CBOs. Using nationally approved trainers and materials, and working in coordination with the National OVC Program (PNOEV), local partners will be trained to identify OVC at health service entry points (PMTCT, CT, ART, and TB sites), in institutional settings (schools, orphanages), and in the community. They will be trained to assess children's needs and conduct household follow-up using the Child Status Index. In accordance with individual needs, OVC sub-partners will provide or refer OVC to comprehensive care and support, including:

- Health care, including pediatric HIV treatment if needed, with referrals and follow-up to ensure integrated care;
- Nutritional assessment and support to malnourished children, including referral to food-aid programs if needed;
- Clothes and shelter;
- Legal support (e.g. in establishing birth certificates);
- Psychosocial and spiritual support, including counseling and interventions such as memory books;
- Economic strengthening, including vocational training. Families and caregivers of OVC will be supported with income-generating activities and training as well as care and support;
- HIV prevention education and life-skills development;
- Activities with solidarity groups facilitated by partners;
- Recreational activities for all OVC, particularly for those who are heads of households.

Local caregivers will be cross-trained to provide home-based palliative care services. Geneva Global will work to ensure that sub-partners learn about evidence-based and innovative approaches reflecting international best practices and lessons in OVC care and support. Some partners, such as RSB and CIP, provide food support in collaboration with the World Food Program. GBH obtained funding from the TEAR Fund UK that will be helpful in providing wraparound activities.

Geneva Global will work closely with the PNOEV to improve its strategies as well as reinforce its collaboration with strategic partners in the field to better integrate its interventions with national policies. Informal periodic meetings will be held with these structures and the OVC think tank CEROS-EV to find the best means of implementing strategies for meeting the needs of especially vulnerable children and youth, including training and preparation for work for older OVC, nutritional support for younger children, and income generation, psychosocial support, and HIV prevention for girls and young women. In providing services, priority will be given to OVC who are HIV-infected, who are caring for elderly or chronically ill family members, who are heads of households, or who are facing severe poverty. Educational support will include teaching practical skills aimed at making OVC self-sufficient.

To ensure community ownership and sustainability of project activities, beneficiary communities will be involved in identifying and prioritizing needs, planning, decision-making, implementation, and monitoring and evaluation. Using Geneva Global's capacity-building process, staff will train implementing partners in the use of participatory learning and action (PLA) methodologies, which enable communities to articulate their perceived needs, discern resources within their communities, and prioritize potential actions and solutions. PLA is a capacity-building tool with development benefit beyond the interventions funded by NPI.

Activity Narrative: Geneva Global will participate actively, and will require sub-partners to participate actively, in building functional coordination mechanisms for OVC activities based on the PNOEV model of collaborative “platforms” anchored by social centers.

All project activities will be coordinated with the PNOEV and will follow and support the national HIV/AIDS and OVC strategic plans. Geneva Global will participate in relevant technical working groups and will work with other PEPFAR partners (Care International, ANADER, Hope Worldwide Cote d’Ivoire, Alliance Cote d’Ivoire) and other donors to avoid duplication and maximize synergies.

The project will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will participate in harmonizing indicators and building a national OVC database. Geneva Global BAL will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Geneva Global will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To strengthen capacity building for subpartners, Geneva Global will conduct another assessment of sub-partner capacity to identify areas improved since the FY08 assessment. Supervision missions will be carried out at least twice at each site to supervise and monitor activities and progress.

Geneva Global works to promote sustainability by building local capacity and linking subpartners with another in collaborative and mentoring “clusters,” with HIV forums at district and regional levels, with the expertise of other PEPFAR partners, and with other public and private funding sources.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17362

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17362	17362.08	U.S. Agency for International Development	Geneva Global	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5314.09	Mechanism: CoAg FHI/ITM (HVP) #U62/CCU324473
Prime Partner: Family Health International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 5042.22416.09	Planned Funds: \$700,000
Activity System ID: 22416	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, FHI will:

1. Assist PNOEV to conduct OVC situation analysis in 12 new sites, in preparation for expanded OVC platform infrastructure and roll-out of national strategy implementing new social center model. After competence transfer, PNOEV will be able to take the lead of new situational analysis.
2. Assist PNOEV to extend the implementation of the restructured social center to the 12 sites where a situation analysis was conducted in FY08.
3. Integrate OVC related issues in the training curricula in INFS and INFAS.
4. Assist PNOEV and DPPH to integrate training curricula in the National institute for the promotion of visual impaired people (INIPA) and in ECIS (Ivoirian School for the Deaf) by adapting existing approved material for disadvantaged populations.
5. Contribute to improve the quality of OVC services in collaboration with URC and other partners will assist PNOEV to develop and implement quality management related to OVC care in OVC platform. In this purpose, FHI will support PNOEV to train 40 trainers, 140 local actors (community-based and social workers, rural animators, and staff at vocational and household training centers for women and girls) in OVC care, palliative care, behavior-change communication, and social mobilization at the 28 newly identified platform sites.
6. FHI will support PNOEV to finalize and actualize a dissemination plan for OVC communication tool materials which involve identifying the different technical and implementation partners. FHI will work with PNOEV, MLS, MSHP JHU/CCP and REPMASCI for national distribution of communication material on OVC issues created in 2008.
7. In order to improve OVC legal rights, FHI will help PNOEV establish and strengthen OVC legal rights committees and to reinforce the capacity of their members to support implementation of interventions at the 28 OVC platforms (through advocacy and by creating and maintaining strong links with competent legal services which are resources for the platforms).
8. Work with PATH to integrate children's nutritional assessment, needs and support responses in the OVC curricula already integrated at INFS.
9. Assist PNOEV to elaborate a best practices document on San Pedro CSR and to document the organization of technical groups, meetings and activities in the high-functioning social center in Yamoussoukro.
10. Assist PNOEV and MFFAS to develop a strategy to share experiences between the social centers and OVC platforms in order to create sustainable services.
11. Assist PNOEV revise and update coordination and supervision strategy to ensure a better functioning network of OVC platforms.
12. Contribute with Measure, Retro-CI and other partners to set up an OVC DQA program and assist the development of a national OVC services and tracking database; plus assist in management of a training data base tracking human capacity building for OVC care and support
13. Continue to collaborate with REPMASCI (network of journalists and artists) and JHU/CCP channels to disseminate best practices and lessons learned from the implementation of the different models of care and coordination for OVC (IRIS, OVC collaboration platform, District Health Coordination and MLS District HIV Coordination).
14. Continue to assist the CDLS with IRIS strategy in 2 new sites. FHI will not put a technical advisor in those sites but will assist by using the strength from San Pedro experience.
15. Assist PNOEV in identifying a webmaster to manage the PNOEV link in MFFAS website and provide technical support to ensure on site training on OVC care through PNOEV link in MFFAS website
16. Assist PNOEV in the training of MFFAS regional Directors, General Inspectors and others directions involved in the OVC issues in OVC care and support.
17. Continue to strengthen 3 subpartners: ASAPSU (in 3 districts of Abidjan (Marcory, Koumassi and Attécoubé), APROSAM with FURBAS and CERBAS (in San Pedro) through grants to provide direct services (educational, psychosocial, legal, medical and others as necessary) and provide training to community counselors and family members.

COMPLETE NARRATIVE:

Family Health International (FHI) provides technical assistance to the National Program for Orphans and Vulnerable Children (PNOEV) of the Ministry of the Family, Women, and Social Affairs (MFFAS) and other ministries and PEPFAR partners to support the development, evaluation, implementation, and extension of care services for orphans and vulnerable children (OVC). FHI works to build the technical and organizational capacities of the PNOEV and supports the elaboration of policies, norms, and procedures for the care of people living with HIV/AIDS (PLWHA) and OVCs, as well as the strengthening of the national monitoring and evaluation system.

Activity Narrative: In collaboration with JHPIEGO, FHI provided technical assistance for the integration of OVC curricula in courses of the Social Workers Training Institute (INFS). In FY08, FHI helped establish a continuing-education program for community and social workers at INFS. FHI also supported the elaboration and dissemination of the 2006-2010 OVC National Strategic Plan while continuing to develop the organizational and managerial capacity of the PNOEV.

Moreover, FHI supported 7 IRIS model sites including San Pedro center and the OVC platforms surrounding social centers. The IRIS model was extended to 4 newly selected areas, and implementing OVC platforms and support groups in 28 more departments are currently in place (for a total of 28 platforms based on the restructured social center and 7 IRIS model sites nationwide by March 2009).

To boost preparations for scaling up OVC services, FHI hired an international consultant to provide further technical assistance to the PNOEV. The consultant helped the PNOEV to develop and carry out a national strategic implementation plan that includes:

- Helping develop strategy and action plan for mapping OVC services and partners
- Evaluation of San Pedro centre
- Training workshop for PNOEV staff, platform staff, and NGO partners in rapid qualitative assessment methods to identify OEV for inclusion in programme
- Implementation of standardized tools and criteria, based on existing international tools and criteria, for assessment and capacity building of local implementing partners including criteria for graduation to PEPFAR sub-partner and partner status
- Coordination of implementing the Child Status Index tool, including its integration into the national M&E system
- Development of a national M&E tracking system with decentralized data entry points and simpler forms for local partner use
- Development of a specific timeline for continuing implementation and reinforcement of the national implementation plan
- Coordination among all PEPFAR partners to accomplish the aforementioned tasks

In FY08, FHI worked with the PNOEV to finalize the continued education program on OVC issues for social workers at INFS. The organization conducted situational analyses in order to implement new OVC platforms. In addition, FHI worked with PNOEV to implement the following activities:

- Contribute to improving the quality of OVC services by supporting the training of 40 trainers, 210 local actors (community-based social workers, rural animators, and staff at vocational and household training centers for women and girls) in OVC care, palliative care, behavior change communication, and social mobilization at the 12 newly identified platform sites.
- Participate with John's Hopkins University Center for Communication Programs (JHU/CCP), the Ministry of AIDS (MLS), and other partners in the development of new messages and communication materials on OVC issues that will be disseminated nationwide.
- Contribute to the establishment of OVC legal rights committees in the 12 OVC platforms.

With FY09 funding, FHI will primarily work towards the sustainability of the different systems it helped to establish since 2004. More specifically, FHI will:

1 Assist PNOEV to conduct OVC situation analysis in 12 new sites, in preparation for expanded OVC platform infrastructure and roll-out of national strategy implementing new social center model. After competence transfer, PNOEV will be able to take the lead of new situational analysis.

1. Assist PNOEV to extend the implementation of the restructured social center to the 12 sites where a situation analysis was conducted in FY08.

2. Integrate OVC related issues into the training curricula at INFS and the National Institute of Training for Healthcare Workers (INFAS).

3. Assist PNOEV and DPPH to integrate a training curriculum at the National institute for the Promotion of Visual Impaired People (INIPA) and at ECIS (Ivoirian School for Deaf People) for developing appropriate material for sensory disabled people, particularly for visually impaired OVC.

4. Contribute to improve the quality of OVC services in collaboration with URC and other partners will assist PNOEV to develop and implement quality management related to OVC care in OVC platform. In this purpose, FHI will support PNOEV to train 40 trainers, 140 local actors (community-based and social workers, rural animators, and staff at vocational and household training centers for women and girls) in OVC care, palliative care, behavior-change communication, and social mobilization at the 28 newly identified platform sites.

5. FHI will support PNOEV to finalize and actualize a dissemination plan for OVC communication tool materials which involve identifying the different technical and implementation partners. FHI will work with PNOEV, MLS, MSHP JHU/CCP and REPMASCI for national distribution of communication material on OVC issues created in 2008.

6. In order to improve OVC legal rights, FHI will help PNOEV establish and strengthen OVC legal rights committees and to reinforce the capacity of their members to support implementation of interventions at the 28 OVC platforms (through advocacy and by creating and maintaining strong links with competent legal services which are resources for the platforms).

7. Work with PATH and FANTA to develop and integrate a child nutrition curriculum into the OVC curricula already integrated at INFS.

8. Assist PNOEV to elaborate a best practices document on San Pedro CSR and to document the

Activity Narrative: organization of technical groups, meetings and activities in the high-functioning social center in Yamoussoukro.

9. Assist PNOEV and MFFAS to develop a strategy to share experiences between the social centers and OVC platforms in order to create sustainable services.

10. Assist PNOEV revise and update coordination and supervision strategy to ensure a better functioning network of OVC platforms.

11. Contribute with Measure, Retro-CI and other partners to set up an OVC DQA program and assist the development of a national OVC services and tracking database; plus assist in management of a training data base tracking human capacity building for OVC care and support

12. Continue to collaborate with REPMASCI (network of journalists and artists) and JHU/CCP channels to disseminate best practices and lessons learned from the implementation of the different models of care and coordination for OVC (IRIS, OVC collaboration platform, District Health Coordination and MLS District HIV Coordination).

13. Assist PNOEV in identifying a webmaster to manage the PNOEV link in MFFAS website and provide technical support to ensure on site training on OVC care through PNOEV link in MFFAS website

14. Assist PNOEV in the training of MFFAS regional Directors, General Inspectors and others directions involved in the OVC issues in OVC care and support.

15. Continue to assist the CDLS with the IRIS strategy in 2 new sites. FHI will not put a technical advisor in those sites, but will assist by using the strengths from San Pedro experience.

16. Continue to strengthen 3 subpartners: ASAPSU (in 3 districts of Abidjan (Marcory, Koumassi and Attécoubé), APROSAM with FURBAS and CERBAS (in San Pedro) through grants to provide direct services (educational, psychosocial, legal, medical and others as necessary) and provide training to community counselors and family members.

FHI will report quarterly program results and ad hoc requested program data to the USG strategic information team. To participate in the building and strengthening of a unified national M&E system, FHI will participate in quarterly strategic information meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17128

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17128	5042.08	HHS/Centers for Disease Control & Prevention	Family Health International	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	\$900,000
10060	5042.07	HHS/Centers for Disease Control & Prevention	Family Health International	5314	5314.07	CoAg FHI/ITM (HVP) #U62/CCU324473	\$800,000
5042	5042.06	HHS/Centers for Disease Control & Prevention	Family Health International	3379	81.06	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473	\$400,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$420,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 7221.09**Prime Partner:** University Research Company**Funding Source:** GHCS (State)**Budget Code:** HKID**Activity ID:** 26447.09**Activity System ID:** 26447**Mechanism:** Healthcare Improvement Project
QA/WD Follow-On**USG Agency:** U.S. Agency for International
Development**Program Area:** Care: OVC**Program Budget Code:** 13**Planned Funds:** \$300,000

Activity Narrative: Background:

Quality OVC care implies that appropriate services and support are provided to ensure that children affected by HIV grow and develop as valued members of their families and community. Providing such care is complicated by the numbers of children needing care and the many service areas required. Children need food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training, and economic opportunity.

Quality improvement (QI) offers a way to organize and harmonize the provision of care by engaging people at the point of service delivery to evaluate their own performance and decide how they could organize themselves to do their jobs better. Experience has shown that it is best to start the QI process by reaching consensus on a set of desired outcomes and by defining standards for quality care. These standards then become embodied in training materials, job aids, and supervision tools. These standards are also used to develop indicators to measure quality. Service providers then use these indicators to identify areas in which they need to improve and to track the effect of their improvement efforts.

The Health Care Improvement Project (HCI), managed by University Research Co. LLC (URC) has provided technical assistance to 14 African countries in quality improvement for OVC programs. URC has provided technical support to individual countries to develop and pilot-test service standards and to build capacity among "learning groups" of care providers from the community who work together to improve the quality of their services for OVC. URC has also sponsored capacity-building events and facilitated sharing of best practices and lessons learned across countries.

URC proposes to support the National OVC Program (PNOEV) to improve the quality of services offered to OVC and their caregivers. The project will focus primarily on building a consensus among OVC stakeholders to improve quality at the point of service delivery. The guiding principle of the quality improvement work is to engage stakeholders to reflect on the essential question: What measurable differences do OVC programs make in a child's life?

Quality Improvement Road Map

1. Planning for quality improvement for OVC programs (2 months):

- Identify champions from PNOEV and other partners who will provide support for quality improvement and be involved in the whole process.
- Conduct a situation analysis of quality issues for OVC programming. Identify current best practices and barriers to quality of OVC programs in Cote d'Ivoire.
- Build constituencies of support among OVC stakeholders by organizing advocacy sessions and sharing evidence from the situation analysis and international best practices regarding QI for OVC programs. The objectives of the advocacy sessions will be to 1) nurture a paradigm shift toward quality; 2) develop a common vision and language; and 3) ensure support at policy level to foster quality improvement for OVC programs.
- Outline the process and structure for standards development. 1) Identify key stakeholders to be informed and/or to participate in this process, and 2) determine their roles and expectations. A clear plan will be delineated to support the revision of current national standards to include dimensions of quality.
- Identify implementing organizations that are interested in participating in the QI initiative and create a partnership that includes identified actors from the PNOEV and other governmental bodies, implementing partners, donors, and other OVC stakeholders from civil society and/or professional organizations (teachers' associations, pediatric associations, etc.)
- Train champions and partners on QI for OVC programs.
- Conduct a youth workshop that allows young OVC to articulate their desired outcomes and key aspects of OVC services. Their input is a critical component of the standards development process, as children identify and prioritize desired outcomes differently than OVC program implementers

2. Defining quality using service standards (4 months):

- Organize a technical working group (TWG) on quality of services for OVC to lead the process.
- Organize a three-day workshop to share a framework and process for standards development. These standards will be developed based on Cote d'Ivoire specific context and national and international evidence of best practices. Objectives of the workshop will be to reach consensus on desired outcomes per service, draft a limited number of standards, and develop a work plan for completion of a first draft of service standards.

3. Communicating quality service standards to the point of service delivery (2 months):

- Develop a communication strategy with OVC stakeholders, identifying best mechanisms for communicating quality standards nationally all the way to the point of service delivery.
- Develop mechanisms for communication and exchange among stakeholders and implementing partners to share best practices in putting standards in place.
- Organize a capacity-building workshop for service providers to disseminate service standards and to plan how to operationalize the standards.
- Develop tailored versions of service standards to disseminate to different levels of stakeholders (service providers, OVC, guardians, community groups).

4. Engaging service providers in quality improvement processes (ongoing after setting standards):

- Identify organizations that want to participate in QI processes for OVC programs
- Build capacity within the government and implementing partners to support quality improvement processes at the point of service delivery.
- Organize a workshop with key stakeholders on how to build "learning groups" across organizations. Each team will work on improvement in its program, and the teams will be brought together every four months to learn from one another how to best operationalize the standards of care and improve quality.

- Activity Narrative:**
- Assist in identifying and training QI coaches from government and partners who can guide learning groups.
 - Create learning groups in participating organizations.
 - Build capacity in learning groups to undertake improvement work.
 - Organize and provide coaching support to regular meetings of learning groups.
 - Convene coaches meetings on a regular basis for promoting cross-learning.
 - Develop a documentation process to capture quality improvement processes and promote sharing of best practices in operationalizing service standards.
 - Build capacity of service providers to measure quality of services (outcome measures such as the Child Status Index) process indicators, and client satisfaction.
 - Support South-to-South exchange among OVC stakeholders participating in quality improvement for OVC programs.
 - The development of QI coaches for OVC programs who come from government and partners can be used to rapidly increase the scale of the program.

Proposed indicators:

The indicators used to measure quality will be a combination of outcome measures (e.g. the Child Status Index) and process indicators that measure providers' adherence with the standards developed in this project).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7736.09	Mechanism: TBD
Prime Partner: World Food Program	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 25135.09	Planned Funds: \$200,000
Activity System ID: 25135	

Activity Narrative: A World Food Program study of HIV-affected, WFP-supported households in Cote d'Ivoire in April 2008 showed that most were food-insecure; that for 80%, more than 50% of their expenditures were for food; that 27% of people on ARV treatment were malnourished (adults, BMI <18.5%); and that 78% of households hosted orphans. Nutrition support is an important aspect of comprehensive treatment, palliative care, and OVC services. WFP has developed nutrition-related activities for HIV/AIDS-related care and treatment, particularly nutritional support for HIV-positive pregnant women in the framework of prevention of mother-to-child transmission (PMTCT), adherence to ARV treatment for PLWHA, and food security support for OVC households, including enabling OVC to receive education. The objectives of nutritional support by WFP programs are to:

- Improve adherence to prophylaxis, especially to prevent vertical HIV transmission from mother to child
- Assure the nutritional health of pregnant women, PLWHA, and OVCs
- Reduce the risk of low birth weight of infants
- Improve nutrition education, particularly regarding the feeding of infants born to HIV-positive mothers, in order to reduce the risk of transmission
- Contribute to food security for the households of HIV-positive individuals
- Contribute to food security and support to OVC households

With its own funding, WFP is currently providing 3,000 OVC households (15,000 beneficiaries) with food rations, which are helping to maintain the nutritional status of OVC households and to allow the children to obtain an education.

The WFP was awarded PEPFAR funding in FY08 (in the ART Services program area) to strengthen nutritional support for HIV-affected people in collaboration with the National Nutrition Program (PNN) and PEPFAR partners IYCN/PATH and FANTA, but funding has been delayed while a USAID mechanism is being finalized. It is expected that FY08 funding will be available in late 2008 and will allow planned activities to begin.

As WFP's strategy in Cote d'Ivoire has moved away from broad humanitarian aid to more targeted food aid and food-insecurity activities in post-crisis Cote d'Ivoire, the USG partnership is intended to build on the WFP's strengths – including donated food, expertise in nutrition education, and a strong distribution system – for both short- and longer-term objectives: to provide immediate nutritional support to those in urgent need and to help construct a national, sustainable system of nutritional support with clearly defined priorities and criteria.

Activities planned with FY08 funding, under the coordination of the PNN, include an assessment of food insecurity and nutritional needs of PLWHA and OVC; elaboration of entry and exit criteria for nutritional support for PLWHA and OVC; design of a distribution system (building on the WFP's system in the North and West) that can serve high-priority PLWHA and OVC throughout the country; distribution of 5,666 tons of food commodities to at least 4,400 HIV-affected households (23,400 beneficiaries), 1,000 pregnant women at PMTCT sites (5,000 beneficiaries), and 3,000 OVC households (15,000 beneficiaries); promotion of good nutrition practices, including demonstrations and other support for at least 40 HIV care and treatment sites, 10 PMTCT sites, and 25 OVC program sites; training for PNN staff in results-based management; and training of health care workers and community counselors in nutrition for HIV-exposed infants, PLWHA, and OVC.

FY09 funding will allow the WFP to continue and expand these efforts. In addition to carrying on FY08-funded activities and contributing food worth at least \$3 million, WFP will continue to work to strengthen local partners' capacity to provide nutrition education as a way to enhance the effectiveness of HIV/AIDS care and treatment. The WFP will work with partners such as FANTA and IYCN/PATH to provide technical assistance to the PNN and to facility- and community-based OVC and palliative care providers to develop and implement nutrition activities. Technical assistance will also support development and rollout of national policies, training materials, and tools for nutrition for persons living with or affected by HIV/AIDS. All activities will be under the leadership of the PNN and will seek to maximize synergies with other partners, including UNICEF, the Ministry of Health, and the Ministry of the Fight Against AIDS. The WFP's emphasis on building capacity for the national program and local implementers will contribute to establishing a sustainable national nutrition-support program for people affected by HIV.

In all, at least 3,900 OVC households (19,500 beneficiaries) will receive direct food and nutrition support in 2009, and at least 200 people will be trained. Specific activities will include:

1. Building capacity in nutrition education by training PNN staff and implementing partners on all aspects of the relationship between nutrition and HIV/AIDS. Regional health workers and community health workers will be trained in treatment and care for HIV patients, OVC, and caregivers. This activity will be carried out with PNN partners.
2. In consultation with the PNN, helping to implement exit and entry criteria for nutritional care and support for PLWHA and OVC, including working with PEPFAR and partners to develop and implement Food by Prescription activities.
3. Helping to establish a distribution system (building on the WFP's system in the North and West) that can serve high-priority PLWHA and OVC throughout the country.
4. Strengthening the effectiveness of WFP food-aid interventions through a strong nutrition-education component during food distributions and through regular program activities, leading to a more sustained impact.
5. Working with the PNN and partners to create and disseminate policies and guidelines on nutrition and HIV/AIDS.
6. Activities to increase food security in households affected by HIV/AIDS, including home and community gardening, in partnership with the FAO, that could lead to income generation activities.
7. Collecting and analyzing data on nutrition and food security in relation to households affected by HIV/AIDS.

Activity Narrative: WFP will implement a monitoring and evaluation plan to provide timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, WFP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$43,050

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$30,000

Education

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$6,841,478

Program Area Narrative:

Background

While the use of new formulas for estimating overall adult HIV prevalence in Cote d'Ivoire lowered the estimate from 4.7% to 3.9% (UNAIDS 2008), the 2005 national AIDS Indicator Survey (AIS) remains an important source of information for rational targeting of prevention, care, and treatment efforts. Within a generalized epidemic, HIV testing services cover only 8% of Cote d'Ivoire's population, with large underserved regions in the North and West. Only 11% of women and 8% of men reported ever having had an HIV test with receipt of their results.

As the key entry point to life-sustaining HIV care and treatment and an effective tool for primary and secondary prevention, HIV counseling and testing (CT) remains significantly underused. Accelerated expansion and efficient targeting of quality CT services are national and PEPFAR priorities and critical components of the scale-up of HIV/AIDS prevention, care, and treatment.

To reach FY09 treatment targets, aggressive expansion of routine provider-initiated CT in all clinical settings (including TB and STI treatment sites and antenatal clinics) is needed to identify a larger proportion of persons living with advanced HIV disease and eligible for antiretroviral therapy (ART). Community-based fixed and mobile CT services are designed to complement routine health facility-based CT services and to emphasize both prevention and care opportunities by providing accessible CT to target groups such as youth, couples, men, and high-risk or vulnerable subpopulations.

In FY07 and FY08, significant progress was made in extending routine provider-initiated CT in clinical settings, including sites offering TB, PMTCT, and inpatient and outpatient services (respiratory, general medicine, pediatrics, obstetrics and gynecology, dermatology/STI). With leadership from the national HIV and TB programs, the national CT policy was adapted to integrate recent WHO guidelines for CT, including routine testing of all patients coming to health-care settings. Training materials and job aids were adapted, and training of trainers was conducted to allow on-site coaching of clinical-care providers. Training tools for community counselors are being completed in preparation for CT by non-medical personnel.

As of September 2008, all of the 240 clinics supported by PEPFAR were working to integrate routine provider-initiated CT, and uptake continues to improve steadily from low initial rates, at times reaching 100% of patients registered in clinical settings. With PEPFAR support, the national TB program is providing leadership for implementation of routine CT at all of its 96 integrated TB facilities as part of a comprehensive approach to integrated HIV/TB services, including community support, with plans for further expansion and decentralization of services. The overall CT target for FY08 is to provide counseling and testing services for 331,000 people.

In preparation for scaling up CT services, PEPFAR has supported the development and validation, through the CDC/Retro-CI laboratory, of a simplified whole-blood finger-prick testing algorithm. This new algorithm uses Determine as the initial test, Bioline as the confirmatory test (which can discriminate between HIV-1 and HIV-2 or dual infection), and STAT Pack as the tie-breaker assay. After validation by the Ministry of Health, this is now the official HIV testing algorithm for the country and is in the process of being scaled up nationally. The MOH has taken an official decision to allow non-laboratory technician health care personnel (including nurses, midwives, and social workers) to perform HIV testing under the supervision of a laboratory technician. The next step will be to allow lay counselors to perform the tests.

Meanwhile, a steady expansion of services is being achieved through:

- Adaptation of training tools, job aids, and TOT for innovative strategies such as routine testing and couples counseling.
- Routine integrated CT at health facilities and community-based CT services at 24 sites that provide specialized and “friendly” services for families, men, and couples.
- Mobilization of HIV-positive clients to encourage their families, including children, to be tested
- Use of six mobile CT units in rural areas, in the North, and in cities in order to reach high-risk and underserved populations such as sex workers and the uniformed services.
- Scale-up of early infant diagnosis in PMTCT clinics, with linkages to nutrition, immunization, and OVC gateways.

Community-based models have been successful by leveraging and combining 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. To date, six mayors and 11 general councils have participated in establishing 24 sites that tested 38,500 people throughout the country during the first half of FY08. CT services were also extended to remote underserved rural areas by ANADER, a rural development agency.

A twinning partnership between three Ivorian organizations (a CT site in Port Bouet, a PLWHA organization, and a family planning/social-marketing NGO) and the NGO Liverpool VCT of Kenya is working to strengthen the quality and sustainability of CT services through South-South capacity building.

FY09 Priorities

With FY09 funding, PEPFAR partners will work to improve service quality and increase client uptake, with a target of testing 400,000 people at 444 health facilities and 44 community-based and mobile sites. The target represents strategic decisions designed to lay the groundwork for a CT scale-up in FY09, taking into account limited funding for HIV testing, growing but limited capacity to provide needed care and treatment, and unexploited opportunities for cost-effective testing at health facilities. Continued improvement of CT services in FY09 will emphasize:

- Full implementation of routine provider-initiated CT at all health facilities (including TB, antenatal, STI, and ART settings).
- Scale-up of a simplified HIV rapid-test algorithm using whole-blood finger-prick methods and accompanied by intensive training for professional and lay personnel.
- Targeting of about 70% of CT efforts at health facilities, where clients are more likely to be HIV-infected, and 30% on existing community-based sites, including outreach to underserved areas (rural and northern zones) and higher-risk groups (sex workers, soldiers, discordant couples), in line with the country’s growing capacity to provide care and treatment and within the framework of the official discontinuation of ART cost recovery.
- A comprehensive district-based approach to testing that includes HIV prevention behavior-change communication, promotion of couples testing, referral to ART and palliative care, and effective links with community-based care and OVC services.
- Strengthening of community and PLWHA involvement, including harmonization of community-based tools and effective links with PLWHA groups to ensure care and support.
- Reinforcement of community-based CT services through promotion (using peer educators, local languages, mass media, etc.) and training.
- Expansion of a National HIV Testing Day led by NPI awardee RIP+ (Network of PLWHA Organizations) and the Ministry of the Fight Against AIDS.
- Development of post-test counseling approaches focusing on prevention messages for HIV-negative people.
- Strengthening of the national referral system for treatment, care, and support.
- Strengthening and expansion of CT among children, including early infant diagnosis and routine serology testing for children older than 12 months.
- Participation in a multi-country public health evaluation to assess effective interventions to provide routine and provider-initiating counseling and testing.

Because human resources remain a major barrier to scaling up, 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.

Pending OGAC approval, PEPFAR Cote d'Ivoire is also planning to strengthen its evidence base for decision-making through an inter-country public health evaluation of three models of CT in outpatient departments to determine the most effective model for increasing testing uptake, identifying HIV infection early, and ensuring linkages to care and treatment services.

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, and FBOs as well as local governments and ministries to manage and be accountable for implementing activities and achieving intended results. Coordination of CT activities, including supervision and quality assurance, through the national CT technical working group and other forums is improving.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5309.09	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 10063.22467.09	Planned Funds: \$400,000
Activity System ID: 22467	

Activity Narrative: ACONDA-VS began its scale-up of HIV/AIDS care and treatment activities supported by PEPFAR in 2004 as a subgrantee of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). In April 2007, ACONDA-VS became a prime implementing partner of PEPFAR. By March 2009, ACONDA anticipates having expanded its program to more than 90 sites providing family-centered and integrated CT, PMTCT, care and support, TB/HIV, ART, prevention, and OVC services. The infrastructure and human resources of each of these sites is being strengthened by renovations, and provision of supplies, equipment, and data management tools, including tools to help ensure a regular supply of drugs and laboratory commodities. ACONDA provides regular monitoring and supervision of these activities.

In FY09, ACONDA will equip and provide CT services at four additional sites (for a total of 94 sites), and testing will be provider-initiated based on the national testing algorithm, which is expected to be simplified within the year to allow rapid tests using whole blood and finger-prick techniques. New sites will include 17 district hospitals and four urban health centers or antenatal/maternity sites. All CT personnel will be trained on the new algorithm using finger prick technique. All HIV-positive adults will be counseled and asked whether their families, including children, can also be tested. When a child is tested positive, the parents will be asked to be tested and 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 at least 66,000 people with direct PEPFAR support and will direct all those who are seropositive to the appropriate services within its comprehensive program, as well as to community-based palliative care and OVC services. ACONDA will emphasize strategies for couples testing and for prevention and support services for discordant couples.

ACONDA's activities will 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.

At all sites, ACONDA will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. ACONDA will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ACONDA will ensure that community-based services capable of meeting these needs are identified, and ACONDA will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system

ACONDA will also provide training in CT according to the national algorithm to 100 community advisers and health providers within the community and will work closely with CBOs and NGOs to provide them with technical assistance. Local organizations will be given sub-grants, in conjunction with Alliance CI, to provide psychosocial support and community-based CT. 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. In terms of community-based services, activities performed by the community advisers will include counseling for testing (including family testing) and ART adherence, home visits, establishment of support groups, and sensitization designed to fight against stigmatization in the community. The community advisers are integrated in the health-care system and work in collaboration with the district team. They are the links between health centers and the community for counseling, testing, ARV services, M&E, and all care provided for PLWHA. They participate in all the meetings organized by ACONDA and the district team and produce a monthly report of their activities.

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. ACONDA will involve the district team in all CT activities. In collaboration with ACONDA, the district team will support and supervise activities by ACONDA-supported NGO/CBOs.

Other FY09 activities will include:

1) Training 400 providers in new rapid-testing approaches to provide community- and family-based CT (in accordance with the new algorithm).

Activity Narrative: 2) Strengthen referral system, with the involvement of other stakeholders, to HIV prevention, PMTCT, palliative care, OVC services, and treatment services,
 3) Targeting at least 90% of patients in clinical settings (including TB and PMTCT services) for counseling and testing.
 4) Strengthening the district approach through consistent involvement of the health district team in planning, supervision, and coordination. 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.
 5) Strengthening the continuum of care, especially for orphans and vulnerable children, and supporting implementation of a "risk reduction plan" for HIV-negative people.
 The number of new sites to be opened under COP 09 is 4 increasing the sites backed by ACONDA to 94 by the end of the period.

Despite impressive growth and achievements, the expansion of ACONDA's program faces two main challenges: the need to improve the quality of services and the effective involvement of local actors. ACONDA is committed to addressing these challenges in the coming year in order to sustain the program by implementing the following strategies:

- Reinforce the district approach: Develop procedure manuals and planning tools to strengthen technical capacities of the district; entirely shift training and coaching of field staff to the district team; implement performance-based financing in selected districts and sites; and establish micro-planning activities with districts.
- Mobilize human resources at the decentralized and local levels to provide ongoing support to sites: Develop local expertise at district and/or regional levels by establishing pools of regional and/or district trainers who will be tasked to monitor and improve service quality.
- Strengthen capacities of community-based organizations to provide care and support to patients in the community
- Strengthen coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and decentralized entities at the district and /or regional levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15091

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15091	10063.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$352,000
10063	10063.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$150,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7226.09	Mechanism: JHU-CCP Communication 2008
Prime Partner: Johns Hopkins University Center for Communication Programs	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 12212.22482.09	Planned Funds: \$228,000
Activity System ID: 22482	

Activity Narrative: The 2005 National AIDS Indicator Survey revealed that more than 90 percent of sexually active Ivorians had not been tested for HIV, and in 2008, HIV-related stigma remains a serious barrier to widespread testing. JHU/CCP, the USG's primary partner for behavior change communication and mass-media activities in the fight against HIV/AIDS, is charged with developing a more comprehensive, effective, and sustained approach to promoting public interest in and uptake of HIV counseling and testing (CT) services.

In 2008, JHU/CCP worked with the MLS, RIP+ (the national network of PLWHA organizations) and its affiliates, plus key stakeholders from public and private sectors to mobilize local communities around CT services by initiating and institutionalizing the first edition of National Testing Day in Abidjan. The testing day aimed to screen the general population for HIV infection and to prevent new infections by increasing awareness of the importance of taking the test and by bringing testing services to people in their community settings. A behavior change communication campaign has been designed with mass-media, billboards community-outreach activities that culminated in a national testing day. Target audiences included youth from 18 to 25, and adult men and women (25 to 45).

JHU/CCP conducted a rapid evaluation of CT interventions to measure the impact of promotional activities on the use of CT services, as well as the evolution of public perceptions and acceptance of testing. CCP will conduct three sets of activities to estimate the impact of the campaign:

- 1) Statistics on the number of individuals being tested for HIV have been collected in selected CT sites one month before the campaign, during the month of the campaign, and during the month following the campaign. Analysis of the monthly fluctuation in number of people getting tested will provide information on trends as well as impact of the campaign.
- 2) Special CT sites were installed during part of the campaign. The number of individuals coming to these sites for testing was monitored. In addition, a sample of individuals coming to the testing sites was surveyed to track how they learned about the CT campaign and HIV/AIDS more generally. This provided JHU/CCP information about the relevance of various channels used.
- 3) Testimonials have been collected during the campaign from organizers, NGOs, community and religious leaders, and the general public to document their perceptions of the campaign and the importance of HIV testing.

In 2009, JHU/CCP plans to help organize a second Testing Day, extended to the entire country in coordination with MLS, RIP+ and other partners, and to conduct new BCC activities aimed at changing social norms regarding testing for HIV.

Specifically, in 2009 CCP will:

- Update and reproduce BCC audiovisual materials to promote CT, including two radio spots in local languages and two TV spots in local languages;
- Update and reproduce print materials, including four posters, with specific CT messages;
- Roll out a mass-media campaign on community radio stations, national TV, and billboards to reach at least 1,000,000 people with CT promotion messages. Partners in this campaign will include RIP+, ANADER (in rural areas), REPMASCI (national network of journalists and artists), the Ministries of Education (MEN) and Health, the MLS, and Care International (in the North and West);
- Collaborate with Ivorian and international soccer star Yaya Touré Gnégny (already engaged as Ambassador for the JHU/CCP-supported Sports for Life program for youth) to promote CT;
- Continue to implement community-outreach activities focused on interpersonal communication and counseling, including group discussions among youth groups and other community groups based on the campaign's audiovisual materials;
- Help put on a road show with a variety of activities promoting CT, conferences, PLWHA testimonials, etc. RIP+, ANADER, REPMASCI, MLS, MEN, and Care International will be partners;
- In collaboration with RIP+ and ARSIP (network of religious leaders), continue JHU/CCP's collaboration with religious leaders and faith-based organizations to bring CT services in their churches, mosques, and other settings and minimize stigma and fear of disclosure.

JHU/CCP will work with the MLS, the National HIV/AIDS Care and Treatment Program (PNPEC), RIP+, and other national partners in the design and implementation of these CT interventions to build capacity through the transfer of skills. Key national-level partners will be oriented in the use of these tools to empower them to roll them out, with other funding sources in addition to PEPFAR, for scale-up of HIV/AIDS services.

In addition, JHU/CCP will work to improve the quality of CT services through appropriate messages and materials, with a special focus on developing youth-friendly CT services (also see Adult Treatment narrative)

All activities will be conducted in consultation with national partners, led by the ministries of AIDS and of Health. JHU/CCP's M&E system will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, JHU/CCP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15128

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15128	12212.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7226	7226.08	JHU/CCP Communication USAID 2008	\$178,000
12212	12212.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 11044.09	Mechanism: TBD New Treatment Partner
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 26452.09	Planned Funds: ██████████
Activity System ID: 26452	

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, palliative care and ART services. All five facilities will provide CT services, and by September 2009, the partner will counsel and test 1,500 individuals.

Limited access to HIV counseling and testing remains a critical impediment to the identification of HIV infected individuals and to ensuring their early access to HIV prevention, care, and ART, if eligible. The partner will ensure that counseling and testing are available at sites through regularly scheduled CT days, availability of trained counselors, and the establishment of routine, opt-out testing at all its supported facilities.

CT will become part of the continuum of HIV care for patients at each of these sites. The partner's capacity building approach, focusing on district- and facility-level systems strengthening, and provider training and mentoring, will help ensure long-term sustainability. Interventions will include:

- Support for the operations of CT services at 15 designated facilities. As validated at the national level, a new rapid-test algorithm will be introduced to improve turn-around time for test results and limit dependence on laboratory staff, thus making point-of-service counseling and testing easier.
- Support for facilities to expand counseling and testing access and improve quality and linkages to care and ART services.
- Provide training and on-site mentoring to at least 25 nurses, social workers, and counselors on CT.
- Provide on-site mentoring to nurses, social workers, and counselors on the new whole blood finger-prick rapid test algorithm for CT

Focus will be on strengthening providers' counseling skills, including those related to HIV prevention and couples counseling.

- Promotion of the use of routine opt-out models in clinical settings such as ANC, TB, and STI clinics, and for adult and pediatric inpatient and outpatient settings to facilitate diagnosis and referral for enrollment and entry into treatment programs. The partner will support sites to develop standard operating procedures related to routine testing within the facility and will train appropriate staff.
- Development of tools, instruments, and databases to track HIV counseling and testing activities, including Linkages to HIV care and treatment.
- Support CT services in all the prisons and in the school infirmaries (SSSU) of the three supported regions
- Support for facilities to establish strong linkages with PLWHA organizations, OVC services, faith-based groups and community-based NGOs to reduce stigma surrounding HIV testing, promote HIV counseling and testing, and ensure that those who test HIV-positive are offered the opportunity to access care and treatment services.
- Work with health districts to support the initiation of CT services and ongoing supervision and quality improvement.
- Work with SCMS and the central Public Health Pharmacy (PSP) to ensure effective forecasting of test kits and to ensure timely delivery and management of stock.

At all sites, the partner will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. The partner will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community based OVC care and palliative care services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, the partner will ensure that community-based services capable of meeting these needs are identified, and the partner will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5414.09

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 25678.09

Activity System ID: 25678

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$2,600,000

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

COP09 Activities

Procurement

SCMS will procure and deliver rapid test kits and consumables for 400,000 people being tested for HIV by CT programs to the PSP central warehouse and ensure prearranged distribution planning for all incoming orders to facilitate in-country management. The program will ensure that a rational distribution plan is pre-calculated for each site, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Technical Assistance and Training

SCMS will continue to improve the quality, accuracy, and frequency of VCT commodities forecasting and supply planning in partnership other donor organizations and key partners EGPAF, ACONDA, and ICAP through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site. In COP09, the same systems that track and manage ARVs will be expanded to include these other commodities with the introduction of a Laboratory LMIS. SCMS will also ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to

Activity Narrative: broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5314.09

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

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5046.22417.09

Planned Funds: \$300,000

Activity System ID: 22417

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Use new data on the size of the sex worker population to increase CT service coverage by increasing coverage of the existing sites in satellite service centers, improving quality of CT services, promoting outreach and behavior change communication (BCC) activities of CT services to selected sites (e.g. Korhogo to Ferkessedougou, Man to Touba), and, if needed, opening new CT centers in non-covered areas such as Odienné.
2. Conduct at least one quality improvement project. The project and site will be chosen after conducting a quality evaluation audit in all project sites. Potential subjects of the quality improvement include the coverage of BCC activities and client retention rates at the clinic. The FHI Quality Improvement Model, which is based on the Langley et al. model focusing on systems change and team work, will be used. A quality improvement team, including the target population, will be set up in order to understand the system, measure performance, identify changes in the target system components, and test those system changes. Experiences and results will be shared with all implementing partners in order to expand the project to other sites. FHI will also collaborate with other PEPFAR partners and the MLS in quality assurance and indicator harmonization efforts for BCC and peer education programs in 2009.
3. Training of 60 PAPO-HP's service providers in IPC. This training, along with the PICT training conducted using FY08 funds, will be outcome oriented, contributing to increasing the number of clients visiting these sites and accepting to take an HIV test. The National IPC training modules include elements of family and couples testing.
4. The NGO network ARSIP is a significant asset in mobilizing support and action in HIV prevention, stigma reduction and care among religious leaders and communities. FHI will coordinate with CARE International and other partners in a strategy to reinforce ARSIP's capacity to promote community care, and a network of community CT activities.
5. Improve supervision of PAPO sites by involving district staff in this activity and follow-up on progress in capacity improvement plans.

COMPLETE NARRATIVE:

Through its PAPO-HVP project for highly vulnerable populations (HVP), FHI and its partners are strengthening and expanding HIV counseling and testing (CT) services targeting commercial sex workers and their partners at 13 sites in the cities of Abidjan, San Pedro, Gagnoa, Yamoussoukro, Guiglo, Bouaké, Man, Bondoukou, Korhogo, Daloa, and Abengourou. FHI is also providing support to the NGOs Espace Confiance and APROSAM to extend the coverage of CT services for sex workers through the use of mobile units.

Voluntary counseling and testing is part of the minimum package of health services offered to female and male sex workers, their partners, and other HVP clients as outpatients at 13 PAPO-HVP centers. Using FY08 funding, FHI continued to provide sub-grants and technical assistance to the 13 implementing NGOs/sites. Technical support provided by FHI and its partners (the Institute of Tropical Medicine and Espace Confiance) includes training of new service providers, dissemination and training in the use of standardized quality assurance and M&E tools, regular participatory program reviews, and supportive supervision in the implementation of a minimum package of services. The minimum package of services includes BCC aimed at HIV prevention through peer education as well as CT, management of sexually transmitted infections (STI), palliative care, and antiretroviral (ARV) treatment. Espace Confiance continues to provide practical training sessions and coaching for health-care providers in HIV prevention, care, and treatment.

Although project sites use rapid testing with same-day delivery of results, some clients prefer to leave, saying they will come back later for their results. This often results in loss to follow-up. Since FHI started the HVP program in 2004, 45,381 HVP (75.6% of the targeted population) have visited HVP clinic sites where they have been counseled, but only 18,683 (62% of those counseled) have been tested and have received their test results. FHI is working in consultation with the USG team to increase these rates through provider initiated counseling and testing (PICT), and developing creative strategies for effective, client-oriented outreach. In 2008-09, PAPO-HV network sites have been included in training on rapid test (finger prick) algorithm, which it is anticipated will improve the numbers of people not only tested, but also receiving results.

With regards to mobile CT, FHI continues to support two CT vans provided by Alliance-CI in March 2007 to Espace Confiance and APROSAM to serve hard-to-reach HVP in remote areas of Abidjan and San Pedro. Based on innovative CT approaches initiated in 2007, including PICT for all patients visiting HVP health centers and a family-based approach, FHI expects to increase its CT targets to 22,000 individuals counseled and tested using FY09 funding (10% increase from FY08). In addition, FHI will collaborate with the Ministry of Health (MSHP), the Ministry of AIDS (MLS), and other partners at PAPO sites in order to update the national directory of services.

Using FY09 funding from PEPFAR and the Belgian Development Cooperation, PAPO-HVP will conduct baseline studies of condom use and STI prevalence among sex workers. Capture-recapture techniques to estimate the size of the sex-worker population in at least 5 cities have been initiated and will be continued. At the regional level, PAPO-HVP will collaborate with the Institute of Tropical Medicine to exchange information about project experiences in Kenya.

With FY09 funding, FHI will provide ongoing technical and financial support through sub-grants to the 13 existing implementing NGOs/sites. The main programmatic focus will be to improve the quality of CT services for the target population. This will be accomplished by the dissemination and training in the use of standardized quality assurance tools, strengthened supervision visits, quality assessment audits at all sites,

Activity Narrative: and piloting of a quality improvement project at one PAPO site.

Specifically, FHI will use FY09 funding to:

1. Continue providing technical support to the 13 existing CT sites and their satellite sites supported in 2008.
2. Use new data on the size of the sex-worker population to increase CT service coverage of the existing sites, increase outreach BCC activities that promote CT in selected sites (e.g. Korhogo to Ferkesedougou, Man to Touba), and, if needed, open new CT centers in non-covered areas such as Odienné.
3. Provide technical assistance for the integration of mobile CT services in the package of services aimed at difficult-to-reach sex workers in Abidjan (with NGO Espace Confiance) and San Pedro (with NGO APROSAM) in order to expand geographic coverage and improve access to services. Geographic areas which may be covered include Bassam, Dabou, Ayama, Bingerville for Espace Confiance, and SOGB, Watté, Adjaméné, and Soubré for APROSAM.
4. Strengthen support for the promotion of CT services for HVP during outreach activities through 165 peer health educators and community workers among 13 clinic sites.
5. Conduct 3 refresher trainings for peer health educators and community workers on PICT and on the simplified HIV-test algorithm that is being rolled-out in 2008. FHI will work with the PEPFAR country team and MSHP to determine the feasibility and pace of CT outreach. Results of these trainings will contribute to an increase CT uptake from 62% to 70%.
6. Continue providing support to 13 NGOs/sites in support of innovative CT strategies for HVP, including couples and family counseling, and positive-prevention activities. These subjects are included in curricula for interpersonal communication (IPC).
7. Support the MLS and the MSHP, in collaboration with key partners (Population Services International [PSI], Alliance, the Ivorian Network of People Living with HIV/AIDS [RIP+]) to develop and implement innovative prevention and care strategies for men who have sex with men (MSM).
8. Continue to support the elaboration of the quality assurance system (QAS) for M&E started in 2006, in collaboration with other partners, such as the National Care and Treatment Program [PNPEC], PSI, and Project Retro-CI, to better evaluate the quality of health-care services. The QAS will be part of the current program management system. In 2008, FHI has trained health staff and M&E focal points at its 2 new sites in the use of these QAS tools; FHI will also support the training of community-based providers in CT and dried blood spot (DBS) techniques for quality assurance. In addition, FHI will continue standardization of CT practices at existing sites through the dissemination of standardized tools elaborated at the national level under the supervision of the PNPEC. Quality evaluation activities will be performed periodically at the 13 existing sites according to national guidelines in order to improve quality of CT services.
9. Conduct at least one quality improvement project. The project and site will be chosen after conducting a quality evaluation audit at all PAPO-HVP sites. Potential subjects of the quality improvement include: coverage of BCC activities and client retention rates at the clinic. The FHI Quality Improvement Model, based on the model of Langley et al., will be used. The model focuses on systems change and team work. A quality improvement team will be established in order to understand the system, measure performance, identify changes that target system components, and test system changes. Experiences and results will be shared with all implementing partners in order to expand the project to other sites.
10. Continue to strengthen the internal and external referral systems for people living with HIV/AIDS (PLWHA) to appropriate services, including care and support groups, palliative care, and services for orphans and vulnerable children (OVC). One of the main challenges is continuum of care for a mobile population such as sex workers. FHI will address this issue by providing technical assistance to sub-partners in areas using the departmental comprehensive care model (IRIS) with the direct involvement of the district health management team in supervising and reporting activities.
11. Conduct a baseline assessment of HIV prevalence among a representative sample of 500 sex workers visiting new functional sites at Korhogo, Abengourou, Man, and Abobo.
12. Continue to address stigma and sexual violence by providing HVP-friendly services delivered by staff with nonjudgmental attitudes and by conducting behavior change communication (BCC) activities with 16,000 other HVP (such as partners of sex workers, clients of sex workers, and bar owners). In addition, quality assessment tools will be used to measure client satisfaction in areas such as HVP-friendly service, non stigmatization, and non judgmental staff attitudes.
13. Support the revision of the PAPO-HVP extension plan following its evaluation. This plan was elaborated in 2006, and revised in 2007 and 2008 in collaboration with key partners. It includes geographical extension to zones formerly under control of the nongovernmental New Forces as well as extension of the target population to occasional sex workers. A revised plan will allow for a reorientation of interventions to include nationwide coverage of primary health services for PLWHA.
14. Continue to support the annual evaluation of a project-level sustainability plan.
15. Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.
16. Training of 60 PAPO-VP's service providers in IPC. This training, along with the PICT training that was initiated in FY08, is expected to increase CT patient uptake and retention. The National IPC training

Activity Narrative: modules will include elements of family and couples testing.

17. Provide the NGO ARSIP with technical and financial support to promote the network of community CT activities, as they are a significant player in the domain of community-based care.

18. Provide subgrants to Espace Con fiance (Abidjan) and APROSAM (San Pedro) to provide mobile CT services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15119	5046.08	HHS/Centers for Disease Control & Prevention	Family Health International	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	\$300,000
10065	5046.07	HHS/Centers for Disease Control & Prevention	Family Health International	5314	5314.07	CoAg FHI/ITM (HVP) #U62/CCU324473	\$300,000
5046	5046.06	HHS/Centers for Disease Control & Prevention	Family Health International	3379	81.06	Cooperative Agreement with FHI/ITM (HVP),#U62/CCU324473	\$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7218.09

Mechanism: NPI-Geneva Global GHH-A-A-00-07-00005-00

Prime Partner: Geneva Global

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 17367.22411.09

Planned Funds: \$0

Activity System ID: 22411

Activity Narrative: Geneva Global is a U.S.-based professional-services firm that advises private donors on effective philanthropic investment in the developing world. Its core competencies include identifying effective local CBO/FBOs; analyzing and building their organizational, technical, financial, and governance capacities; and monitoring and evaluating funded projects.

In late 2006, Geneva Global was awarded a three-year grant of \$2 million as one of three Cote d'Ivoire projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, Geneva Global will support 12 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; to provide and promote HIV counseling and testing CT; and to provide care and support and OVC services.

In FY07, Geneva Global launched its project by finalizing a work plan, opening an office and hiring staff in Abidjan, and identifying local sub-partners through a grant bidding conference and capacity assessments. Geneva Global invited and trained 19 CBOs and FBOs on PEPFAR guidelines and requirements as well as best practices in HIV/AIDS mitigation and began the mentorship process, assessing sub-partners' financial and organizational systems, building capacity through coaching and a due-diligence process, and providing technical assistance in project conception and budgeting.

Geneva Global selected 12 partners using its due diligence tools as well as AED tools for institutional capacity assessment and strengthening. It has also used mentoring, shadowing, coaching, workshops, and linkages to build subpartner capacities. Ongoing supervision is helping Geneva Global to monitor how much progress the subpartners are making, and in 2009, Geneva Global will administer the AED tool again to determine its strongest partners. If a requested cost extension beyond the project's November 2009 end date is granted, Geneva Global and its subpartners are capable of increasing targets in all program areas.

FY09 funds will support training in CT service delivery for 20 people and direct CT services with test results for at least 16,000 people.

Some sub-partners will provide direct testing services (CIP, RSB, Lumiere Action, GBH, and MUDESSA at fixed sites, FEMAD and Ruban Rouge through mobile testing), while others focus on community mobilization, referrals to CT centers, and links to care and treatment (ACT, ABCI, GBUAF, DNDAS, CMA, Amepouh). A new simplified national HIV testing algorithm allowing whole-blood, finger-prick testing by non-medical personnel will, once approved, be gradually implemented at all sites to facilitate CT and reach a maximum of people. Community gatherings, peer-education sessions, theater performances, and other events will be used to emphasize the benefits of HIV testing and to promote reduction of HIV-related stigma and discrimination.

Geneva Global will continue to use project management teams and to implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. Geneva Global's strategy is to use CT as a cost-effective prevention tool, integrated in all prevention activities, and as an entry point for other HIV/AIDS treatment and care, including ART, PMTCT, STI care, palliative care, and OVC services. Geneva Global-supported CT activities will emphasize consent, confidentiality, and skilled counseling and will promote couples and family counseling, supported disclosure, and participation in "post-test clubs."

Counselors will be trained using nationally approved trainers and materials, in coordination with the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), and will be provided with supportive supervision and access to locally appropriate approaches and manuals. Testing will follow the national algorithm. Geneva Global will work in coordination with JHU/CCP, other PEPFAR partners, and national authorities to ensure that appropriate BCC and CT-promotion materials are available for partner use and will participate in partners' selection and training of staff, peer educators, and supervisors. Test kits will be purchased through government-approved supply chains.

All project activities will be coordinated with the PNPEC and will follow and support the National HIV/AIDS Strategic Plan. Geneva Global will participate in relevant technical working groups and will work with other PEPFAR partners (PSI, Care International, ANADER, Alliance Cote d'Ivoire) and other donors to avoid duplication and maximize synergies.

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Geneva Global will participate in quarterly SI meetings and will implement decisions taken during these meetings.

To strengthen capacity building for subpartners, Geneva Global will conduct another assessment of sub-partner capacity to identify areas improved since the FY08 assessment. Supervision missions will be carried out at least twice at each site to supervise and monitor activities and progress.

Geneva Global works to promote sustainability by building local capacity and linking subpartners with another in collaborative and mentoring "clusters," with HIV forums at district and regional levels, with the expertise of other PEPFAR partners, and with other public and private funding sources,

New/Continuing Activity: Continuing Activity

Continuing Activity: 17367

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17367	17367.08	U.S. Agency for International Development	Geneva Global	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	\$0

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5306.09	Mechanism: EGPAF Rapid Expansion (country supp)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 5045.22425.09	Planned Funds: \$750,000
Activity System ID: 22425	

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

During FY08, 20 organizations funded via performance-based financing have dramatically improved their counseling and testing capacities (approximately 20 persons per organization per day tested during the past six months). As this model has grown, greater emphasis will be put on payment for HIV counseling and testing services.

Tertiary health institutions and private sector organizations under PBF will be encouraged to work more aggressively to counsel and test their outpatients and inpatients. Advancing on this front is of the highest priority for the funds being requested for FY09.

The new algorithm for whole blood finger-prick testing was validated by the MOH in FY08 and is poised for country wide roll out in FY09. As the new testing algorithm does not require refrigeration or a centrifuge as was formerly the case, it will be possible to implement it at all sites at all levels of the health care pyramid. This new algorithm should allow a much more aggressive approach to HIV testing, enabling routine opt-out or provider initiated testing to take place, as well as mobile testing possibilities.

All EGPAF existing sites (100 at the end of PY5) as well as the new ones to be established (69 during PY6) will be implementing routine opt-out or PICT and EGPAF will support implementation of the new testing algorithm in all ART sites to improve uptake of results. Within the district approach to be extended to 14 districts, a closely coordinated system of a referral and counter referral—between primary care sites providing testing but not treatment and officially designated art sites—will be implemented. Inpatients at all tertiary (CHUs) and secondary level hospitals (regional and districts hospitals) and outpatients at all levels of the health care system will be targeted for intensified routine opt-out C&T.

EGPAF will participate in supporting a National HIV testing day to be organized by the National Network of PLWA and the Ministry for the Fight Against HIV/AIDS by encouraging all HIV care and treatment sites to receive local populations seeking HIV testing. Persons testing HIV positive will be referred for care and treatment as appropriate. With the support of CBOs, couples and family testing will be encouraged. To help achieve these ambitious goals, EGPAF will advocate with the National HIV care and treatment program (PNPEC) to facilitate the creation and implementation of innovative training models (including HIV in the workplace training) to reach more than 600 caregivers.

EGPAFs aims to counsel and test at least 155,000 patients during FY09.

In the first three months of 2007, 16,716 people (excluding PMTCT clients) were counseled and tested in sites supported by EGPAF. At the CHU/Treichville alone, 2,846 people were tested in the five services that have adopted this approach, and 981 of these have been put on ART. These patients supplement the steady growth of ART patients in the Infectious Disease Unit (SMIT), the main center for ART at CHU-Treichville. As this initiative is only just starting, it is imagined that the number of patients tested at the CHU-Treichville will continue to increase this year, and the program should test approximately 40% of the estimated 30,000 hospitalized patients in Treichville by the end of 2008. In addition, this public site will receive a performance-based financing grant to improve overall HIV activities, including counseling and testing.

The CHU-Cocody has also begun to expand HIV counseling and testing, initially offered in the pulmonary, neurology, internal medicine departments and other clinics in FY08.

Both institutions will be encouraged to work more aggressively to counsel and test their outpatients. They have about 125,000 outpatient consultations a year combined; assuming a typical patient has two visits per year, this represents a pool of 62,500 potential CT clients per year. Since ambulatory cases present with fewer disease symptoms than hospitalized cases, it has been more difficult to convince overworked staff to counsel and test outpatients. Advancing on this front is of the highest priority for the funds being requested for FY08.

Results might have been even more impressive if not for frequent stock-outs in test kits over the past year. Even when the Public Health Pharmacy (PSP) was able to deliver test kits, it has frequently delivered fewer than requested, causing all EGPAF sites to offer testing to fewer patients than they would have otherwise. In addition, these stock-outs have a tendency to de-motivate the hospital staff to pursue HIV testing.

EGPAF has partnered with the local NGO GROFORMED to extend the model developed at CHU-Treichville and CHU-Cocody to four regional hospital complexes in the interior of the country. The expected adoption of a simplified finger-prick, whole-blood testing algorithm for HIV infection should enable EGPAF to expand into rural zones that do not have linkages to laboratories. Combined with necessary policy changes and training and supervision, the simplified algorithm will enable nurses and midwives to provide CT services, a requirement for the program to be successful outside larger cities.

Another NGO, Renaissance Sante Bouake, with EGPAF technical and financial support has started a demonstration home-based CT intervention in four villages around Yamoussoukro, with planned expansion to four more villages at the end of March 2009. EGPAF in close collaboration with the national VCT working group and technical assistance and support from the CDC/VCT team and infectious disease association (GROFORMED) is in the process of documenting this and other CT approaches it has implemented in Côte d'Ivoire over the past few years, including:

- The EGPAF continuum-of-care strategy implemented at PMTCT sites in Abengourou, Agnibilekro, and Grand Bereby
- Family-based models piloted in Bouaké

Activity Narrative: • Extension of CT through family-planning sites
• Routine CT at TB centers, with greatly increased uptake
EGPAF is working closely with the CT working group at the National HIV/AIDS Care and Treatment Program (PNPEC) to document practices that will enable PNPEC and its partners to go to scale with proven strategies.

With FY09 funding, EGPAF's priorities will include the following CT intervention strategies:

- Reinforcement of CT for hospitalized patients and a push to greatly increase testing of ambulatory patients in the large Abidjan hospitals supported by EGPAF
- Integration of CT in 80% of the regional hospitals and of districts in the intervention zones of EGPAF's Project HEART
- Continued expansion of routine CT for all TB patients in TB treatment centers and progressive decentralization of this activity out toward health facilities with TB "corners"
- Greatly expanded numbers of infants tested using PCR (initially through the transport of whole blood, then moving toward a DBS strategy for sites farther from PCR laboratories). Children testing HIV-positive will be offered access to treatment as part of the family approach and linked to on- or off-site OVC services.
- Expanded home-based CT strategies around five well-performing HIV care sites
- Improved linkages of care and treatment activities, including TB/HIV, PMTCT, and STI clinics, with access to ART eligibility screening for all HIV-positive patients and to comprehensive palliative care for those not eligible for ART, with referral to OVC services for their children
- Improved M&E systems that will enable EGPAF to identify clients who have not been picked up through ongoing care and treatment and PMTCT programs (i.e. a system that allows tracking of which clients are being picked up by specific CT approaches).

"Prevention for positives" interventions will be conducted in partnership with RIP+ (national network of PLWHA organizations) and technical assistance from PEPFAR's special Prevention with Positives initiative at CHU-Treichville and at least three faith-based or community health centers. An aggressive community awareness campaign promoting CT will be undertaken using media, community leaders, peer educators, and local drama groups, in close collaboration with JHU-CCP, REPMASCI (network of journalists and artists), and Alliance-CI.

Partner and couples testing will be a high priority, building on a stronger family-centered approach in Bouake, Yamoussoukro, Ouangolo, Ferke, Dimbokro, and Sainte Thérèse Enfant Jesus in Abidjan.

At all sites, EGPAF will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. EGPAF will engage enough counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and palliative care services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

In addition, all HIV-positive clients will be offered information about and referrals to specific community-based OVC care and palliative care services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, EGPAF will ensure that community-based services capable of meeting these needs are identified, and EGPAF will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09,

Activity Narrative: EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17081	5045.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$550,000
10062	5045.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$550,000
5045	5045.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3389	1477.06	EGPAF Rapid expansion (country supp)	\$700,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5316.09

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: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5047.22449.09

Planned Funds: \$250,000

Activity System ID: 22449

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- The period of this proposal is for one year.
- The main focus in FY09 will be on consolidating and ensuring the quality of existing activities.
- An operational assessment will be conducted in the region covered by Care to establish a "cartography" of actors and to identify challenges and strategies to increase CT uptake.
- Efforts will be made to reach more peri-urban and rural areas.
- Subgrant to JHPIEGO for quality assurance and supervision visits to providers and partners trained during FY05-08.
- Training of 80 health workers and counselors (medical and non-medical) on the promotion of CT services.
- Care will work with the national networks RIP+, COSCI, and ARSIP to create regional coordination networks in Duekoue and Bouna.
- Care will leverage its relationships with migrant communities in Abidjan to promote CT and to facilitate access to CT services via mobile efforts for populations from Niger, Burkina, Guinee, Ghana, and Nigeria in Port Bouet, Abobo, and Adjame as well as in the North and West zones.

FY09 NARRATIVE

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. With the socio-political situation improving, FY09 should see the increased presence of government actors and health care workers, which will require coordination with civil-society actors that have developed a strong presence in the zone since 2002.

In FY09, planned activities will complement and build on other PEPFAR-funded efforts, including clinic- and home-based care and OVC care, prevention, and treatment activities by ministries (AIDS, Health, Education, Social Affairs), PSI, and EGPAF. Regular coordination will be pursued with EGPAF and PSI. District health directors and teams will participate in quarterly formative supervision visits to NGOs and in quarterly coordination meetings to maximize capacity-building and regular oversight by the Ministry of Health. Care will also participate in the national process to develop a harmonized system for tracking the quality of CT services, specifically by advocating for the validation of national supervision tools, which have remained unofficial for more than two years.

With FY09 funds, Care will sub-grant to existing local partners, who will provide CT services and promotion in five "hub" sites (Bouake, Korhogo, Man, Bouna, and Duekoue) and nine satellite sites, as well as in migrant communities in Abidjan. Care will continue to reinforce regional HIV/AIDS NGO coordination networks, including the creation of networks in Bouna and Duekoue, to ensure the coordination of services and facilitate the northward extension of efforts by the Ministry of AIDS (MLS), the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), and the social centers and National OVC Program (PNOEV) of the Ministry of Family, Women, and Social Affairs (MFFAS).

Beginning in FY09, Care will leverage its relationships in Abidjan to add CT promotion activities, and facilitate access via mobile services for the high-risk communities of migrant workers from Niger, Nigeria, Burkina Faso, Ghana, and Guinee residing in Port Bouet, Abobo, and Adjame. While away from home and social networks, these workers engage in high-risk sexual activity, often with professional sex workers, thus placing themselves and their families at risk of HIV infection. Moreover, this marginalized group faces significant linguistic, cultural, and social barriers to obtaining accurate information. Care's experience with this population, through EU-funded activities over the past three years, indicates that other projects (PSAMAO, CORRIDOR) are not adequately reaching these groups. Care will use its strong ties with these communities to continue efforts with the local NGO Angels of the Migrants to address the health concerns of their population. Using the same methods and tools as in its primary intervention area (North and West), Care will work with the local NGO that oversees peer educators to conduct small-group sensitizations with imams, women, youth, and traditional healers, matrons and "coupeurs d'ongles" to promote the importance of getting tested. Migrant-adapted services have been established with the Clinique de Confiance (for sex workers and their partners), which employs translators on certain days to facilitate access to services for migrants.

Care's CT strategies in FY09 will be to ensure quality of services at 15 existing sites (including client-friendly reception, counseling, and referral), to ensure that lay personnel have the skills and materials to conduct rapid testing, and that CT sites provide mobile outreach services as needed. As the new national HIV rapid testing algorithm is rolled out, Care will work with the PNPEC and PEPFAR to coordinate training (including sending trainers to the field to train CT partner staff) and supervision. Care will also focus on ensuring that lay counselors are at fixed sites to facilitate referrals to care and support service providers. To avoid clients "lost to follow-up," the use of national referral tools is highlighted as a priority task in all partner contracts.

Training-of-trainer methods were emphasized in FY07-08 to enable partners to provide continuous training to their own staff, as well as formative supervision visits to other NGOs receiving sub-grants. To promote CT services (including, when feasible, CT services delivered by community-based counselors), Care will work with regional networks and religious and secular prevention partners to conduct mobilization activities in urban, peri-urban, and some rural sites, focusing on traditional leaders, tradi-practitioners, and religious actors to promote the use of CT services, especially for families, couples, and groups. Three private companies per zone (15 total) will be supported to set up HIV committees that will promote prevention and CT service use among employees.

Project prevention messages delivered through BCC methods are designed to encourage ABC prevention as well as educate about the importance of using CT services and knowing one's sero-status. Small-group communication methods (peer education sessions in and out of schools; with sex workers, youth, and truck

Activity Narrative: drivers; and during pre-sermon sensitizations) will be used in community settings, schools, mosques, churches, train stations, etc. These activities will be reinforced by radio messages in local languages.

To reach rural populations with BCC activities, Care will ask partners to identify and train local community health workers who will target "opinion catalysts" (village chiefs, imams, etc.) to influence community perceptions and views on HIV testing. Care will work with ANADER to perfect this strategy.

In FY09, Care will increase testing numbers by working more closely with the national TB program to ensure that all identified TB cases are tested for HIV. Care will work with regional health directors and actors to advocate for routine testing at all health facilities. Exchange visits will be conducted between CT partners in-country (e.g. visits to Clinique de Confiance to observe services targeting sex workers and migrants) and will serve to review new strategies.

Project activities will be coordinated and planned with the Round 2 Global Fund HIV Project (OASIS) run by CARE, which will install and support ART and CT sites in the project zones. The joint work plan for these projects will be updated to avoid overlap. All Care HIV projects will also emphasize the prevention, identification, treatment, and care of malaria among HIV-affected/infected populations and will be coordinated with the Round 6 and 8 Global Fund Malaria projects.

FY09 CT activities will continue to support 15 CT service outlets, train 80 people to provide CT services, and provide CT services to at least 18,000 people between April 2009 and March 2010. Specific activities will include:

1. Provide sub-grants and technical assistance to local institutions/NGOs to reinforce, consolidate, and improve quality at 15 existing CT sites, including training and coaching on the new finger-prick algorithm and reinforcing community mobilization around these sites.
2. Support CT services-promotion in each of the three youth counseling centers put in place in FY07-08.
3. Provide training for 80 health workers (medical and non-medical) at both CT sites and care and support sites to provide counseling and promotion messages with a focus on promoting couples counseling.
4. Provide technical assistance and supplies to support 18,000 on-site HIV tests with pre- and post-test counseling.
5. Support the hiring of one person (preferably a PLWHA) at each CT site who will be responsible for ensuring post-test support to all clients, including immediate referrals to post-test clubs, palliative care, and OVC services. Post-test counseling for clients with sero-negative results will be emphasized as well.
6. Work with regional HIV/AIDS networks, prevention partners, and ARSIP to conduct mobilization activities focusing on traditional leaders, tradi-practitioners, and religious leaders to promote the use of CT services, especially for families, couples, and groups.
7. Conduct three joint "exchange visits" in-country with NGO partner and Care staff to facilitate sharing of best practices in counseling and testing.
8. Negotiate with the National TB Program (PNLT) to ensure that all TB sites refer clients for CT services if on-site CT services are not available.
9. Conduct joint supervision visits each quarter with district and regional health directors and each semester with the National HIV/AIDS Care and Treatment Program (PNPEC) to ensure quality of CT activities. With Care support, district health teams will be asked to take the lead for these activities, particularly the oversight of laboratory quality.

Care will continue to adapt and follow the project M&E plan based on national and PEPFAR requirements and tools and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, Care will participate in quarterly SI meetings and will implement decisions taken during these meetings. All CT partners will receive joint supervision visits to be planned each semester with PNPEC, to review the quality of CT activities, including lab services. A final evaluation is planned at the end of the project period to assess achievements vs. expected results. Supervision tools are being revised for use by Care staff as part of an emphasis on tracking improvement in partner capacity. Care will work to support PNPEC to validate CT supervision tools and a low-cost training approach for the new finger-prick protocol. Care's research coordinator, will focus on monitoring and evaluating the impact of the project.

Care will hire a higher-level subgrants manager who will focus on providing staff the tools and training necessary to measure institutional capacity building for local partners. Care incorporates flexibility into its partnerships with local NGOs to avoid dependency and encourage autonomy. A strong accent is placed on training of trainers and regular instructive supervision so that necessary technical skills are transferred to local partner staff. Subgrant managers with financial backgrounds have been hired and continue to support partners with budgeting and financial justification on site. Care is also emphasizing the development of project-writing skills so that partners can apply directly for funding in the future. Institutional capacity building will continue through equipment purchases and linking CT partners into the national commodities circuit, by ensuring official approval and support by the MOH for community CT sites. Care will also continue to link local organizations with district health authorities by facilitating quarterly supervision visits and ensuring that service provision sites are monitored and authorized by national authorities, who should take the lead for the oversight of public and community CT sites.

CARE will work to ensure that SCMS plans cover procurement of tests for Care CT partners and that adequate numbers of tests are available at the right time to community-based CT sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15107

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15107	5047.08	HHS/Centers for Disease Control & Prevention	CARE International	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$400,000
9943	5047.07	HHS/Centers for Disease Control & Prevention	CARE International	5316	5316.07	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$400,000
5047	5047.06	HHS/Centers for Disease Control & Prevention	CARE International	3536	3536.06	Rapid expansion North West: RFA # AAA070 North & West of CI	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$20,000

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7220.09	Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)
Prime Partner: Columbia University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 17080.22439.09	Planned Funds: \$350,000

Activity Narrative: ICAP-Cote d'Ivoire (ICAP-CI) supports the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities in 5 regions in the midwest of the country: Marahoue, Sud Bandama, Fromager, Haut Sassandra, and Worodougou.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities, including at the infirmary of prisons, and TB clinics.

By the end of FY08, ICAP anticipates initiating a full package of CT, PMTCT, palliative care, and ART services at 28 health facilities, two prisons, three infirmaries, and five rural health centers.

In FY09, ICAP will support this package of services at all 38 FY08 sites and expand to an additional 22 facilities delivering CT services, for a total of 60 sites providing CT services (excluding TB clinics). By September 2009, ICAP anticipates counseling and testing 30,000 individuals.

Limited access to HIV counseling and testing remains a critical road block to the identification of HIV infected individuals and to ensuring their early access to HIV prevention, care, and ART, if eligible. ICAP will ensure that counseling and testing are available at all supported care and treatment sites through regularly scheduled CT days, availability of trained counselors, and the establishment of routine, provider-initiated testing throughout its supported facilities.

CT will become part of the continuum of HIV care for patients at each of these sites. ICAP's capacity building

approach, focusing on district- and facility-level systems strengthening, and provider training and mentoring, will help ensure long-term sustainability. Interventions will include:

- Support for the operations of CT services at 60 designated facilities. As validated at the national level, a new whole blood finger prick rapid-test algorithm will be introduced to improve turn-around time for test results and limit dependence on laboratory staff, thus making point-of-services counseling and testing easier.
- Support for facilities to expand counseling and testing access and improve quality and linkages to care and ART services.
- Provide theoretical training and on-site mentoring to at least 70 nurses, social workers, and counselors on CT, in collaboration with PNPEC.
- Provide on-site mentoring to nurses, social workers, and counselors related to the new rapid test algorithm for CT.

Focus will be on strengthening providers' counseling skills, including for HIV prevention and couples counseling.

- Introduce routine Provider Initiated Testing and Counseling (PICT) at all sites (60), and in multiple point of service - ANC, TB, and STI-clinics.

- For adult and pediatric inpatients and outpatients, to facilitate enrollment and entry into treatment programs.

ICAP will support sites to develop standard operating procedures related to routine testing within the facility and will train appropriate staff.

- Development of tools, instruments, and databases to track HIV counseling and testing activities, including linkages to HIV care and treatment.
- Support CT services in prisons and school infirmaries (SSSU) in the 5 supported regions, in order to reach key vulnerable populations with prevention messages and to link those who are positive to care and treatment.
- Support for facilities to establish strong linkages with PLWHA organizations, OVC services, faith-based groups and community-based NGOs to reduce stigma surrounding HIV testing, promote HIV counseling and testing, and ensure that those who test HIV-positive access care and treatment services.
- Work with health districts to support the initiation of CT services and ongoing supervision and quality improvement.
- Work with SCMS and the Public Health Pharmacy (PSP) to ensure effective forecasting of test kits and to ensure timely delivery and management of stock.

At all sites, ICAP will provide – either through direct hire or by contracting with individuals or local organizations – counselors dedicated to providing a comprehensive package of HIV prevention interventions for all clients and effective referrals for persons living with HIV/AIDS and their children. ICAP will engage counselors (funded in part through AB, Condoms and Other Prevention, OVC, and palliative care funds) to allow every site to provide this prevention and referral package to all clients. A rule of thumb is that per day, one counselor might provide HIV prevention interventions in small-group sessions for up to 80 HIV-negative clients or HIV prevention and OVC and palliative care referral services in individual sessions for up to 10 HIV-positive clients.

All clients who test HIV-negative will be referred (on an opt-out basis) to a counselor for behavior-change communication interventions, delivered individually or in small groups, focusing on risk reduction through abstinence and fidelity, with correct and consistent condom use for those engaged in high-risk behavior, as well as partner testing and STI prevention and care.

HIV-positive clients will be referred (on an opt-out basis) to a counselor for individual counseling that will include HIV prevention interventions and referral to community-based OVC and HIV care and support services to address family and individual care needs. Targeted HIV prevention counseling will focus on risk reduction through abstinence, fidelity, correct and consistent condom use, disclosure, testing of partners and children, and STI prevention and care. Where possible, family-planning counseling and services will be provided to patients and their partners through wraparound programming by other non-PEPFAR funded partners, and condoms will be provided free of charge.

Activity Narrative: In addition, all HIV-positive clients will be offered information about and referrals to specific community based OVC care and palliative care services tailored to their needs. With assistance from the National OVC Care Program (PNOEV) and the PEPFAR in-country team, ICAP will ensure that community-based services capable of meeting these needs are identified, and ICAP will be responsible for monitoring and reporting on referrals according to a nationally standardized referral system.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17080

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17080	17080.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7225.09

Mechanism: IQC AIDSTAR

Prime Partner: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10531.22395.09

Planned Funds: \$100,000

Activity System ID: 22395

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, estimated at 3.9% among adults (UNAIDS 2008), with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic marked by gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to scale up quality programs and coverage. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the AIDSTAR contractor will focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. In addition, the AIDSTAR contractor will assist partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and improve and increase use of the national training database. The primary objectives of these activities, as a whole, are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

In the program area of HIV counseling and testing (CT), PEPFAR, other donors, and partners have worked to prioritize and support CT as an essential entry point in the fight against HIV/AIDS. Even so, only 8% of Ivoirians have ever had an HIV test, and only 7% of women receive CT during routine antenatal visits (AIS, 2005). There are many reasons for the low uptake of CT services. HIV testing services are not routinely integrated into clinical care sites and services. CT is still primarily offered on an "opt-in" basis and can only be performed by professional clinicians. In addition, although rapid testing is included in the current national standard testing algorithm in CI, most hospitals and other health care facilities predominantly use laboratory-based HIV tests, and many women are unwilling or unable to return for their test results.

PEPFAR has supported technical assistance, through JHPIEGO, in CT training and in building the capacity of Care International's local CBO/FBO sub-partners to provide quality CT services. In addition, PEPFAR has supported 19 EGPAF pilot sites (through JHPIEGO) to develop and validate performance standards for CT in the PMTCT context; train performance facilitators on PMTCT performance standards, including CT components; train 20 national trainers and 15 advanced trainers in CT and 20 more Care International project trainers in CT; and provide follow-up and supervision to the 55 national and project trainers to further enhance their skills.

With FY09 funding, in collaboration with the MOH and other national stakeholders, the AIDSTAR contractor will work with targeted national institutions – including the Unite de Formation et Recherche-Bouake (UFR) and Institut National de Formation des Agents de la Sante (INFAS) in Bouake, Korhogo, and Aboisso – to incorporate training modules into their pre-service education programs. This will ensure that comprehensive HIV/AIDS curricula are integrated in training facilities and will promote decentralized pre-service training efforts by focusing on regional faculty and institutions. The contractor will supervise and mentor faculty to ensure that HIV/AIDS modules are fully integrated into curricula, thus creating a critical mass of highly skilled faculty capable of implementing future curriculum revisions.

The contractor will provide technical assistance in developing and revising technical components of CT programmatic work, including curricula, training materials, job aids, and supervision tools related to stand-alone, provider-initiated, couples, community-based, and conventional CT. All training materials will be developed in accordance with revised national HIV/AIDS service-delivery guidelines, and training materials will include a module defining district- and national-level referral systems that describes linkages of CT services to treatment and care, including OVC care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17376

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17376	10531.08	U.S. Agency for International Development	IQC AIDSTAR	7225	7225.08	IQC AIDSTAR	\$323,000
10531	10531.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$80,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$40,000

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5343.09	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: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 9940.22458.09	Planned Funds: \$540,000
Activity System ID: 22458	

Activity Narrative: ANS-CI 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 ANS-CI and PEPFAR in order to serve as the linking organization between donors/partners and civil-society organizations working at the community level. Since 2005, ANS-CI has supported 84 NGO/CBO/FBOs to deliver a wide range of HIV/AIDS prevention and care interventions, including 24 community-based HIV counseling and testing (CT) service providers.

With FY08 funds, ANS-CI is supporting 19 functional CT centers and two mobile clinics in the southern part of the country. ANS-CI allocated sub-grants to 24 NGOs and decentralized structures (mayors and general councils) and is providing training, rehabilitation of CT centers, equipment, and supplies for testing laboratories in 14 of the country's 19 regions. Three additional sites are planned. ANS-CI sub-partners are expected to support testing for at least 75,000 people by March 2009.

An expansion of CT services was predicated on collaboration between ANS-CI and the national network of mayors, the National HIV/AIDS Care and Treatment Program (PNPEC), and other stakeholders to develop a national initiative and a sub-granting model to support replication of the model of the Port-Bouet CT center initiated in 2003. 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 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). For each CT center, a memorandum of understanding defines the contributions and responsibilities of each partner. This kind of collaboration is a cost-effective and sustainable way to implement community-based activities.

In 2008, ANS-CI initiated an agreement involving the Ministry of the Economy in financial support for CT, in hopes of encouraging the national mayors network (AMICAAL) and the Ministry of the Interior (through its Direction de la Décentralisation) to include CT-related activities in their annual budgets. For this purpose, ANS-CI organized a CT stakeholders meeting with the government's community-support program (PACOM), PEPFAR and its partners (PSI, ANADER, Care International), and general councils to develop guidelines for a sustainability plan for community-based CT. A committee of key partners, including ministries and community organizations, is working to finalize a decree authorizing budget allowances for local mayors and general councils for community-based CT.

With FY09 funds, ANS-CI will continue to provide subgrants and technical assistance in support of 19 CT centers by working to build their capacity, to improve the quality of their services, and to improve their performance. The two mobile units will be supported by FHI, and three low-performing CT sites will no longer be supported.

ANS-CI will seek to take advantage of a simplified national testing algorithm using finger-prick, whole-blood rapid tests that can be provided by lay personnel. ANS-CI will train and coach 190 counselors and other CT staff (10 persons/site) in use of the new algorithm and rapid tests, giving them the capacity to provide community- and family-based CT services, including door-to-door and couples counseling. As in FY08, PEPFAR partner JHPIEGO will continue to provide technical assistance to supervise training and refresher training on quality CT services.

ANS-CI expects that FY09-funded activities will provide at least 60,000 people with CT services by September 2009.

Priority will be given to reinforcing sub-partner capacities and to supporting decentralized planning and coordination bodies to promote service quality, local management, accountability, and sustainability. ANS-CI will continue to promote full participation of communities and decentralized government in CT activities. Innovative and gender-sensitive approaches will be promoted, including outreach by lay counselors with effective linkages to care and support.

FY09 funds will be used to:

1. Provide financial and technical support to 19 CT centers, with capacity building for performance and quality assurance and for planning for sustainable devolution to local control and support.
2. Elaborate devolution- and performance-related MOUs between ANS-CI subpartners and the community-based entities (mayors, general councils, NGOs) involved in local CT programs.
3. Consolidate sustainability plans for all 19 sites through the expected government budget allowance to communities and by linking the three CT centers run by NGOs to their decentralized government entity.
4. Implement the new CT algorithm with finger-prick testing provided by lay counselors at all 19 sites.
5. Train and coach at least 190 lay counselors and CT staff members to provide home- and community-based CT services (including couples counseling at all sites, as well as family, couples, and door-to-door approaches).
6. Promote CT services beyond CT centers by working closely with REPMASCI (network of journalists and artists), RIP+ (network of PLWHA organizations), and rural radio announcers to organize special broadcasts in local languages on HIV/AIDS and CT; linking CT services with income-generating activities, such as an Internet café and library (in partnership with an Internet provider); supporting public announcements, billboards, and other promotional efforts in each district where its sub-partners work; and linking PEPFAR-supported AB prevention programs in secondary school (including extracurricular student health clubs) to CT promotion and referral for youth.

7. Collaborate with the PNPEC, health districts, and PEPFAR CT partners (EGPAF, ICAP, ACONDA, FHI, PSI, RIP+, Geneva Global, Care International, ANADER, JHU/CCP, etc.) to strengthen a district-based

Activity Narrative: referral system that will ensure linkages, as needed, with HIV prevention, PMTCT, palliative care, OVC care, and treatment services for all tested clients.

8. Provide technical support to health districts for effective supervision of CT activities.

9. Set up specific programs to help those who test HIV-negative remain negative. Organizations will be encouraged to set up post-test clubs to promote CT and to implement "prevention for positives" strategies to reach more discordant couples.

ANS-CI will continue working with the PNPEC, EGPAF, RIP+, the National OVC Program (PNOEV), and JPIEGO to develop national tools for HIV community counselors in order to harmonize practices in care and support activities for PLWHA and OVC. PLWHA will play a larger role in community activities to reduce stigma and discrimination and to help promote HIV testing. ANS-CI will complement this work with advocacy toward the Ministry of the Interior (Direction de la Décentralisation) to integrate people working at free-standing CT sites and to pay their salaries.

The project will explicitly enhance links with related health and social services in the geographic area and will promote coordination at all levels through district, regional, and national HIV and other coordination forums, with regular monitoring reports involving community and district-level health teams as well as ANS-CI's M&E team.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15098

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15098	9940.08	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	7039	5343.08	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$311,000
9940	9940.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633 -01 Alliance National CI Expansion of Community-Led	\$1,000,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$58,680

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5313.09

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4580.22354.09

Activity System ID: 22354

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$450,000

Activity Narrative: PEPFAR 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 experienced a prolonged political and military crisis, the USG team has targeted uniformed services and their sexual partners for special attention. From 2002 until recent months, the country saw active mobilization and deployment of various uniformed services (national army, gendarmes, and police) as well as rebel forces. Increased mobility with separation from spouses, economic disparities with the surrounding population, and crisis-related shifts in perceptions likely contributed to heightened sexual risk behaviors among these populations. Access to information, HIV counseling and testing (CT), and health care has been limited for uniformed services on active deployment.

In 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) were awarded PEPFAR funding to expand HIV prevention, CT, and care interventions targeting the uniformed services (including child soldiers) and their partners in Cote d'Ivoire. Increased access to and uptake of combined HIV prevention 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 services through a strong referral network to complementary services.

Despite significant interest in CT among the armed and security forces, uptake remains low. In a 2004 PSI survey among the Army of Cote d'Ivoire, 82% of respondents stated that they intended to get tested for HIV, yet fewer than 30% had done so. The main reason cited for not seeking a test was a lack of medications to treat HIV/AIDS (66%).

To improve CT uptake among the target population, PSI is pursuing a dual strategy involving integrated fixed CT services and mobile CT services. In FY06-07, the project started with integrated CT services at three military health structures (reinforcing the existing CT center at the Military Hospital of Abidjan and integrating new CT services in Daloa and Korhogo) and established two mobile CT units. With the addition of eight fixed sites and one mobile unit for a total of 11 fixed sites and three mobile units, 37,000 military personnel, police officers, customs agents, water and forest agents, and their partners will have received CT services by March 2009.

A mapping exercise by region is being completed to define referral facilities, which will help PSI-supported sites refer PLWHA to needed services (ART, PMTCT, psychological and nutritional management, OVC) within their geographic region.

At all project sites, CT services are part of a continuum of care that includes providing clients with information on HIV prevention during pre- and post-test counseling (including issues such as partner reduction, correct and consistent condom use, and avoiding risk factors such as excessive alcohol) as well as providing referral to care, treatment, and support for those testing HIV-positive. All providers are trained to encourage the testing of clients' partners, to provide CT services to couples, and to assist sero-discordant couples in managing their status and avoiding sero-conversion.

With FY09 funding, activities will be informed by key lessons learned and sustainability strategies identified in previous years, including the importance of thoroughly training community counselors and peer educators; of conducting regular supervision of these counselors and educators to ensure quality service delivery; of repeated exposure to health messages, particularly in small-group or individual settings, to achieve behavior change; of communication and coordination with partners at the local, regional, and national levels; and of finding ways to motivate community and peer educators.

Funding in FY09 will allow the project to reinforce activities begun in FY07 within the structure of the police, customs, and water and forest departments and to move toward a more community-based testing strategy. With the expected adoption of a simpler national algorithm allowing rapid tests with blood drawn from a finger prick, PSI proposes to train the project's peer educators/counselors to conduct HIV testing at their sites. This strategy will allow for the rapid scale-up of CT activities and ensure permanent CT services at each program site, as opposed to having to wait for the periodic arrival of the mobile testing unit and accompanying laboratory technician. This strategy will also help in promoting HIV testing among couples.

Key interventions planned with FY09 funding include:

- 1- Continuation of CT activities via integrated sites as well as community-based CT at all 45 sites previously served by the mobile testing unit (down from 50 sites because of demobilization at some sites), resulting in the testing of 18,500 people between April 2009 and March 2010. Within the project's 11 integrated sites, CT will be proposed to all individuals coming to the health facility, making CT a routine, integrated element of health-care services ("opt-out" approach).
- 2- Continuation of promotional activities surrounding CT, with an emphasis on couples counseling. Promotional activities will include using mass media to raise awareness of the benefits and availability of CT, as well as interpersonal communication by peer educators and counselors.
- 3- Training of 286 counselors (151 health care workers and three lay counselors at each of 45 Operation Haute Program (OHP) sites) by national trainers to integrate CT service delivery with an opt-out approach in all uniformed health facilities and to increase the number of peer counselors who will be able to conduct CT functions at their respective sites, thus eliminating dependence on the arrival of the mobile testing units. Counselors and lab technicians will be trained in counseling and finger-prick testing based on the new algorithm. Lab technicians currently doing HIV testing via blood draws will play a role in training and supervising the community-based CT agents in applying the new algorithm. A module addressing couples counseling will be included in trainings.
- 4- Supervision of community-based and health center-based CT activities. The project's three mobile CT units will visit project sites on a regular basis to ensure quality services. This will be complemented by the work of 20 supervisors drawn from the ranks of the military health service and trained in FY08, to be chosen in geographically representative areas so as to be able to provide regular supervision.
- 5- Quality control of testing procedures in collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC) via CDC/Projet Retro-CI and regional technical representatives for laboratory quality

Activity Narrative: assurance

6- To ensure proper and efficient referral processes, PSI will participate in updating the national directory of services for PLWHA and in revising the mapping of all treatment and care facilities. Psychosocial care and support for those testing HIV-positive will be provided by members of Espoir FANCI (an NGO of military PLWHA) and NGOs that are part of RIP+ (national network of PLWHA organizations). These NGOs will provide self-help groups at project sites. PSI will also rely on existing referral systems at the national level and among other PEPFAR implementing partners. Other possible activities include ensuring that health care professionals at project sites are trained in palliative care and organizing regular coordination meetings with relevant actors at the local level. At sites that don't offer all services, this information will be shared with national authorities, PEPFAR, and other stakeholders to discuss possible opportunities to expand service offerings...

PSI will continue to involve the military hierarchy in the monthly planning of activities in their areas, as well as in supervision activities three times a year. PSI's site supervisors will participate in meetings of the decentralized health committees organized by the district and regional health departments, and all research data and program results will be shared with these institutions.

PSI will continue to implement an M&E plan to ensure service quality based on national and USG requirements and will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build and strengthen a unified national M&E system, PSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Sustainability is a priority of the PSI program and has been a key component in strategy development and activity implementation. One strategy has been to build the capacity of each of the branches of uniformed personnel, through the creation of a Liaison Office, to provide more direct oversight and supervision of peer education activities. This allows HIV-related activities to become better integrated into day-to-day activities of uniformed personnel rather than being viewed as "extra" work. Similarly, a Coordination Office will be set up with representatives from the Ministry of Transport and the National Transporters Union for all interventions targeting truckers. Organizational and technical capacity building of local NGOs is provided to help them better support PLWHA and educate their communities. PSI will organize program planning and management trainings to build capacity of relevant stakeholders to continue program implementation. PSI also plans to work with relevant ministries to integrate HIV education into the curricula at training schools for the uniformed services.

Another strategy to support sustainability is to routinely include members of target groups in the implementation of project activities. For instance, target group representatives are trained to deliver and even supervise services (prevention, CT, care and support) so that activities can continue after the project ends. Military health structures are equipped and personnel are trained to integrate STI care and support services, CT, and palliative care, with enhanced referral systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15156	4580.08	HHS/Centers for Disease Control & Prevention	Population Services International	7062	5313.08	PSI CI Uniformed services VCT Promotion	\$450,000
10064	4580.07	HHS/Centers for Disease Control & Prevention	Population Services International	5313	5313.07	PSI CI Uniformed services VCT Promotion	\$450,000
4580	4580.06	HHS/Centers for Disease Control & Prevention	Population Services International	3537	3537.06	Rapid expansion uniformed services	\$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Military Populations

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5383.09

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: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5166.22333.09

Planned Funds: \$80,000

Activity System ID: 22333

Activity Narrative: With FY09 funds, USG technical staff will be supported (salary, travel, administrative support) to provide technical assistance, in collaboration with program management staff and HQ technical staff, for the design, implementation, and evaluation of PEPFAR-funded HIV counseling and testing interventions. This technical assistance is provided in close consultation with relevant ministries (Health, Fight Against AIDS) as well as NGOs, multinationals, and bilateral organizations.

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 CT technical working group, expert HIV laboratory committee, and other technical forums to assure the quality of decentralized HIV CT services. USG staff are providing ongoing technical assistance for the inspection and supervision of HIV testing services performed at peripheral sites.

USG staff will provide assistance in implementing the new national whole-blood finger-prick rapid testing algorithm. Other activities will include technical assistance to the Ministry of Health and other partners to improve the quality and monitoring of counseling and testing through evaluation of existing CT services. USG staff will provide technical assistance to strengthen training for professional health workers, professional counselors, lay counselors, and lab technicians.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15170

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15170	5166.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7067	5383.08	CDC & RETRO-CI (Base)	\$105,000
10348	5166.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$96,750
5166	5166.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$79,067

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5315.09	Mechanism: U62/CCU025120-01 ANADER
Prime Partner: National Agency of Rural Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 5482.22372.09	Planned Funds: \$400,000
Activity System ID: 22372	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity narrative is basically the same as in COP08, with updated numbers. Part of the FY08 strategy relying on finger-prick testing has not yet been implemented because of delays in approval of a new algorithm permitting the finger-prick technique.

COMPLETE COP09 NARRATIVE:

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 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. EGPAF intervenes in Abengourou and Tanda instead of ACONDA.

ANADER's CT activities complement the integrated and free-standing CT services provided by PEPFAR-funded partners ACONDA, EGPAF, PSI, and FHI by extending mobile and fixed-site CT services and promotion to rural areas while strengthening a referral network linking CT services to HIV prevention, PMTCT, palliative care, OVC care, and treatment services.

Overall project strategies rely on village HIV/AIDS action committees in 24 to 26 villages in each of six ANADER interventions areas covering ten departments and draw on ANADER's risk-mapping approach, which includes segmenting village populations to allow young women, young men, older women, and older men to discuss sexuality and HIV-related risks and risk-reduction strategies separately and together. Local HIV/AIDS action committees and community counselors are trained and supported in applying culturally appropriate BCC strategies, curricula, and educational materials with ABC prevention and CT promotion messages. Activities include coordinated BCC campaigns mediated by influential figures and peers and using methods of proximity (debates, sketches, videos, peer education, traditional events, etc.) in the community, schools, sporting fields, mosques, and churches, reinforced by radio in local languages. Traditional and religious leaders are empowered through tools such as the HIV/AIDS lexicon and use of participatory approaches to lead communities to address HIV/AIDS in their socio-cultural context, including addressing issues of negative gender attitudes and HIV-related stigma and discrimination.

Trained community counselors (three per village site) and ANADER rural development agents conduct community-mobilization, CT uptake-promotion, and stigma-reduction activities (using existing tools such as a documentary film on PLWHA testimonials). They join the mobile-unit staff in providing counseling and testing, TB screening, HIV prevention education, and referrals for ART and care. They also provide psychosocial support for PLWHA and follow up with home-based care and support, OVC care, and ART adherence support.

With FY06, FY07, and FY08 funds, the project initiated and is providing mobile-outreach CT and basic health and support services at 146 village sites in the departments of San Pedro, Dabou, Jacqueville, Sikensi, Abengourou, Tanda, Koun-Fao, Bondoukou (Sandégué), Soubré, and Daloa, covering five regions. Two mobile CT units serving seven districts were installed in FY06, with training for 444 community counselors (from village action committees and ANADER) and other community members, and a third mobile CT unit is expected to begin services with FY08 funding.

In addition, CT services are provided at rural health centers supported by subpartner ACONDA. ACONDA has trained 30 health providers from rural health centers in CT screening and 60 health workers in counseling, and 31 rural health centers have been equipped for CT services.

HIV/AIDS action committees have been strengthened in all 146 villages through training and provision of one sensitization kit per committee. REPMASCI developed and broadcast 18 radio spots in six local languages using its HIV/AIDS lexicon, as well as preparing and delivering video/film projections with community discussion. Communication campaigns were conducted in 2007 and 2008 to promote CT in the 146 rural sites.

From the beginning of the project's mobile CT services to the end of June 2008, 24,894 people in the villages had received HIV counseling and testing with receipt of test results, including 20,581 through mobile CT service delivery. The project's target of testing 31,130 people between April 2008 and March 2009 assumed that a third mobile unit would begin service and that a new algorithm permitting finger-prick testing would be approved – neither of which had occurred as of October 2008.

CT quality assurance is provided through supervisory visits with regional and local health district teams. Quality assurance for HIV tests is provided by the RETRO-CI laboratory in collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC) and local health authorities. Project activities were coordinated through village, district, regional, and national fora, in consultation with relevant ministries and other PEPFAR partners.

FY09 funds will be used to continue and strengthen FY07 and FY08 activities in all departments. Activities will incorporate lessons learned and sustainability strategies identified during the first three project years, including the importance of retraining community counselors; of conducting regular supervision of these

Activity Narrative: counselors to ensure quality service provision; of repeated exposure to health messages (particularly in small-group or individual settings) to achieve behavior change; of communication and coordination with partners at the local, regional, and national levels; and of finding ways to motivate community counselors.

The project will seek to take advantage of a simplified national testing algorithm (expected within the year) permitting the use of finger-prick, whole-blood rapid tests by lay personnel. Once rapid tests are available, ANADER will work with the USG team to devise and implement a strategy for their introduction and use in coordinated, carefully monitored approaches that may include community- and home-based testing, with the mobile units switched to a supervisory function.

The project expects to test 33,000 people by September 2009 if finger-prick testing is approved and routinely available by December 2008. This includes 19,200 via the mobile CT units, 8,500 via door-to-door CT, and 5,300 at the rural health centers.

Specific activities with FY09 funds will include:

1. Refresher and/or updated training in CT for 292 community counselors and 146 nurses.
2. Training for 34 health workers (replacement health workers) in CT and for 62 health workers (two per center) in counseling.
3. Training of 144 community counselors (two per village selected) in the new algorithm using the finger-prick technique
4. Training of 97 health workers from rural health centers without integrated CT services in counseling and testing (including training in the new algorithm and rapid tests, if approved) for on-site supervision of community counselors
5. Mobile CT services to 19,200 clients by September 2009, in 146 villages.
6. CT services to 5,300 clients by September 2009 at 31 rural health centers with integrated CT.
7. Door-to-door CT services to 8,500 clients (30 per month in each of 72 villages selected) if the approach is validated
8. On-site coaching and supervision of community counselors and health workers
9. Supervision by PSI and ACONDA, in collaboration with health district and ANADER staff, of all CT activities.
10. Referral of an estimated 1,657 clients tested HIV-positive (1,225 if the door-to-door approach is not implemented) to health facility-based care and treatment
11. Ensuring CT service quality using referral laboratory services
12. Equipment of 146 village action committees with one motorcycle per village to facilitate CT, prevention, and care activities in surrounding villages
13. Reinforcing referral systems among CT services and community- and home-based palliative care and OVC services.
14. Broadcast of 400 radio spots on voluntary CT
15. Evaluation of CT activities.

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.

ANADER strives to strengthen capacity among CBOs and village and district AIDS action committees to achieve local ownership and sustainability of activities. Training of community counselors, other members of village HIV/AIDS action committees, and rural health center staff is designed to enable communities to carry on prevention, CT, and care activities after PEPFAR funding for the project has ceased. In 2009, ANADER will work to transfer to village action committees the capacities necessary to organize and perform most community outreach events (e.g. cine-village for HIV prevention and CT promotion).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15147	5482.08	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	7060	5315.08	U62/CCU02512 0-01 ANADER	\$350,750
9933	5482.07	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	5315	5315.07	U62/CCU02512 0-01 ANADER	\$350,000
5482	5482.06	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	3731	3731.06	U62/CCU02512 0-01 ANADER	\$300,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$382,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 7078.09	Mechanism: NPI RIP+ GHH-A-00-07-00016-00
Prime Partner: Network of People Living with HIV/AIDS	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 17082.22366.09	Planned Funds: \$0
Activity System ID: 22366	

Activity Narrative: RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHAs organizations created in 1997, works to establish and protect the legal rights and improve the quality of life of persons living with HIV/AIDS. Through fund raising, sub-granting, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 50 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS), Ministry of Health (MOH), and Ministry of Family, Women, and Social Affairs, as well as many other technical ministries, RIP+ participates in the design and implementation of national policies and strategies as a member of various technical working groups and committees.

In late 2006, RIP+ was awarded a three-year grant, one of three Ivorian organizations selected in the first round of the New Partners Initiative (NPI). Through the NPI program, RIP+ is implementing Project SERVIR in Côte d'Ivoire to achieve the following objectives: (1) build administrative capacity of PLWHA organizations, (2) train the members of all PLWHA NGOs in positive HIV prevention, (3) implement positive-prevention activities, (4) institutionalize a national HIV testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based care and support to those in need.

RIP+ manages the project and provides sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, are delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing (CT) for at least 100,000 youths and adults through Cote d'Ivoire Testing Day and to provide direct care and support services to at least 17,500 PLWHA nationwide.

With FY07 and FY08 NPI funds, RIP+ has collaborated with JHU/CCP, MLS, MOH, and other national key stakeholders to develop, launch, and institutionalize a Côte d'Ivoire Testing Day (CITD). The first CITD is planned for Dec. 15, 2008.

In FY09, RIP+ will build on its experience and on outreach activities of its affiliates to continue to strengthen and expand the capacity of local PLWHAs organization to respond to HIV/AIDS in their communities, including strengthening access to and uptake of CT as a critical component of prevention, care, and treatment strategies. RIP+ has worked with a variety of partners (including RIP+ affiliates, local NGOs, JHU/CCP, the District of Abidjan, PSI, Hope Worldwide, Alliance CI, Clinique de Confiance, and the private-sector network CGECI) to mobilize communities and increase demand for CT, using innovative approaches such as door-to-door, family-centered services provided by mobile units. At least 4,503 persons were reached through community mobilization activities. These community mobilization efforts highlighted the need to harmonize stakeholder understanding of scale-up to support a national testing day. RIP+ worked in support of a new simplified algorithm allowing whole-blood, finger-prick rapid testing and promoted understanding of home- and community-based service-delivery approaches. In FY09, the MLS and MOH will spearhead the national testing day, and RIP+ will lead community mobilization efforts. RIP+ will ensure that an effective, client-friendly national referral system is put in place to ensure a continuum of quality care for PLWHA newly diagnosed during the second CITD (2009).

With FY09 NPI funds, RIP+ will provide logistical, technical, and financial support to PLWHA groups, NGOs, and other HIV/AIDS and civil-society groups to conduct community mobilization activities and to promote a family-centered approach in clinical and community settings (including home- and community-based CT services and couples counseling and testing). RIP+ will work through community-based organizations and their communication networks (including partnerships with local radio stations) and community and religious leaders to reinforce CT activities. These organizations will be trained in positive prevention, a rights-based approach, the concept of greater involvement of persons with HIV/AIDS (GIPA), and reduction of stigma and discrimination.

At each CT event during CITD, RIP+ will coordinate outreach adapted to the community involved. RIP+ has experience in coordinating community counselors at CT sites and will replicate and adapt this model to identify and empower community counselors providing CT services and ensure strong community links.

JHU/CCP and Alliance CI will continue to assist RIP+ by providing technical assistance to ensure training, supervision, and quality of CT-related communication and community-mobilization activities.

RIP+ will advocate with decentralized governmental bodies (mayors, general councils) for additional resource mobilization for community-based CT, in order to enhance community appropriation of this service.

RIP+ will ensure that its M&E system provides timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, RIP+ will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17082

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17082	17082.08	U.S. Agency for International Development	Network of People Living with HIV/AIDS	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5301.09	Mechanism: MOH- CoAg #U2G PS000632-01
Prime Partner: Ministry of Health, Côte d'Ivoire	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 26611.09	Planned Funds: \$50,000
Activity System ID: 26611	

Activity Narrative: Since 2006, PEPFAR has supported a twinning partnership between three local organizations providing HIV counseling and testing (CT) services in Côte d'Ivoire and the Liverpool VCT (LVCT) in Kenya to support quality scale-up of comprehensive CT services through technical assistance to local partners and other CT stakeholders. With FY09 funds, responsibility for coordinating the partnership's key activities will be switched from the American International Health Alliance (AIHA) Twinning Center to the National HIV/AIDS Care and Treatment Program (PNPEC).

Twinning activities began in April 2007 with the first exchange visit from LVCT to Côte d'Ivoire to meet with local stakeholders and potential partners. Based on recommendations from the USG team in Côte d'Ivoire and in collaboration with AIHA and LVCT, three CT sites were identified (Port-Bouet, Lumière Action, and AIBEF) to serve as the local partner team and participate in activities with LVCT in collaboration with key ministries. Key areas of this assistance have included training, supervision, evaluation, policy and standards development, accreditation, and quality assurance. Through a sub-grant issued by AIHA to LVCT, exchange trips and meetings were conducted, under the coordination of the National HIV/AIDS Care and Treatment Program (PNPEC). The USG team and national stakeholders were involved in all activities. AIHA worked to facilitate significant in-kind contributions of personnel, materials, and financial resources.

In FY07 and FY08, LVCT has worked to build the capacity of the three selected CT centers to be model centers in the delivery of quality CT services and to provide training to other CT organizations throughout the country. An assessment of the three CT centers was conducted, and a two-year technical assistance plan was developed. LVCT provided technical training, partnership exchanges, and on-site mentoring visits for supportive counseling and supervision.

The technical assistance plan focused on the following areas:

1. Strengthening the technical capacity of the three CT centers in delivering quality CT services. These capacity-building interventions included quality-assurance activities and supervision visits.
2. Revising the National Guidelines on Counseling and Testing to include rapid testing. Comprehensive CT policies include registration standards, accreditation, quality assurance, and supportive supervision.
3. Developing training modules related to innovative approaches such as provider-initiated counseling and testing (PICT) and community-based CT in order to train and coach providers on the delivery of quality CT services.

With FY09 funds, the PNPEC will continue key activities of the twinning partnership and ensure follow-up of LVCT technical support to the CI team, including assistance to the two main PEPFAR-supported CT centers (Port Bouet and Lumière Action). Based on the technical-assistance plan, the PNPEC will support exchange trips related to LVCT technical assistance. The aim will be to allow LVCT to continue to support quality-assured scale-up of comprehensive CT to local partners and other CT stakeholders, including supervision, training, accreditation, and quality assurance. LVCT partners will travel to CI to observe trained supervisors at the end of their three-month practicum and to complete the third and final phase of the training.

FY09 funds will be used to request technical assistance to:

1. Continue implementation of door-to-door CT services around CT sites and develop a progressive implementation plan for all fixed CT sites.
2. Continue the implementation of accreditation tools.
3. Implement quality insurance activities and provide ongoing support and supervision for newly trained supervisors.
4. Develop guidelines to train non-medical staff to conduct finger-prick testing and develop an implementation plan for on-site training.
5. Implement family-centered CT approaches, including couples counseling.

The PNPEC will coordinate the dissemination of partnership results to key stakeholders.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 12164.09**Mechanism:** New CDC TA Mech Columbia**Prime Partner:** Columbia University**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention: Counseling and Testing**Budget Code:** HVCT**Program Budget Code:** 14**Activity ID:** 29655.09**Planned Funds:** \$243,478**Activity System ID:** 29655**Activity Narrative:** Columbia University is being funded under the new CDC TA mechanism to support two PHEs in Counseling and Testing, along with other PHEs in PMTCT and HTXS.**New/Continuing Activity:** New Activity**Continuing Activity:**

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$17,929,677**Program Area Narrative:**

Background

The procurement of ARV drugs in Cote d'Ivoire 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). Actual service delivery and data systems for patients are managed by the National Care and Treatment Program (PNPEC). Principal sources of ARV drugs are PEPFAR, Global Fund (GF), Clinton Foundation, and the MOH. All incoming commodities are delivered to the PSP Depot for distribution to service sites. Supply-chain issues are managed by a technical committee of representatives from the MOH, donors, implementing partners, and PLWHA that meets monthly to discuss program status and overall supply issues. This joint platform is functioning but needs significant strengthening to achieve a well-coordinated and transparent national program. PEPFAR technical inputs are critical to the operation of this group.

The growth of the national HIV/AIDS program in Cote d'Ivoire has been impressive, with an increase in the numbers of adults and children on treatment over the past 24 months. The national goal is to reach 77,000 ART patients by September 2009, with PEPFAR providing ARV drugs for 60,000 of these.

With the designation of Care International as principal recipient for Phase 2 of the GF Round 2 HIV grant, SCMS has become the official primary technical assistance provider for supply chain management for both PEPFAR and GF programs. All drugs, lab supplies, and other commodities are procured by SCMS for all PEPFAR implementing partners. Virtually all drugs in the Cote d'Ivoire national ARV protocol are now approved for PEPFAR purchase by the Food and Drug Administration (FDA).

Following the MOH policy for coordinated procurements, and in an effort to improve efficiency, donors are following an approach of integration and "complementarity" under which no single donor provides all required inputs to a given site. The interdependent nature of the national program promotes the collaboration desired by the USG, but it also greatly increases the vulnerability of the program. This approach requires aggressive and regular data collection from all service sites individually, as well as pro-active, transparent information sharing among all stakeholders. Unfortunately, inconsistent implementation of this approach resulted in an ARV overstock in FY08. To prevent a reoccurrence, a logistics management information system (LMIS) using paper-based tools was developed and implemented at all sites, and warehouse management software was installed at the central level to improve the traceability of ARVs and other HIV-related commodities.

FY09 Priorities

PEPFAR will continue to follow the joint procurement planning approach and will ensure that technical assistance provided by SCMS benefits the entire national program. In coordination with the MOH, PEPFAR partners and the GF, the PEPFAR program will concentrate on strengthening quantification, stocks management, and distribution processes at the central level and will support PSP to expand its decentralization plan to further strengthen in-country supply-chain processes at the regional and district levels. The PEPFAR program will also strengthen and implement ARV tracking (LMIS) systems at all levels.

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire partners, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, PNPEC, and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national ARV forecasting calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

• Procurement

The PEPFAR program will procure and deliver ARVs to the PSP central warehouse and will ensure that a rational distribution plan is predetermined for each site, based on prior consumption, and validated at least quarterly using client data and physical inventory spot-checks. The PEPFAR program expects to be providing ART for 60,000 patients by September 2009, including 22,080 new patients. SCMS will procure enough drugs for these patients, with a five-month buffer supply at the central level.

While Cote d'Ivoire's Round 2 Global Fund HIV project will end in March 2009 and its application for a Round 8 was unsuccessful, it is expected that the Global Fund will continue to provide ARVs for its current patients. The USG team is represented on the CCM and in regular consultation with the GF principal recipient and is prepared to help address potential programmatic implications of a GF service-delivery gap as well as to provide technical assistance for an expected Round 9 application.

• Commodities Forecasting

The PEPFAR program will continue to refine and improve the quality, accuracy, and frequency of ARV and other commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID, and others through support to the PSP Cellule ARV. SCMS will perform one 24-month ARV quantification and a one-year supply plan, including for patients needing post-exposure prophylaxis as well as PMTCT patients. SCMS will continue to build capacity by working in collaboration with PSP staff, Retro-CI, the National Reference Laboratory, and other PEPFAR partners to make quarterly revisions to the national supply plan as well as to conduct regular cross-over analyses to compare commodities dispensed by the PSP and specific sites with actual patient data to inform program management decisions. In an effort to strengthen capacity at the regional and district pharmacy levels, SCMS will train pharmacists in forecasting and supply planning for ARVs and monitoring and evaluation methodologies.

In collaboration with the MOH and other partners, SCMS will maintain a Web-based ordering system as well as an inventory tracking system for PEPFAR-procured HIV commodities. Authorized partners will be able to log in and view orders from SCMS, track their delivery progress, and confirm historical data regarding their orders. The Warehouse Management System (MACS) and its integration with LMIS software will enhance the PSP's inventory management and distribution systems. SCMS will complete the implementation of SIMPLE-1 and SIMPLE-2 software at all facility-level and district pharmacies to track ARV dispensing data used in stock management and forecasting efforts. These solutions, in combination, are expected to greatly enhance transparency of commodities management and decrease stock-outs and emergency orders due to inadequate forecasting at all levels.

• In-country Warehousing and Distribution

Following an assessment of district pharmacies in FY08, the PEPFAR program will complete an evaluation of the physical infrastructures of the district pharmacies and make recommendations on their storage needs. PEPFAR partners will work closely with the European Union to create an implementation plan for meeting the standard guidelines and will strengthen storage conditions for five district pharmacies (San Pedro, Abengourou, Yamoussoukro, Bouake, and Korhogo). PEPFAR will support capacity building within the five district pharmacy infrastructures through the purchase of equipment, training, and supervision to

ensure monthly commodities distribution to ART sites and regular quarterly updates of national forecasts and procurement planning.

In addition, PEPFAR will support technical assistance to reinforce the PSP's capacity to assess, upgrade, and renovate its regional warehouse to bring it into compliance with recognized standard storage conditions for ARVs, OI drugs, and other HIV/AIDS commodities. .

• Tracking and Reporting System

SCMS will continue to ensure computerized supply-chain management systems, specifically procurement and inventory management and distribution systems that include detailed information on ARVs, OI drugs, lab reagents, and testing materials, as well as commodities for palliative care and OVC support. SCMS will build upon the MACS solution in FY09 by installing MACS-LMIS software at both central and district levels. When the programs are interfaced, ARV and lab logistics data collected at the site level will give the district and central level pharmacies actual consumption data. In addition, the WMS solution at the district level will provide districts with the same stock management tools as the central level. Following the implementation of the WMS-LMIS solution, pharmacists from each district will be trained in the software.

SCMS has designed a laboratory commodities tracking tool that will be implemented during the FY09 program year. In addition, following changes to national regimens, the ARV logistics management toolkit and training-of-trainers document will be revised, reproduced, and disseminated in FY09. SCMS tools development will strengthen the transparency and national ownership of supply-chain responsibilities and enable the PSP to access monthly inventory and dispensing reports from each treatment site. These reports and analyses will alert care and treatment stakeholders anytime the projected virtual stock of any ARV or HIV-related commodity drops to less than three months at the national level or at any site. (Projected virtual stock is the sum of current inventory and expected consumption, plus realistically expected new deliveries.) In FY09, site-level monthly report submission will be followed up by SCMS-supported supervision visits to both intermediary and site-level treatment facilities to reinforce training and to monitor reporting accuracy.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 12166.09	Mechanism: TBD Drugs
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 29658.09	Planned Funds: ██████████
Activity System ID: 29658	
Activity Narrative: Unallocated funding is being assigned to a TBD in case of funding gaps for ARVs and commodities. Some uncertainty remains regarding procurement needs, especially as the Global Fund shifts into "continuation" mode, during which it is expected not to cover procurement for PMTCT, Counseling and Testing, and other services. This TBD will serve as a reserve until we have more reliable projections.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 4572.22360.09	Planned Funds: \$16,000,000
Activity System ID: 22360	

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided TA to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR CI, SCMS will use FY09 funds to continue technical and management assistance in support of the PSP. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as needs evolve. SCMS will regularly update national HIV/AIDS commodities forecasts and validate calculations based on use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan. SCMS will strengthen the LMIS by providing TA to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities.

ARV Drugs

SCMS has played an integral role at all levels of the ARV supply chain from commodities forecasting and procurement to warehousing, distribution, and commodities tracking. PEPFAR designated SCMS to be the procurement agent for commodities and as such, has been responsible for coordinating national ARV drug forecasts, quantifications, supply plans, procurements and deliveries. To date, SCMS, in collaboration with other PEPFAR implementing partners, has performed four national quantifications and has provided quarterly revisions to the supply plan for partner review and procurement planning purposes.

Through technical assistance to the PSP, PNPEC, MOH, PEPFAR implementing partner organizations and other key partners, SCMS has played an integral role in improving all aspects of the national ARV and HIV/AIDS commodity supply chain. In FY07-08, SCMS developed paper-based ARV logistics management tools and worked with the MOH to disseminate the tools nationwide. In the past three years SCMS has built capacity by training 22 trainers at the central level and 419 service providers at district and treatment sites on HIV/AIDS commodities management and introduced ARV dispensing tools (ADT) at all treatment sites. In coordination with PNPEC, SCMS has monitored this system and performed a mid-term evaluation of the tools in FY08. Additionally, SCMS procured computers and initiated the implementation of the SIMPLE-1 ARV dispensing software in at least 42 health centers and SIMPLE-2 software in at least 68 districts.

In FY08, SCMS addressed warehousing and distribution needs by installing the WMS MACS solution at the PSP's central warehouse. MACS further enhances the PSP's inventory management and distribution systems and has enhanced the transparency of HIV/AIDS commodities management to decrease stock-outs, overstocks, and emergency orders.

SCMS completed the physical upgrades to the PSP warehouse and prepared comprehensive SOPs for all ARV-related PSP tasks. The program prepared, coordinated, and managed on-the-job warehouse staff training for basic operations of receiving, picking, checking, packing, and dispatch as well as supervision, security, and safety.

FY09 Activities

Commodities Forecasting

In FY09, SCMS will participate in the Coordinated Procurement Planning (CPP) for HIV/AIDS aimed at strengthening supplies through donor coordination. As part of this effort, SCMS will build on existing systems and mechanisms and work under country leadership.

SCMS will continue to improve the quality, accuracy, and frequency of ARV commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID and other donors through support to the PSP Cellule ARV. Using the June 2008 revised Stags, SCMS will perform a 24-month ARV quantification and one-year supply plan. The forecast will include PMTCT patients as well as ARV needs for post-exposure prophylaxis (PEP).

Activity Narrative: SCMS will continue collaboration with PSP staff, CDC/Retro-CI, PNPEC, the Laboratoire National de la Sante Publique (LNSP), Clinton Foundation, GF, other donor organizations, and PEPFAR implementing partners (EGPAF, ACONDA, ICAP, and a new treatment partner) to make quarterly revisions to the national supply plan as well as to conduct regular cross-over analyses to compare commodities dispensed by the PSP and specific sites with the actual patient data to inform clinical-services decisions. In addition, SCMS will have monthly technical coordination committee meetings with the above partners to discuss the current inventory of ARVs and other HIV/AIDS commodities. In an effort to strengthen capacity at the regional and district pharmacy level, SCMS will train pharmacists in forecasting and supply planning for ARV and monitoring and evaluation methodologies.

Procurement

SCMS will procure first- and second-line ARVs based on a nationally approved supply plan. The Cote d'Ivoire government has agreed to fund third-line ARVs during the FY09 program year. In FY09, the PEPFAR program expects to be providing ART for 39,000 patients with a target of 60,000 patients by September 2009. SCMS will procure drugs for 10 full months for this cohort and will include drugs for 21,000 new ART patients, with a five-month buffer supply, which combined with remaining supplies should support the PEPFAR ART program through July 2010. Implementing partners plan to provide PMTCT services (ARV prophylaxis) to 9,600 women by September 2009.

Cote d'Ivoire's Round 8 application was not successful. After the Round 2 HIV project ends in March 2009, it is expected that the GF will continue to provide ARVs and lab commodities to support its current patients. The USG team is represented on the CCM and in regular consultation with the GF principal recipient, and is prepared to help address potential programmatic implications of a GF service-delivery gap as well as to join MSH in providing technical assistance for an expected GF Round 9 application.

Technical Assistance and Training

With FY09 funds, SCMS intends to continue several technical assistance activities that, in combination, are expected to greatly enhance transparency of commodities management and decrease stock-outs and emergency orders due to inadequate forecasting at all levels. In addition to the activity areas listed below, SCMS staff will:

- Receive further training on proper procurement procedures for both international and local acquisitions;
- Work in collaboration with the MOH and other partners to maintain a web-based ordering system. Client Resource Manager (CRM), will also authorize partners to log-in and review orders from SCMS, track their delivery progress, and confirm historical data regarding their orders;
- Maintain an inventory tracking system for EP-procured HIV commodities. The WMS MACS and its integration with LMIS software will further enhance the PSP's inventory management and distribution system;
- Complete the implementation of SIMPLE-1 and SIMPLE-2 at all facility-level and district pharmacies to track ARV dispensing data used in stock management and forecasting efforts;
- Continue to improve the quality, accuracy, and frequency of ARV commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID and other donors through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site;
- Ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

LMIS

Following changes to the national regimens, the ARV logistics management toolkit which was developed and nationally disseminated in FY07-08 and accompanying training of trainers manuals will be revised, reproduced and disseminated with FY09 funding. The SCMS tools development will strengthen the transparency and national ownership of supply-chain responsibilities and enable the PSP to access monthly inventory and dispensing reports from each treatment site. These reports and analyses will signal to care and treatment stakeholders anytime the projected virtual stock of any ARV or HIV related commodity will be less than three months at the national level or at any site.

In COP09, the site-level monthly report submission will be followed up with SCMS supported supervision visits to both the intermediary (including other sites reporting to the PSP) and site level treatment facilities to reinforce training and to monitor reporting accuracy. SCMS will ensure computerized proactive supply-chain management systems, specifically procurement, inventory management and distribution systems include detailed information on ARVs and OI drugs.

Following the MACS installation at the central level in FY08, SCMS will build upon the MACS solution in FY09 by installing MACS-LMIS software at both the central and district level. When the programs are interfaced, ARV and Laboratory logistics data collected at the site level will give both the district and central level pharmacies actual consumption data. Adding the WMS solution at the district level provides districts with the same stock management tools available at the central level. Following the implementation of the WMS-LMIS solution, pharmacists from each district will be trained in the software.

SCMS will scale up the PDA LMIS data collection system developed in FY08 to support the PSP ARV and OI drug data collection effort. Following the completion of the pilot program in five sites in FY08, the PDA program will be scaled up to include all district level facilities.

Warehousing and Distribution

Following the assessment of the district pharmacies in FY08, SCMS will complete an evaluation of the physical infrastructures of the district pharmacies and make recommendations on their storage needs. SCMS will create an implementation plan for meeting warehousing standard guidelines and will strengthen storage conditions for the 5 district pharmacies. In this regard, SCMS will build capacity within the district pharmacy infrastructures through the purchase of equipment, training, and supervision.

Activity Narrative: SCMS will continue to reinforce the storage and distribution capacity of the central level PSP warehouse. In addition, SCMS will provide technical assistance to reinforce the PSP's capacity to assess, make recommendations, and renovate their district warehouse at regional headquarters so that it is in compliance with recognized standard storage conditions for ARVs, OI drugs, and other HIV/AIDS commodities. In FY09, SCMS will also analyze and reinforce the PSP's distribution system by making system and equipment recommendations

Capacity Building

SCMS will continue to provide technical assistance to further build capacity within the PSP, PNPEC, and MOH. SCMS will continue to provide technical assistance to further build capacity within the PSP, PNPEC, and MOH. At the PSP, SCMS will deploy a site quality-assurance manager as required to oversee upgrades to physical infrastructure and management systems. The program will prepare, coordinate, and manage on-the-job warehouse staff training for basic operations of receiving, picking, checking, packing, and dispatch as well as supervision, security, and safety and security of PEPFAR commodities.

SCMS will train the DPM and PSP staff on importation processes and will also provide technical assistance to the DPM on the purchase and training on an incinerator. SCMS plans technical assistance activities to advise PNPEC on best practices and tools for the dissemination of up-to-date information on regimen and testing protocols.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15150

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15150	4572.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7061	5414.08	Supply Chain Management System	\$26,864,486
10187	4572.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$17,475,000
4572	4572.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3382	92.06	Working Commodities Fund	\$2,440,000

No overarching strategic plan exists at the national level for the integration of HIV/AIDS, TB, malaria, and opportunistic infection diagnosis and treatment services despite the fact that each of the MOH departments involved in laboratory activities has developed its own strategic plan. The development of such a global plan is important for better coordination and use of available funds and opportunities to strengthen the entire laboratory system.

FY08 response

The government of Cote d'Ivoire (GOCI) made a commitment to the rapid expansion of CT services and outlined in its 2006-2010 national strategic plan the intention to open 460 CT sites by the end of 2010. By the end of 2007, with PEPFAR support, 300 (188 CT, 112 PMTCT) sites were operational. Despite progress, national coverage of HIV testing services remains weak in some areas, particularly in rural settings.

The MOH created a new national laboratory permanent commission to address all gaps within the laboratory network, to develop laboratory policies and quality assurance/control standards, and to regulate laboratory activities countrywide. Under the leadership of this commission, five national policies have been developed related to the organization of a national quality assurance program, the organization of laboratories in the health system, and the implementation of a minimum biological package; these policies have been approved by the MOH

In 2007, major lab activities were directly supported by Retro-CI in collaboration with PNPEC and other key national stakeholders. A new HIV whole-blood finger-prick-based testing algorithm combining Determine, Bionline (confirmatory), and Stat-Pak (as a tie-breaker) have been evaluated, validated by the MOH, and piloted at 70 sites. An HIV laboratory logbook was developed in collaboration with CDC-Atlanta, validated by the MOH, and piloted at the same 70 sites. Both the new HIV testing algorithm and the new logbook are in the process of general implementation across the country.

In FY07, PEPFAR provided technical assistance to monitor and maintain the quality of HIV testing services provided at PEPFAR-supported sites through retesting of specimens from 188 CT sites to evaluate the competency of those health professionals and allied health professionals implementing the testing; periodic onsite visits were conducted to assess the overall QA program. In addition to the existing quality control activity, in 2008 Retro-CI in collaboration with LNSP and PNPEC started a national external quality assurance program for HIV serology using proficiency testing panels. A total of 128 lab personnel, including 25 regional quality assurance managers and the national pool of trainers, were trained. A total of 98 sites (65 CT-PMTCT sites, 33 hospital labs) participated in the first phase of this EQA program.

Currently, only CDC/Retro-CI is performing DNA-PCR for early infant diagnosis (EID). A 6 month pilot phase was conducted in 2007/2008 on 25 PMTCT sites with a total of 1,330 PCR assays performed and 100 health providers trained for the collection of DBS. For the roll-out PEPFAR is currently renovating and equipping three additional central labs (CIRBA, CeDres and IPCI) to support the expansion of the program. To date, 33 PMTCT sites offer EID services with a total of 2,807 PCR tests performed. Retro-CI has also performed 1,192 viral load, 9,747 hematology, 34,756 chemistry, 9,747 CD4 count assays, and 9,573 HIV serology tests for PEPFAR-supported sites.

The American Society for Microbiology (ASM) and Retro-CI have worked closely with the national TB program (PNLT) and the TB reference laboratory (IPCI), CeDres, and CAT Adjame (the largest urban TB treatment center) to: (1) customize and train 12 lab technicians on the new smear microscopy training package developed by CDC and WHO; (2) improve diagnostic capacity through laboratory renovation, procurement of equipment (based on a standardized, harmonized list), and training; (3) support the continued development of national TB diagnostic capacity (TB diagnostic equipment is being procured through ASM and a new collaboration with FIND); (4) TA to the PNLT and IPCI related to laboratory renovations to ensure that both institutions meet international criteria for a P3 laboratory; (5) provide technical assistance to IPCI to assess and strengthen the existing EQA program for smear microscopy, with the introduction of blind rechecking of the smear microscopy through a pilot at 35 TB testing centers.

In January 2008, the PEPFAR lab team, in collaboration with national stakeholders, developed a standardized list of lab equipment for PEPFAR-supported sites that reduced the number of choices of instruments for each type of laboratory test based on national criteria. In 2008, Retro-CI worked closely with SCMS and PNPEC to develop a laboratory information logistic system allowing collection of monthly lab test consumption and monitoring of stocks both at peripheral and central levels.

In-service training sessions on HIV testing, CD4 count, hematology, chemistry, and direct-smear microscopy have been coordinated and conducted respectively by the PNPEC and PNLT using standardized training modules. However, these trainings were not well coordinated.

Retro-CI with PNPEC, LNSP, and IPCI initiated supervision of 14 district and regional laboratories offering HIV laboratory services. In addition, Retro-CI has conducted 45 supervision missions related to HIV rapid testing activities at 16 CT, 12 PMTCT, and 23 CT/PMTCT sites.

FY09 Priorities

In FY09, PEPFAR, through Retro-CI, the CDC Lab Coalition partners (APHL, ASM, ASCP, CLSI), LNSP, IPCI, INFAS, and CeDres, will support the development of HIV diagnosis and biological monitoring, surveillance, and management of EQA programs. ASM and CLSI will provide technical assistance to the national laboratory network to develop quality laboratory systems and will assist national laboratories in complying with international standards and develop an accreditation plan; APHL and Retro-CI will assist the MOH in developing a national laboratory strategic plan; and ASCP will support INFAS to improve overall training activities.

FY09 lab priorities include:

1. The development of a national strategic laboratory plan to serve as the basis for all national laboratory activities and coordination of national programs, stakeholders, and donor agencies in improving the national laboratory network.

2. Capacity building to strengthen the laboratory system throughout the country.

To strengthen the lab program and ensure better coordination and leadership of national laboratory institutions, PEPFAR will support the MOH through its CDC cooperative agreement for the following activities:

PEPFAR will support LNSP to assume leadership as a true national reference laboratory by enhancing its infrastructure and human resource capacities, providing technical assistance to improve competencies for HIV diagnosis and expertise for the establishment and management of a national external quality assurance program. LNSP will assume more responsibility (incrementally) for most of the reference HIV testing and ANC sero-surveillance and the evaluation of new HIV test kits, algorithms, and alternative blood collection methods

ASM will assist IPCI for the implementation of diagnostic capacity related to TB, OIs, and STIs and a national EQA program at six STI clinic laboratories and six regional laboratories.

PEPFAR will support INFAS for the development of national laboratory human resources. INFAS infrastructure will be enhanced to increase its educational capacities; this will include the procurement of laboratory equipment and renovation of laboratory classrooms. ASCP will assist INFAS to develop and improve training curricula for pre- service trainings of lab technicians and organize training for trainers and teachers.

PEPFAR will support the PNPEC and DFR for the organization, coordination, evaluation, and monitoring of in-service trainings for laboratory technicians. A national in-service training plan will be developed that will include training needs from other PEPFAR HIV/TB and malaria partners.

PEPFAR will support the DIEM to develop and implement a national program for the maintenance of lab equipment in public health facilities.

3. Support for rapid scale-up of HIV/AIDS laboratory services:

In FY09, PEPFAR will focus its support on improving the quality of laboratory services countrywide. PEPFAR will support (1) strengthening laboratory infrastructure, (2) scaling up the implementation of the QA program for all laboratory testing, and (3) improving in-service training and implementing a specimen referral system countrywide, through its implementing partners (EGPAF, ACONDA, ICAP, etc.). Scale-up will be achieved by increasing CT and PMTCT services, clinical laboratory monitoring, and rapid roll-out of early infant HIV diagnosis through changes in policies and innovative strategies. Implementing partners plan to continue to support biological monitoring at 700 sites with the opening of an additional 250 CT sites and 136 PMTCT sites and with testing of up to 10,000 specimens for HIV early infant diagnosis with transfer of DBS-based DNA-PCR technology to three national central laboratories.

4. CLSI will assist Retro-CI, LNSP, and IPCI in complying with international standards and development of an accreditation plan.

5. Procurement of laboratory commodities and establishment of a laboratory information logistic system: In FY08, new national HIV treatment guidelines were adopted by the MOH that include five additional biological parameters. PEPFAR will continue to support SCMS for the quantification and the procurement of laboratory commodities to support the national HIV/AIDS program.

6. PEPFAR will fund Retro-CI to continue to support the national HIV/AIDS program through provision of routine HIV testing at the University Hospital in Treichville and will serve as a back-up laboratory for PEPFAR CT and care and treatment partners for approximately 10,000 patients. Retro-CI will continue to coordinate PEPFAR-supported laboratory activities in collaboration with PNPEC and relevant national laboratory institutions and transfer expertise by providing technical assistance to the laboratory network through training, supervision of laboratory activities, and implementation of quality assurance programs under the leadership of LNSP. Retro-CI will work closely with the national association of laboratory technicians to support continuing education related to best laboratory practices by supporting two annual meetings for this purpose.

All USG-funded partners will report to the PEPFAR strategic information team with quarterly program results and other requested program data. To help build one national monitoring and evaluation system, all USG-funded partners will participate in quarterly SI meetings and will implement activities based on decisions made during those meetings.

Note: Requested FY09 funding for Laboratory Infrastructure will be supplemented by FY08 carryover funds to support INFAS rehabilitation and some scale-up costs.

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16

Activity ID: 10191.22361.09

Planned Funds: \$7,066,502

Activity System ID: 22361

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds..

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

Lab Infrastructure

SCMS has been the designated procurement agent for PEPFAR commodities and as such, has been responsible for coordinating national ARV drug quantifications, supply plans, procurements and deliveries. In FY08 SCMS performed well in rapid procurement of ARV drugs, laboratory reagents, rapid test kits, and OI drugs, but laboratory consumables and equipment continued to suffer delays during the procurement process.

Through technical assistance to the PSP, PNPEC, MOH, PEPFAR implementing partner organizations and other key partners, SCMS has played an integral role in improving all aspects of the national HIV/AIDS commodity supply chain. SCMS, in collaboration with other PEPFAR implementing partners ACONDA, EGPAF and ICAP, has performed two national laboratory quantifications. Since November 2007, SCMS has provided quarterly revisions to the supply plan for partner review and procurement planning purposes. Ongoing TA, including laboratory commodities identification training, has strengthened the PSP's ability to forecast and manage commodities and thus avoid supply problems.

In FY08, SCMS addressed warehousing and distribution needs by installing the WMS, MACS, solution at the PSP's central warehouse. MACS facilitates the PSP's inventory management and distribution systems and has greatly enhanced the transparency of commodities management and decreased stock-outs and emergency orders. In addition, SCMS performed an assessment of the PSP's satellite warehouse and developed a rehabilitation plan.

During FY08, SCMS initiated a national laboratory assessment and developed laboratory system design aimed to improve the national ARV and HIV/AIDS commodity laboratory infrastructure. The system design

Activity Narrative: will ensure that the national laboratory system will improve facility functionality and make recommendations on best practices to minimize stock related issues.

FY09 Activities

Procurement

SCMS will continue to procure and deliver reagents and consumables to support ART and non-ART patients to laboratory monitoring sites. SCMS will continue to improve laboratory infrastructure and equipment maintenance while reinforcing capacity by providing necessary training and supervision visits. As follow-up to the laboratory assessment performed in FY08, SCMS will propose a list of essential laboratory equipment for 34 sites.

Specific needs projections will be negotiated with the MOH, Global Fund, and other partners in support of PEPFAR FY09 service-delivery targets. Based on current projections, SCMS will procure lab reagents and consumables for monitoring of 60,000 ART patients (at \$92 per patient for initial screening and \$92 per year for existing patients); laboratory reagents and consumables to train and retrain 600 lab technicians (at an estimated cost of \$108 per lab technician trained); and laboratory reagents and consumables to monitor 69,000 palliative-care patients (at \$61 per patient), based on estimates of how many patients will be monitored as recommended.

Technical Assistance and Training

With FY09 funding, SCMS intends to continue several technical assistance activities that, in combination, are expected to greatly enhance transparency of commodities management and decrease stock-outs and emergency orders due to inadequate forecasting at all levels. In addition to the activity areas listed below, SCMS staff will:

- Receive further training on proper procurement procedures for both international and local acquisitions;
- Work in collaboration with the MOH and other partners to maintain a web-based ordering system. Client Resource Manager (CRM), will also authorize partners to log-in and review orders from SCMS, track their delivery progress, and confirm historical data regarding their orders.
- Maintain an inventory tracking system for EP-procured laboratory commodities. The WMS, MACS, and its integration with LMIS software will further enhance the PSP's inventory management and distribution system.
- Continue to improve the quality, accuracy, and frequency of HIV/AIDS laboratory commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNITAID and other donors through support to the PSP Cellule ARV. Following directives from the Ministry of Health, all incoming commodities will be delivered to the PSP who will ensure delivery and monitoring and evaluation of these commodities to each service site.
- Ensure that a rational distribution plan is pre-calculated for each partner, based on prior consumption and validated at least quarterly using client data and physical inventory spot-checks.

LMIS

SCMS designed and disseminated an ARV tracking tool (LMIS) nationwide and has designed a laboratory commodities tracking tool that will be disseminated during the FY09 program year. The SCMS tools development will strengthen the transparency and national ownership of supply-chain responsibilities and enable the PSP to access monthly inventory and dispensing reports from each treatment site. These reports and analyses will signal to care and treatment stakeholders anytime the projected virtual stock of any ARV or HIV-related commodity will be less than three months at the national level or at any site.

Following the FY08 laboratory assessment, the resulting laboratory systems design will be implemented in FY09. SCMS will collaborate with PSP, PNPEC, CDC/RETRO-CI, the Laboratoire National de la Sante Publique (LNSP) as well as PEPFAR implementing partners to implement a laboratory LMIS; this will include tools design, reproduction dissemination and program scale up. SCMS will coordinate the development of a national laboratory commodities database.

With FY09 funds, the site-level monthly report submission will be followed up with SCMS supported supervision visits to both the intermediary facilities (and others reporting to the PSP) on a quarterly basis as well as to site level treatment facilities on a monthly basis. These supervisory visits, supported by SCMS in collaboration with the EU, will reinforce the tools training and monitor reporting activity. The supervision visits will be carried out by district level pharmacists and regional supervisors.

Following the MACS installation at the central level in FY08, SCMS will build upon the MACS solution by installing MACS-LMIS software at both the central and district level. When the programs are interfaced, ARV and Laboratory logistics data collected at the site level will give both the district and central level pharmacies actual consumption data. Adding the WMS solution at the district level provides districts with the same stock management tools available at the central level. Following the implementation of the WMS-LMIS solution, pharmacists from each district will be trained in the software.

Capacity Building

SCMS will continue to provide technical assistance to further build capacity within the PSP, PNPEC, and MOH. At the PSP, SCMS will deploy a site quality-assurance manager as required to oversee upgrades to physical infrastructure and management systems. The program will prepare, coordinate, and manage on-the-job warehouse staff training for basic operations of receiving, picking, checking, packing, and dispatch as well as supervision, security, and safety.

Following the installation of the MACS WMS, SCMS will assure PSP staff are trained in its effective use. SCMS will also support upgrades to the PSP vehicle fleet and associated commodities handling equipment to improve the efficiency of distribution systems and the safety and security of PEPFAR commodities. SCMS will commence physical upgrades to high-volume storage facilities to ensure the safety and security of PEPFAR commodities.

Activity Narrative: SCMS will train the DPM and PSP staff on importation processes and will also provide technical assistance to the DPM on the purchase and training on an industrial incinerator. SCMS plans technical assistance activities to advise PNPEC on best practices and tools for the dissemination of up-to-date information on regimen and testing protocols.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15151

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15151	10191.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7061	5414.08	Supply Chain Management System	\$6,672,050
10191	10191.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$800,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5383.09	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: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16

Activity ID: 5170.22342.09

Planned Funds: \$821,498

Activity System ID: 22342

Activity Narrative: With FY07 funds, Projet RETRO-CI, the CDC-MOH collaborative USG-funded project, will continue its support to the tiered MOH national public health laboratory system and will reinforce the institutional capacity and the coordination role of the national HIV, TB, and malaria programs in building sustainable national infrastructure, managerial and technical workforce capacity and expanding services to provide quality diagnostic testing, clinical laboratory monitoring of treatment, and surveillance.

While building capacity at the national reference laboratories, RETRO-CI will continue to provide HIV reference testing and quality assurance to support quality services within the national laboratory network. A major and expanding activity is the progressive transfer of competence and technologies to the designated national reference laboratories to provide the minimum package of HIV laboratory services at all levels nationwide. RETRO-CI's technical assistance will support achievement of both PEPFAR country goals and national strategic plan goals. In support of the effort to scale up HIV testing, RETRO-CI will complete the assessment and operationalization of a simplified rapid HIV testing algorithm and the assessment and operationalization of the new CDC Rapid HIV Testing Logbook. In support of the scale-up of early infant diagnosis, RETRO-CI will provide DNA PCR services for conventional and DBS whole-blood specimens. RETRO-CI will continue to support the laboratory component of strategic information activities, including HIV testing and analysis of the 2007 national antenatal sero-prevalence survey and sentinel surveillance of transmitted and emerging HIV drug resistance as part of the treatment program evaluation. These activities will be implemented in collaboration with the MOH national HIV and TB programs (PNPEC and PNLT), the national reference laboratory (LNSP), the national TB reference laboratory (Institute Pasteur CI), the UFR of Pharmacy and Medicine, the national training institution of health care workers (INFAS), the National Blood Bank, the WHO, HHS/CDC/HQ, CDC international laboratory cooperative agreement partners, and all relevant PEPFAR implementing partners and stakeholders.

In FY08, activities will be based on lessons learned from the implementation of FY07 activities. A principal activity will be the collaborative development of a five-year strategic laboratory plan that will serve as the basis for the development of a sustainable national laboratory system. In addition, RETRO-CI will concentrate on the following priority activities in an effort to scale up quality lab services supporting HIV prevention, care, and treatment programs:

Support of laboratory networks and integrated laboratory services by:

1. Supporting the rapid scale-up of HIV testing services to improve access at CT, PMTCT, TB/HIV, and care and treatment sites throughout the country. This support will consist of:
 - Implementing at all PEPFAR-supported medical and non-medical sites simplified whole-blood finger-prick-based rapid-testing algorithms
 - Assessing the proficiency of non-laboratory professionals (nurses, midwives, lay counselors) to perform HIV rapid-testing algorithms and related QA activities
 - Providing recommendations for any changes needed in the national HIV testing policy based on these assessments
2. Supporting expansion to access of biological monitoring for patients on ART at all levels by conducting and promoting field validation of simple technologies at the point of care where appropriate
3. Supporting the MOH by creating a specimen referral system from sites without laboratories to regional laboratories. This will include a system for the timely reporting of site laboratory results to the reference laboratory
4. Implement the logbook for HIV rapid testing developed by CDC at all HIV testing sites to standardize reporting of results.
5. Providing TA for the roll-out of early diagnosis of HIV infection in HIV-exposed infants at 6 weeks-12 months (at least 6 weeks after cessation of breastfeeding) by DNA PCR using dried blood spot specimens at all PMTCT sites and immunization clinics. This will be achieved by:
 - Transferring DNA PCR technology using DBS to three central laboratories (CeDreS, IPCI, CIRBA)
 - Providing test kits and supplies for testing up to 10,000 HIV-exposed infants
 - Collaborating with the MOH to review and change policies on early infant diagnosis to reduce the need for costly DNA PCR testing by performing early HIV rapid testing on infants before 12 months.
6. Provide TA to build appropriate reference testing capabilities and facilities within the LNSP. This will include providing assistance for the coordination of an external quality assessment program for HIV serology in collaboration with ASCP for the development of a laboratory quality system.
7. Providing TA to the national TB program for the provision of HIV CT at all TB centers. This will include training of CAT and CDT staff on HIV testing and QA/QC and training and coaching of TB supervisors for on-site supervision of CT services.
8. Supporting ART clinical laboratory monitoring for HIV-infected patients at the infectious diseases department (SMIT) and outpatient clinic (USAC) of the university teaching hospital of Treichville, Médecins Sans Frontières (MSF), and other treatment sites according to national guidelines by providing lab services for: full blood count (FBC), CD4 + T-cell count, full chemistry including but not restricted to liver enzymes (transaminases), renal function test (creatinine), glucose, lipids, amylase and serum electrolytes, HIV RNA viral load, Hepatitis B and C virus serology.

Technical assistance in laboratory quality assurance by:

1. Monitoring the performance of laboratory sites for the accuracy of HIV testing and ART clinical laboratory monitoring:
 - Continue TA for an initial assessment of laboratory staff at new PEPFAR-supported sites and periodic on-site supervision at all sites with progressive transfer of competencies to the regional and district levels
 - Organize an external quality assurance (EQA) program for HIV serology through a two-year cooperative agreement with the national reference laboratory (LNSP)
 - Support the EQA/PT program for CD4 testing in collaboration with LNSP and CeDReS
 - Identify, with LNSP, and support a suitable partner to establish and pilot a QA program (including EQA/PT) for hematology and clinical chemistry
2. Transferring competencies for and decentralizing supervision of HIV testing sites to regional supervisors by creating a national pool of supervisors; implementing a national guide for supervision, related

Activity Narrative: standardized supervision forms, and checklists
 3. Providing TA to develop the overall QA program, including but not limited to the definition of QA standards for all laboratory categories.

Provide training by:

1. Continuing to support the improvement of pre-service training institutions, including updating curricula, provision of lab equipment and supplies, and training of staff
2. Continuing to support the national HIV and TB programs for in-service trainings (HIV and CD4 testing, laboratory quality management, and maintenance of basic equipment)
3. Supporting the implementation and rollout of standardized training materials, including the comprehensive WHO/CDC HIV rapid-testing training package and the WHO/CDC/IUATLD/APHL/RIT direct TB smear microscopy training package.

Additional activities:

RETRO-CI will:

1. Continue to support the lab component of strategic information activities, including evaluating the national care and treatment program for emerging ARV drug resistance in patients at 12 months of treatment to assess the effectiveness of current ARV drug regimens
2. Implement a threshold survey for transmitted drug resistance among pregnant women at selected ANC sites
3. Validate new HIV incidence surveys and targeted evaluation studies to:
 - Validate simple and easy-to-use new technologies for CD4 testing +/- complete blood count (Auricare NOW, FACSCount CD4Abs/CD4%) to evaluate their appropriateness in laboratory programs.
 - Validate rapid nucleic acid technologies for quantification of viral load (real time PCR)
 - Assess the feasibility of new methodologies (dried tube serum) for EQA for HIV serology.
 - Assess the suitability of newly available commercial cell stabilizers for CD4 count and full blood count
 - Assess the residual risk of window-period HIV infections using nucleic acid techniques (NAT) and pooling strategies (cross-referenced CNTS mechanism 4933)
4. Apply to be a WHO regional HIV Drug Resistance Collaborative Center. This will enable RETRO-CI to provide TA to other PEPFAR and regional countries with limited resources for implementing drug-resistance surveillance
5. Collaborate with ASCP and CLSI in evaluating, developing, improving, and maintaining their laboratory quality management system (managerial and technical) in compliance with CAP and ISO 15189 requirements with the goal of accreditation. This will be two- to three-year process. RETRO-CI will serve as an advisory body for supporting the accreditation of national and regional laboratories, thus evolving its role at the national and regional level as a center of excellence for training and QA.
6. Collaborate with the National Public Pharmacy (PSP), the Supply Chain Management System (SCMS), and PEPFAR implementing partners to improve the supply-chain system
7. Provide TA for training of staff on inventory and stock management.

Laboratory commodities and equipment will be purchased directly and are projected to total \$1,526,765; staff salaries and administrative costs to support 26 RETRO-CI laboratory affiliated positions make up the balance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15163

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15163	5170.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7066	5554.08	CDC-RETRO-CI GHAI	\$3,001,933
10135	5170.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5554	5554.07	CDC-RETRO-CI GHAI	\$1,302,719
5170	5170.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$948,607

Emphasis Areas

Construction/Renovation
Health-related Wraparound Programs
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 7224.09	Mechanism: CDC Lab Coalition
Prime Partner: CDC International Lab Coalition	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 12215.22443.09	Planned Funds: \$910,000
Activity System ID: 22443	

Activity Narrative: PEPFAR funded the CDC International Lab Coalition, a CDC HQ-based program that allows country programs to tap into four leading organizations with laboratory expertise (APHL, CLSI, ASM, and ASCP), in order to address challenges in coordinating the Cote d'Ivoire lab portfolio in terms of trainings, quality assurance, procurement, and management of collaborative projects between in-country partners.

FY09 funding will continue to support the CDC Lab Coalition in the program areas of Laboratory Infrastructure and TB/HIV.

ASCP

ASCP (American Society for Clinical Pathology) is a dynamic organization focused on improving global health by implementing innovative methods and partnerships that improve laboratory practices. ASCP was granted funding for Cote D'Ivoire in 2008 to provide technical laboratory assistance through in-service trainings with current laboratory professionals and pre-service training curriculum development with the National Institute of Training for Medical Technologists (INFAS). ASCP provides in-service laboratory training to working laboratorians so that they may update skills in preparation for the use of new technologies that will enhance and improve the diagnosis and laboratory monitoring of HIV/AIDS patients. Sustainability of this effort is provided through training of trainer (TOT) workshops, which develop master trainers from in-country senior laboratorians. In FY08 ASCP made an initial visit to Cote d'Ivoire to assess the school of laboratory technicians (INFAS) and develop a consensual workplan for the revision of curriculum to aid in teaching laboratory focused methods and courses.

Pre-Service Curriculum Development (Phase 2) FY09 funds will complement FY08 carry over funding to complete activities started in FY08. ASCP will organize pre-service training with faculty and students of INFAS to update curriculum that reflects the inclusion of new technologies with a focus on HIV testing and quality assurance. ASCP will be involved in the following activities: review curriculum content and ensure inclusion of information on new technologies, instrumentation and procedures; provide training of faculty on quality assurance and new technologies in the clinical laboratory; twinning of INFAS with another educational institution supported by ASCP to provide information sharing related to faculty interactive teaching techniques.

Phase 2 of the Pre-Service Curriculum Development includes: (1) A Monitoring and Evaluation activity facilitated by 2 ASCP consultants and 1 staff member. This activity will include traveling to INFAS (Cote d'Ivoire), observing new materials being taught and meeting with faculty. (2) An additional 300 hours of professional curriculum development and finalization by the ASCP Pre-Service Work Group. (3) Mentorship Technical Assistance: an ASCP consultant serving as a mentor and educator at INFAS for 2 months at a time. Phase 2 of Curriculum Development will take approximately 12 months to complete. This will include work group curriculum development, and Monitoring and Evaluation of this year's activities.

ASM

ASM (American Society of Microbiology): Opportunistic Infections (OIs) and sexually transmitted infections (STIs) are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA) both prior to diagnosis as well as during care and treatment. Basic microbiology laboratory services for blood stream and other infections which have high morbidity in HIV infected patients are limited in their availability and often, when available, lacking in quality.

In fiscal year (FY) 2009, the American Society for Microbiology (ASM) technical experts (mentors) will continue to provide in-country support for microbiology and OIs, laboratory systems and strategic planning, standardization of protocols for cost effective testing, and good laboratory and clinical practices. ASM's major emphasis area will be to continue technical and human capacity development.

In FY08, funds were requested to strengthen TB diagnostics in Cote d'Ivoire. In FY09, the activity has been modified to include strengthening diagnostics of other OIs and STIs, in addition to ongoing efforts towards establishing quality-assured diagnosis of TB and strengthening the TB external quality assurance program. Specific activities with respect to assistance for OIs and STIs in FY09 include: (1) Evaluation of OI (other than TB) and STI diagnostic capacity in-country. (2) Strengthening and expansion of core functions of the National Microbiology Reference Laboratory (IPCI). (3) Collaboration with the IPCI to develop and facilitate basic microbiology workshops to be presented at six regional laboratories. (4) Follow up mentoring in the six labs where microbiology workshops have been presented to ensure proper retention and implementation of demonstrated procedures. (5) Provision of onsite training of IPCI staff in the monitoring and evaluation of OI and STI training activities. (6) Assistance with development of a laboratory quality assurance program for microbiology to include a training plan for laboratory personnel and guidelines for supervision and oversight related to standards of quality. (7) Strengthen pre-service, in-service, and continuing education for microbiology.

APHL

Since 2002, APHL (Association of Public Health Laboratories) has provided support to: the National Reference Public Health Laboratory (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 was to build national capacity for the delivery of quality decentralized HIV laboratory services in support of HIV/AIDS prevention, care and treatment efforts including targeted evaluation and surveillance activities.

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 PEPFAR funded Prevention, Care and Treatment activities. Through trips from a lead consultant and 3 other consultants, APHL supported laboratory networking, training and the promotion of quality laboratory services. In FY 09, no funding is requested for APHL in the COP09 submission; activities will be carried out by APHL during the COP09 program period with funds carried over from the FY07 and FY08 budget periods.

In collaboration with PEPFAR-implementing partners, WHO, CDC, the MOH, the national HIV/TB/Malaria

Activity Narrative: programs, the public health national reference laboratory (LNSP), the national TB reference laboratory (IPCI), and the national laboratory networks, APHL will focus on 2 key program areas:

- 1 - Strategic planning for laboratory services: providing technical assistance for the development and implementation of the national public-health laboratory strategic plan to:
- (1) build an integrated and sustainable national laboratory system;
 - (2) improve HIV/TB/Malaria laboratory services;
 - (3) establish a quality assurance program for the system;
 - (4) develop laboratory related human capacity, with an emphasis on career development for motivation and retention;
 - (5) develop a national monitoring and evaluation system/program for the lab network;
 - (6) infrastructure and equipment standardization and improvement;
 - (7) develop a budget for the implementation of the plan and assign partner roles in the implementation process.
- 2 - Improvement of laboratory information management system (LIMS):
- (1) support an assessment of the LIMS available within the public health laboratory system based both on electronic and paper-based tools used to collect and report laboratory data and results;
 - (2) provide technical support for implementation of cost-effective LIMS, and the creation of a national laboratory database.

CLSI

The provision of quality laboratory services and the conduct of reliable diagnostic testing are challenges in many international settings where resources are limited. Quality laboratory testing is an integral element in the clinical diagnosis framework, infectious disease surveillance, and the formation of public health policy. Good laboratory practices prove to be cost-effective and promote reliable and accurate results, contributing to good patient care, and thereby can promote a positive attitude by patients towards testing. CLSI (Clinical and Laboratory Standards Institute) is committed to facilitating the development of quality systems in the laboratory, and providing on-going advisement to sustain quality improvements. CLSI will build capacity through the provision of laboratory standards and guidelines, and providing technical assistance, training, and technology transfer to individuals and organizations.

In FY09 CLSI will continue its current scope of work to assist the following three reference and training laboratories in their preparation for accreditation:

- (1) Projet RETRO-CI ;
 - (2) LNSP ;
 - (3) Institute Pasteur - Cote d'Ivoire (IPCI).
- CLSI will prepare each site for the accreditation model chosen by the laboratory leadership of Cote d'Ivoire: ISO 15189. As each laboratory is unique, CLSI will customize the activities for each site and proceed methodically in the assessment and implementation of the 12 Quality System Essentials (QSEs) as the primary focal areas. Laboratories will focus on 3-4 QSEs to start. CLSI's workplan will be carried out in six phases: (1) gap analysis I of the baseline Quality Management System; (2) action plan development to fill gaps to strengthen laboratory quality system and operation; (3) implementation of milestones through mentorship/twinning; (4) self-assessment of progress by the laboratory management; (5) quality improvement and on-going assistance based on needs; (6) gap Analysis II. Standard Operating Procedures and Accreditation Workshops will be provided based on country requests.

Becton Dickinson Public Private Partnership with PEPFAR

Becton Dickinson (BD) is a leading global medical technology company that manufactures and sells medical services, instruments systems and reagents. In October 2007, PEPFAR signed an MOU with BD to establish a public private partnership to improve overall laboratory systems and services in African countries affected by HIV/AIDS and tuberculosis. Activities of BD will be focusing on strengthening Cote d'Ivoire laboratory system by: (1) working with ASM/ PNLT /IPCI to develop and implement a sample referral system for TB liquid and solid culture (2) work closely with LNSP/Cedres to strengthen the QC program for CD4 count and develop related training curricula. (3) Work with central labs to develop training materials for sample management and phlebotomy.

TA from the CDC International Laboratory Branch

A consensus document for laboratory management has been developed by the CDC International Laboratory Branch in collaboration with the CDC-International Lab Coalition. RETRO-CI will request technical assistance visits from CDC-HQ for a TOT training of a national pool of trainers based at central and regional laboratory institutions. Following the training of trainers two training sessions for laboratory managers will be organized to improve the quality of laboratory management within the network. Trainings will cover topics like quality management systems, good laboratory practices, and biosafety.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16774

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16774	12215.08	HHS/Centers for Disease Control & Prevention	CDC International Lab Coalition	7224	7224.08	CDC Lab Coalition	\$600,000
12215	12215.07	HHS/Centers for Disease Control & Prevention	CDC International Lab Coalition	7323	7323.07	CDC/Lab Coalition	\$77,836

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$125,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 10822.09	Mechanism: TBD Institut Pasteur
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 25663.09	Planned Funds: ██████████
Activity System ID: 25663	

Activity Narrative: Institut Pasteur Cote d'Ivoire (IPCI) was created in 1972 and is part of the Ministry of Research and Education. The institution includes six scientific departments and employs 120 highly qualified staff, including biologists, biotechnologists and research scientists. The IPCI has five primary missions: (1) research in biomedical and environmental science; (2) training in laboratory practices; (3) provision of laboratory services (diagnosis and quality control); (4) routine microbiology surveillance and laboratory support for outbreak investigations; and (5) technical support to public health programs. Despite the availability of highly qualified human resources, its infrastructure and equipment are badly in need of being updated and adapted to the current needs of the country associated with fulfilling its national mandate. In 2007, IPCI was designated by inter-ministerial (Ministry of Research and Ministry of Health) decree as the national reference laboratory for TB diagnosis and surveillance of infectious diseases. In FY08, IPCI became a subpartner of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), a PEPFAR prime partner.

In FY09, the USG team will seek to continue and expand its support to IPCI by developing a sole-source award for the implementation of TB, OIs, and STI diagnosis and a national EQA program at six STI clinic laboratories and six regional laboratories. With the technical assistance of ASM, PEPFAR will assist IPCI to strengthen diagnostics of TB, OIs, and STIs. Specific activities with respect to assistance for OIs and STIs will include: (1) evaluation of OI (other than TB) and STI diagnostic capacity in-country; (2) strengthening and expansion of core functions of the National Microbiology Reference Laboratory (IPCI); (3) collaboration with other key national labs to develop and facilitate basic microbiology workshops to be presented at six regional laboratories; (4) follow-up mentoring in the six labs where microbiology workshops have been presented to ensure proper retention and implementation of learned procedures; (5) provision of onsite training of IPCI staff in the monitoring and evaluation of TB, OI, and STI training activities; (6) assistance with development of the laboratory quality assurance program for microbiology to include a training plan for laboratory personnel and guidelines for supervision and oversight of quality standards; (7) strengthen pre-service, in-service, and continuing education for medical microbiologists; (8) development and implementation of quality management systems at all 12 sites. Support logistics of quality-assurance systems for TB/OI-related laboratory techniques, including training, procurement, infrastructure improvement, and specimen transport, supervision, and regular feedback reports to network laboratories. IPCI will provide at least two QA/QC site visits to each of the 12 laboratories this year; (9) surveillance of TB and OIs (*S. pneumoniae*), STI (*N. gonorrhoeae*) resistant strains; and (10) develop a monitoring and evaluation program.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5301.09

Prime Partner: Ministry of Health, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 26609.09

Activity System ID: 26609

Mechanism: MOH- CoAg #U2G PS000632-01

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$480,000

Activity Narrative: PEPFAR will focus its support on improving the quality of laboratory services nationwide in FY09. In order to strengthen the lab program and ensure better coordination and leadership of national laboratory institutions, PEPFAR will support the central Ministry of Health (MOH) institutions through its CDC cooperative agreement.

PNPEC-DFR

Using FY09 funding, the National HIV Care and Treatment Program (PNPEC) and the MOH Department of Training and Research (DFR) will organize and coordinate in-service training of laboratory technicians, pharmacists, physicians, and biologists. A national in-service training plan will be developed to include PEPFAR training needs, and those of other HIV, tuberculosis (TB), and malaria partners. This plan will include the development of a national training package for HIV, TB, malaria, and opportunistic infections (OI) as well as the mentoring of a national pool of trainers in areas such as monitoring and evaluation (M&E). This will allow the DFR, PNPEC, and PEPFAR partners to assess the impact of in-service trainings on laboratory service delivery at PEPFAR-supported sites. The DFR will also be funded to support, monitor, and evaluate in-service training sessions organized by the PNPEC. FY09 funds will be used to purchase computers for tracking data and to develop training curricula.

INFAS

In 1991, the National Institute for Health Care Worker Training (INFAS) was created with the mission to train laboratory technicians, nurses, and midwives through three-year post-secondary school programs. Laboratory technicians may be offered the opportunity to participate in an additional one-and-a-half year training program to become health care laboratory engineers. Between 1991 and 2000, only 216 lab technicians and 21 lab engineers were trained. With limitations due to inadequate teaching facility infrastructure, insufficient laboratory training equipment, and incomplete HIV/AIDS training modules, INFAS has the official capacity to train only 20 laboratory technicians per year, though the school is now training 38 students per year through implementation of a rotational training schedule. Although there is an attempt to fill the gap by organizing in-service trainings, there still remain significant challenges in coordination. A human resource evaluation conducted in 2005 by Abt Associates showed a need for 533 additional laboratory technicians in order to support the HIV/AIDS national strategic plan goals of 2008. There is an urgent need for INFAS to improve coordination, evaluation, and monitoring of their pre- and in-service trainings of health professionals to scale up its training capacity.

In FY09, INFAS will be funded through the CDC-MOH cooperative agreement for the development of national laboratory human resources to meet the needs of the health system by reinforcing the pool of trainers and developing the health care educational infrastructure. INFAS will work in collaboration with Retro-CI to develop and procure a list of materials and equipment for hematology, biochemistry, microbiology, and immunology laboratories. The school's security system will be enhanced to help protect the investment in new equipment. In collaboration with Retro-CI, INFAS will develop and procure training manuals and books, and will support internet service access for the school library.

LNSP

Since 1991, the National Public Health Reference Laboratory (LNSP) has worked toward developing and implementing laboratory standards to organize, implement, and monitor quality assurance/quality control (QA/QC) procedures and to regulate laboratory creation and operation. Weak infrastructure and human and technical resource capacities have been limiting factors in the institution's ability to perform these functions, in addition to the fact that the LNSP does not have the mandate to coordinate, organize, and supervise the national laboratory network.

Through PEPFAR support, the LNSP will be better able to coordinate the national laboratory network and establish national QA/QC standards. Using FY09 funding through the CDC-MOH cooperative agreement, LNSP infrastructure and human resource capacities will first be improved by renovating the existing laboratory facility to meet international reference laboratory standards. An assessment of human resource and training needs will be conducted with the technical assistance of CDC International Laboratory Coalition partner CLSI. LNSP will also seek assistance from Retro-CI to finalize its five-year strategic plan. All activities will be conducted in collaboration with the PNPEC, Retro-CI, and other national laboratories.

LNSP will initiate the following activities in FY09:

- Monitor the performance of laboratory sites for the accuracy of HIV testing and ART clinical laboratory performance.
- Conduct more initial assessments of laboratory staff at new HIV/AIDS care and treatment sites and periodic on-site supervision at all sites with progressive transfer of competencies to the regional and district levels.
- Continue the implementation of an external quality assurance (EQA) program for HIV serology.
- Continue the EQA/PT program for CD4 testing in collaboration with CeDReS.
- Pilot a QA program (including EQA/PT) for hematology and clinical chemistry.
- Implement the national guidelines for supervision through developing and implementing standardized supervision forms and checklists.
- Customize and pilot the CDC/WHO-AFRO checklist for certification of central and regional laboratories.
- Develop and implement a national specimen referral system from sites without laboratories to regional and district laboratories. This will include a system for the timely reporting of laboratory site results to the referring to laboratories or clinics.
- Participate in selecting and piloting a laboratory information system.
- Participate in the CDC/WHO-AFRO program for HIV rapid test kit pre-qualification and post-marketing surveillance.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$550,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 12162.09**Mechanism:** TBD (LNSP)**Prime Partner:** To Be Determined**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Laboratory Infrastructure**Budget Code:** HLAB**Program Budget Code:** 16**Activity ID:** 29651.09**Planned Funds:** ██████████**Activity System ID:** 29651**Activity Narrative:** With funds reprogrammed in April 2009, the TBD partner will help build infrastructure and human resources capacities at the national laboratory (LNSP). Activities will include renovating the existing laboratory facility to meet international reference laboratory standards and establishing and/or improving the LNSP's competencies to:

1. Conduct an increasing percentage of initial assessments of laboratory staff at new HIV/AIDS care and treatment sites and periodic on-site supervision at all sites with progressive transfer of competencies to the regional and district levels.
2. Continue the implementation of an external quality assurance (EQA) program for HIV serology, including:
 - Continuing the EQA/PT program for CD4 testing in collaboration with CeDReS
 - Piloting a QA program (including EQA/PT) for hematology and clinical chemistry

New/Continuing Activity: New Activity**Continuing Activity:****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 12161.09**Mechanism:** TBD (INFAS)**Prime Partner:** To Be Determined**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Laboratory Infrastructure**Budget Code:** HLAB**Program Budget Code:** 16**Activity ID:** 29652.09**Planned Funds:** ██████████

Activity System ID: 29652

Activity Narrative: With funds reprogrammed in April 2009, the TBD partner will help build capacity at the national health-worker training institute (INFAS) by renovating and equipping laboratory training space for hematology, biochemistry, microbiology, and immunology laboratories to accommodate twice the current number of students (currently 120). In addition, an old amphitheater will be renovated and equipped to meet current national security guidelines and safe training conditions.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$7,028,000

Program Area Narrative:

Background

Strategic information is a fundamental priority of the PEPFAR 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 monitoring and evaluation (M&E) strategic and operational plans, designing national databases with stakeholder input, standardizing and strengthening data collection and surveillance, and improving data quality and data use for decision-making.

Cote d'Ivoire's progress toward one national M&E system is coordinated by the Ministry for the Fight Against AIDS (MLS) through its Department of Planning, Monitoring, and Evaluation. The MLS is charged with determining the country's HIV M&E vision and designing strategic plans to achieve this vision. Operational HIV M&E tasks are shared by the ministries directly involved in the response to HIV/AIDS. The MLS collects data and develops the M&E plan for community interventions. In the Ministry of Health (MOH), the Department of Information, Planning, and Evaluation (DIPE) is responsible for HIV/AIDS data in the health sector and the Public Health Pharmacy (PSP) directs drug and commodities forecasting, tracking, and management. The Ministry of Family, Women, and Social Affairs (MFFAS), through its National OVC Program (PNOEV), collects data and develops the M&E operational plan related to OVC activities. The Ministry of Education (MEN) contributes significantly to targets for prevention of sexual transmission.

USG support is designed to build an effective, sustainable national SI infrastructure by strengthening capacities at the local, district, regional, and central levels. Two principal PEPFAR prime partners – Measure Evaluation and CDC/Retro-CI – directly support the government of Cote d'Ivoire (GOCI) to carry out SI-related activities. CDC/Retro-CI has been providing surveillance and health management information systems (HMIS) technical assistance since 1988. In FY09, PEPFAR will ask CDC/Retro-CI to concentrate on collecting, verifying, and analyzing data from: 1) routine HIV program monitoring, 2) surveys and surveillance, 3) national and sub-national HIV databases, 4) supportive supervision and data auditing, and 5) HIV program evaluation and research. Measure Evaluation will concentrate its technical assistance on human capacity, partnerships and planning, including: 1) organizational structures with HIV M&E functions, 2) human capacity for HIV M&E, 3) partnerships to plan, coordinate, and manage the HIV M&E system, 4) national multi-sectoral HIV M&E planning, 5) an annual costed national HIV M&E work plan, and 6) advocacy, communications, and culture for HIV M&E. The dissemination and use of data from the M&E system to guide policy formulation and program planning and improvement are considered cross-cutting, and data and data analysis will be shared appropriately among HIV/AIDS stakeholders.

The USG also will provide technical assistance to build the data-management capacities of NGO/CBO/FBO partners and of key government agencies active in the HIV/AIDS response.

FY08 Response

In FY08, PEPFAR is continuing the progressive transfer of capacity to the national government at both central and decentralized levels. Support to the ministries is being expanded to broaden the national impact at all facility- and community-based HIV/AIDS services. Through its partners, the USG is focusing on the following strategic priority areas:

JSI/TASC 3 and Retro-CI have developed and executed a six-month project to deploy harmonized national M&E paper tools. This portion of the national information system is being interfaced with existing information systems. Measure is working with PEPFAR care and treatment partner ACONDA to deploy the electronic version of this paper tool (currently called SIGVIH). These activities are intended to contribute to the building of a secure national HIV data repository that respects WHO privacy and confidentiality guidelines and will be a one-stop provider of HIV/AIDS data at the individual and aggregate levels.

The MOH is coordinating implementation of a longitudinal HIV-positive patient monitoring system. The PSP, in partnership with SCMS, is putting in place a system to improve commodities forecasting, tracking, and management. This system will be interoperable with the national longitudinal patient monitoring system.

The MLS, with support from SCMS, has conducted the pilot phase of a data transmission project using PDAs, designed to help develop functional local M&E units that can capture data related to activities at the community level. The MLS has been awarded a new PEPFAR-funded cooperative agreement with the CDC that will allow the MLS to:

- Collaborate with other relevant ministries to create a national repository to store and manage data/information.
- Contribute to key preliminary milestones of a national data repository, such as the standardization of indicators and data collection tools, creation of a data confidentiality policy, and creation of a unique national identification number for all health services users.
- Disseminate HIV/AIDS data/information via the following activities: 1) Creation of a national clearinghouse of documents, tools, and other HIV/AIDS resources for use by all stakeholders, including the general public, government agencies, NGOs, and international partners. Promotion of this resource should include community and local stakeholders. 2) Redesign of the existing MLS Web site with a particular focus on ease of use and the provision of up-to-date national HIV/AIDS statistics, reports, and links to key international HIV/AIDS documents, guidelines, and other data.

All USG-funded partners are reporting their quarterly program results to the PEPFAR strategic information team and are responding to ad hoc requests for program data. To help build and strengthen one national M&E system, all USG-funded partners are participating in quarterly SI meetings and are implementing decisions made during these meetings.

FY09 Priorities

FY09 priorities were determined during consultations over three months by a committee consisting of the USG team, its two principal SI partners, and GOCl representatives. The World Bank's Organizing Framework for a Functional National HIV Monitoring and Evaluation System was used to assess the country's progress toward developing one national M&E system. Based on the national M&E plan, the committee chose the following four priorities for FY09:

1) The USG will support the development of Cote d'Ivoire's human capacity for HIV M&E. The number of M&E staff will be increased through a fellowship program that will target new graduates in statistics, public health, epidemiology, and related fields. After completing the program, fellows will be capable of working as M&E officers for HIV programs. In addition, short- and long-term training will be provided to current M&E officers. PEPFAR also plans to support the definition of M&E core competencies for HIV/AIDS programs in Cote d'Ivoire.

2) The USG will support the development of partnerships to plan, coordinate, and manage the HIV M&E system in Cote d'Ivoire. National SI technical working groups (TWGs) will be revitalized. Lessons learned from the HMIS TWG, which is working well, will be applied to the M&E TWG and the Surveys and Surveillance TWG. The PEPFAR quarterly SI meeting, which provides a routine communication platform to facilitate exchange of information among stakeholders, will be co-organized with the Department of Planning, Monitoring, Evaluation within the MLS. The objective is to transition effective management of this communication platform to the GOCl by 2010. In addition, all PEPFAR partners will be supported in working toward the development of M&E capacity, accountability, and responsibilities of sub-partners, health facilities, communities, and other operational units indirectly receiving USG funds.

3) The USG will support the continued development of national and sub-national HIV databases. A common strategy will be used for all database development. When possible, an Ivorian organization will be chosen to develop the database. Otherwise, an international information technology company or university will be chosen as a contractor through a competitive process and will be requested to partner with a local public or private institution and to design and implement a clear plan to transfer activities to a national organization. The objective is that databases will be maintained and governed by Ivoirians no later than two years after their deployment. The targeted databases for FY09 are the HIV patient monitoring system (SIGVIH), the all-patient monitoring system (SIGVISION), the community information system (MRS with PDA), the laboratory information system, and the orphans and vulnerable children information system. The USG will also support the development of a national HIV data security and confidentiality policy.

4) The USG will conduct supportive supervision and data auditing. GOCl staff assigned to health data management at the district level (CSE) will be trained in HIV data-quality assurance. PEPFAR will provide incentives to the CSE, such as per diems for supervision and reimbursement for data transmission. In the MOH, the DIPE will be supported to organize a national task force that will report national HIV data quarterly. This support will be performance-based. The USG will also support the development and implementation of a national health user identification number in order to mitigate the high level of duplication noted in reports.

Pending OGAC approval, PEPFAR Cote d'Ivoire is also planning to strengthen its evidence base for decision-making through a significant public health evaluation (PHE) portfolio in the program areas of ARV treatment, PMTCT, and CT. EGPAF will continue two country-specific evaluations begun with FY08 funding, assessing 1) the effectiveness of its HIV/AIDS care and treatment program and 2) the quality of infant feeding and nutrition counseling and practices at PMTCT sites. A third country-specific PHE proposed for FY09 will evaluate care and treatment of patients with HIV-2 infection and will serve to create a research platform for further clinical, immunological, and virological studies of HIV-2-infected patients. The findings of this PHE will have implications for all countries with HIV-2 infection, in particular in West Africa, and will provide data for the WHO to draft evidence-based guidelines for HIV-2-infected patients.

PEPFAR CI also plans to participate in three inter-country PHEs: an evaluation of interventions to reduce early mortality among patients initiating ART, an evaluation of PMTCT program models designed to improve engagement and retention of clients and maximize PMTCT program impact, and an evaluation of three models of HIV counseling and testing in outpatient departments to determine the most effective model for increasing testing uptake, identifying HIV infection early, and ensuring linkages to care and treatment services.

Sustainability

The USG continues to promote sustainability by building the capacity of Ivoirian 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 to be accountable for achieving and documenting results. Through training, infrastructure strengthening, and advocacy in support of decentralized SI capacity, the USG is supporting the development of sustainable data-management systems for the delivery of quality HIV/AIDS prevention, care, and treatment.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 12172.09	Mechanism: Macro DHS
Prime Partner: Macro International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29673.09	Planned Funds: \$800,000
Activity System ID: 29673	
Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to Macro International to support Cote d'Ivoire's DHS+ planned for 2009.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 12185.09	Mechanism: TBD Partnership Framework DHS testing
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29685.09	Planned Funds: ██████████
Activity System ID: 29685	
Activity Narrative: During April 2009 reprogramming, funds made available for Partnership Framework development are being allocated to a TBD partner to support HIV testing with receipt of test results during Cote d'Ivoire's 2009 DHS+.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11044.09	Mechanism: TBD New Treatment Partner
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26600.09	Planned Funds: ██████████
Activity System ID: 26600	

Activity Narrative: A new TBD partner will support the Ivorian Ministry of Health to expand access to comprehensive HIV/AIDS care and treatment while building the capacity of national structures and contributing to sustainable service delivery within the health sector in Côte d'Ivoire, with a primary focus of activities in three northern regions of the country: Vallée du Bandama, Zanzan, and Les Savanes.

ART services will be initiated at health facilities where there is at least one medical doctor, according to the national guidelines. PMTCT services will be offered at antenatal clinics and CT at all health facilities. In FY09, the partner will provide support to five facilities delivering CT, PMTCT, TB/HIV, care and support, and ART services.

The overarching goal of the M&E component of the partner program implementation is to develop and conduct high-quality, timely, and sustainable monitoring and evaluation of the partner supported activities for program evaluation and improvement. This is a collaborative effort, with local, national, and international partners to routinely collect, analyze, and disseminate data to assess program quality, as well as program impact within and across sites and countries. The partner will implement the nationally approved monitoring and evaluation system and tools, including the harmonized patient monitoring tools. The partner will participate in PEPFAR or national committees to review and revise M&E tools.

In FY09, the partner will support routine data collection, management, use, and transmission at the site level. More specifically, partner will implement the following activities:

A- Partner Country Team Activities

Partner strategic information officers in collaboration with the national counterparts and other PEPFAR partners will:

- 1) Implement SIGVIH on the partner assisted sites providing treatment and continue other adopted country data collection tools (paper and electronic) in the M&E strategy.
- 2) Provide ongoing technical support and training to data clerks at the site level.
- 3) Train the multidisciplinary care teams on how to use program data to assess the quality of care at their site.
- 4) Provide semi-annual and annual program results, and ad hoc data sets as requested by the PEPFAR USG team.
- 5) Participate in quarterly SI meetings organized by the USG strategic information branch.
- 6) Implement decisions agreed upon during these meetings.
- 7) Any publications submitted to peer-review journals using data collected with USG funding support will collaborate on these submissions with the USG in country team.

B- Site Activities

- 1) Hire, orient, and continually train and supervise data clerks at each new site.
- 2) Provide SI related materials to each site including but not limited to (computer hardware, computer software, printer, registers and forms, internet connection)
- 3) The partner field staff will attend specific workshops, conferences, or classes that improve their technical capacity.
- 4) Support the SI capacity development of all personnel within the health facilities supported by the partner.

C- Strengthening National Strategic Information Activities

- 1) Personnel at district sites will be trained and responsible for ensuring data recording and transfer, electronic recording and processing, and report editing by the district teams. partner 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 the partner's program. Reports will be sent to the regional level of the MOH and to the PNPEC at the national level to incorporate into national data-collection efforts.
- 2) Develop and execute a data quality improvement plan with technical assistance from external contractors and in close collaboration with the CDC-RETROCI SI team and district data managers.
- 4) Collaborate with the DIPE, PNPEC (the national data monitoring and care and treatment programs) and other partners to use unique patient identifiers as a way of tracking patients through time and space.
- 5) Feed commodities data into the national data-collection system for drug and supply-chain management. The patient-management system being used at all sites will be interfaced with the Partnership for Supply Chain Management Systems system which will be monitoring all care and treatment commodities data for PEPFAR programs in Cote d'Ivoire in FY09.
- 6) Participate in ongoing national efforts to maintain and improve a harmonized national longitudinal HIV positive patient monitoring system.

To help ensure greater sustainability, the hiring of staff will be conducted in close collaboration with the MOH and other government decentralized entities (including district government officials).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5309.09

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10075.22469.09

Activity System ID: 22469

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$850,000

Activity Narrative: NOTE: With funding reprogrammed in April 2009, ACONDA will also support deployment of the SIGVIH patient-tracking system, working in conjunction with the Department of Information, Planning, and Evaluation (DIPE) within the Ministry of Health (MOH) and with ICAP. These additional FY09 funds will be used to:

- 1) Assist electronic patient-monitoring system stakeholders (ACONDA, EGPAF, ICAP, DIPE, and Global Fund principal recipient Care International) to harmonize and install a central-level data-management system.
- 2) Ensure the technical governance and maintenance of the electronic patient-monitoring system.
- 3) Provide follow-up training of local data managers to develop local statistical capacities to analyze program outcomes.
- 4) Continue to monitor the data quality through direct supervision and cross-matching of data. All data will be analyzed at each site in order to monitor progress, and results will be summarized in a monthly report.
- 5) Ensure continuing communication among stakeholders, including non-PEPFAR partners.
- 6) Produce and submit publications to peer-reviewed journals, in collaboration with the USG team.

To promote sustainability, the hiring of staff will be done in close collaboration with the MOH and other government decentralized entities (mayors, general counsels).

Since its creation in 2002, the Ivorian NGO of health professionals ACONDA has provided innovative, comprehensive, family-based care services in support of the Ministry of Health (MOH) PMTCT and HIV treatment programs. 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. After working as a treatment sub partner to EGPAF (Project HEART) starting in 2004, ACONDA in September 2006 graduated to become a PEPFAR prime partner by winning a competitive award to provide comprehensive family care and PMTCT services. ACONDA is rapidly expanding its comprehensive family-based model for HIV care and treatment and will provide ART to approximately 26,000 patients, including at least 5,000 children, by March 2009.

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; this person in turn will train others and provide regular supportive supervision to review the data that is recorded. In FY07, 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 PEPFAR, the National HIV/AIDS Care and Treatment Program (PNPEC), and the MOH.

This data-management system will be made available to all the health centers at which ACONDA will add HIV/AIDS activities in FY09. 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 at new care and treatment sites, ACONDA will strengthen monitoring activities at all ART sites—old and new—by providing refresher training and monthly supervision. In FY09 ACONDA plans to train 300 individuals in strategic information and provide 34 local organizations with technical assistance for strategic-information activities. ACONDA will also implement the following activities:

ACONDA Headquarters Activities

In collaboration with national counterparts, the USG team, and other PEPFAR partners, ACONDA SI officers will:

- 1) Adapt the country's data-collection tools (paper and electronic)
- 2) Provide ongoing technical support and training to AMD/CSE/focal points
- 3) Train multidisciplinary care teams to use program data to assess the quality of care at their sites
- 4) Provide semi-annual program results, annual program results, and ad hoc data sets as requested by the USG team
- 5) Participate in quarterly SI meetings organized by the USG strategic information branch and implement decisions agreed upon during these meetings
- 6) Organize a quarterly workshop with the ACONDA M&E team and field staff to discuss practical issues in the field and appropriate solutions
- 7) Organize an annual meeting to review M&E activities at all sites
- 8) Attend appropriate workshops, conferences, and trainings that strengthen M&E staff members' technical capacity
- 9) Articles submitted for publication in peer-reviewed journals will be developed in collaboration with the USG team.

Site-Level Activities

- 1) A team made up of AMDs, CSEs, and focal points, who serve on district health teams, will be trained to better manage data. The training, provided by the ACONDA M&E team, will consist of a five-day theoretical session followed by a 10-day practicum.
- 2) ACONDA will provide SI-related materials to each site, including computer hardware and software, printers, registers and forms, and support internet connectivity
- 3) ACONDA M&E field staff will attend appropriate workshops, conferences, and trainings that strengthen their technical capacity
- 4) ACONDA will support the SI capacity development of all personnel at health facilities hosting ACONDA sites.

In support of strengthening the national SI system, ACONDA will:

- Activity Narrative:**
- 1) Design or adapt additional management tools to improve follow-up of patients, based on each district's data-management needs. These tools will include forms and registers that allow comprehensive collection of information on morbidity, ART treatment follow-up, laboratory investigations, and drug-supply management;
 - 2) Train and support district teams that will be responsible for ensuring and supervising data recording, data transfer to the district-team location, electronic recording and processing, and report editing. District teams will prepare monthly reports covering all aspects (quantitative and qualitative) of ACONDA's program. Reports will be sent to the regional level and to the central level (PNPEC) to be integrated into national data-collection efforts;
 - 3) Set up a network between ACONDA and the district teams;
 - 4) Develop and execute a data-quality improvement plan with technical assistance from external contractors and in close collaboration with the RETRO-CI SI team and district data managers;
 - 5) Work with the DIPE, the PNPEC, and other implementing partners to develop and implement a unique patient identifier as a way of tracking patients;
 - 6) Submit field based data to national data-collection systems for drug and supply-chain management. The patient-management system that is currently used at ACONDA-supported 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 FY09;
 - 7) Participate in ongoing national efforts to maintain and improve a harmonized national longitudinal HIV-positive patient-monitoring system.

To promote sustainability, the hiring of staff will be done in close collaboration with the MOH and district health officials. ACONDA will support HMIS activities at more than 80 sites.

ACONDA will report to the USG strategic information team quarterly program results and ad hoc requested program data. To help build a unified national M&E system, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15093	10075.08	HHS/Centers for Disease Control & Prevention	ACONDA	7038	5309.08	ACONDA CoAg	\$900,000
10075	10075.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10699.09

Mechanism: NIH Fogarty M&E Fellowship

Prime Partner: US National Institutes of Health

USG Agency: HHS/National Institutes of Health

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25165.09

Planned Funds: \$200,000

Activity System ID: 25165

Activity Narrative: Cote d'Ivoire's national response to HIV/AIDS is suffering from a dearth of qualified Ivoirians in HIV program monitoring and evaluation (M&E). The quality of data reported by the government of Cote d'Ivoire and some PEPFAR partners is below international standards. A recent audit by the regional inspector general based at USAID Dakar found problems in data reported to OGAC, and PEPFAR CI invests significant effort in working to improve national and partner data. M&E shortcomings also limit the quality of data use for rational decision-making. The Ivoirian educational system does not offer any degrees concentrated on M&E.

To respond to this problem, the government of Cote d'Ivoire in collaboration with PEPFAR has decided to develop a fellowship program that aims to provide qualified M&E officers to donors, implementing partners, and the government. This fellowship will target new graduates in statistics, public health, epidemiology, and related fields. Upon the completion of the program, fellows will have the ability to work as M&E officers for an HIV program.

During the 18-month fellowship, which will include a monthly stipend and health insurance, each fellow will be successively integrated into a host government team, an implementing partner's team, and a donor's team (six months each). Each team receiving a fellow will be required to have a designated mentor to coach the fellow. Six short-term trainings (one to four weeks each) will be organized for the fellows. A partner TBD will coordinate the fellowship, including:

1. Development and implementation of the curriculum
2. Selection and appointment of fellows
3. Payment of stipends and health insurance premiums

PEPFAR partners hosting fellows, including PEPFAR strategic information branch, will ensure that fellows are integrated within their M&E teams and will provide appropriate coaching and learning opportunities.

The program will accommodate about five to 10 fellows per year, for a total of 35 fellows by the end of the program in 2013.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8656.09

Mechanism: MMAR III GHA-A-00 8

Prime Partner: University of North Carolina at
Chapel Hill, Carolina
Population Center

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 19371.22476.09

Planned Funds: \$1,050,000

Activity System ID: 22476

Activity Narrative: Measure Evaluation's Monitoring & Assessment for Results (MMAR) project provides the government of Côte d'Ivoire and PEPFAR implementing partners with technical assistance to (1) strengthen the collection, management, dissemination, and use of HIV/AIDS data and general health management information system (HMIS) data, and (2) integrate these two information systems. In Côte d'Ivoire, the Ministry of the Fight Against AIDS (MLS) is responsible for planning, coordinating, monitoring, and evaluating the national multisectoral and decentralized response to HIV/AIDS. The Ministry of Health (MOH), through its Department of Information, Planning, Monitoring, and Evaluation (DIPE), is responsible for HIV/AIDS data management within the health sector. Other ministries, such as Family, Women, and Social Affairs (MFFAS), Education (MEN), and Defense, are responsible for sector-specific HIV/AIDS data collection and use.

Activities in FY09, now under Measure Phase III (MMAR III), will build on previous work by providing continued support to the MLS, MOH, MEN, and MFFAS with the objective of building monitoring and evaluation (M&E) capacities at the national, regional, and district levels and thus contributing to continued improvement in the quality of data and better use of information for decision-making.

With FY08 funds, MMAR is continuing the process of building and strengthening a unified national monitoring and evaluation system, in accordance with the "Three Ones" principle. MMAR has particularly emphasized consolidation of the country's HMIS system by assisting with the implementation of a nationwide longitudinal HIV-positive patient-monitoring system. MMAR has also assisted the government in developing sector-specific data-collection systems, which will constitute an important milestone in creating a national HIV data repository.

With FY09 funding, MMAR will continue the process of building and strengthening a single national M&E system through the same activities, with the addition of the following:

Overall

- MMAR will support the development of Ivorian human capacity for HIV M&E. Short-term training will be provided to current M&E officers for the four ministries. In addition, in collaboration with CESAG, another training session of at least 20 national trainers will be organized by MMAR. The adapted M&E curriculum will include communication, leadership, and planning modules. MMAR also plans to support the definition of M&E core competencies for HIV/AIDS programs in Côte d'Ivoire. The project will assist partners with the M&E post-training follow-up.

- MMAR will provide technical and financial assistance in conducting supportive supervisions and data auditing. The government staff appointed in districts for health data management (CSE) will be trained in HIV data quality assurance, as will the M&E stakeholders of the other line ministries. MMAR will continue to support the development and implementation of a national patient unique identification number in order to improve care and treatment services and reduce the high level of duplication noticed in reports.

Specifically, the following technical assistance will be provided:

A. MLS

MMAR will continue to strengthen (1) coordination among HIV/AIDS stakeholders by supporting the ministry's strategic information division (DPSE) in the mapping of implementing partners and (2) the use of information for decision-making by assisting the promotion of data use in this ministry.

The project will support the improvement of the national HIV reporting system by facilitating consensus building around a set of data collection tools that will enable the ministry to capture non-health sector results (e.g. number of persons sensitized on abstinence, number of condoms distributed) and build M&E staff capacities in data analysis and data quality control.

MMAR will support the MLS through M&E training for 15 staff members from central and decentralized unit levels. This qualifying training will be organized in Côte d'Ivoire in collaboration with CESAG/Dakar. With regard to data analysis and data quality control, at least 15 people will be trained by Measure staff in collaboration with a facilitator from ENSEA.

The project will also continue to support the development of national and sub-national HIV databases. MMAR will help develop the databases, will ensure the connection of sector-specific databases (in development) to the MLS national database, and will make sure that a clear plan is in place to transfer data management activities to a national organization.

B- MOH

Technical assistance to the MOH's DIPE and National HIV/AIDS Care and Treatment Program (PNPEC) will:

1. Continue to strengthen the use of information for decision-making according to the recommendations of a routine health information systems (RHIS) evaluation. MMAR will also assist the MOH in updating HIV indicators and service-delivery indicators through a Web interface.
2. Strengthen information transmission at all levels of the health system by promoting and supporting quarterly or biannual meetings with data managers from health district and regional levels. In addition, MMAR will continue to support communication among districts, regions, and the central level in collaboration with the SNDI (National Informatics Development Co.).
3. Improve the health-sector reporting system by involving the national public establishments (blood bank and others) and the private health sector in data transmission to the central level, in collaboration with the Directorate of Public Health Establishments and the Central Directorate of National Public Establishments. MMAR will provide computers, network printers, and communication equipment to the DIPE, as well as

Activity Narrative: transmission kits (fax, prepaid landline, Internet) to districts and regions. The DIPE has put in place a technical support unit for health information systems, located at the Sub-Directorate of Health Information, that is in charge of activating data transmission by telephone and maintaining SIGVision software. To strengthen health district capacities to report data from all implementing partners, the project will provide support to this unit to decentralize its activities to district and regional levels by creating formal links with these two levels (identification of focal persons, bi-monthly meetings by zone to update partner and district data), and formalize the validation of data with partners before transmission to upper-level management. MMAR will assist the PNPEC with development of a database containing both programmatic and RHIS data.

4. Support formative supervisions and data quality auditing by (1) strengthening partners' capacities in supervision at decentralized levels and (2) building capacity of health district teams in data management, data quality assessment, and database maintenance.

MMAR III will ensure the training of 15 staff members from the MOH in M&E, five from the central level and 10 from the decentralized level. To increase critical mass in human resources skilled in health management information systems, MMAR will organize, in collaboration with CESAG, a training session on routine health information systems for 30 persons from central and decentralized levels. This will be followed by a training of 20 trainers from health districts and regions as well as implementing partners. The project will continue capacity building in data quality control through training in routine data quality assessment for at least 15 other district and regional-level actors.

C- Ministry of Education

MMAR will continue to provide technical assistance to the MEN to strengthen its sector-specific M&E system. The following activities will be carried out with MMAR technical and financial support:

1. Strengthen coordination among HIV/AIDS data stakeholders by ensuring the participation of MEN staff in SI coordination meetings and by building the MEN M&E team's capacity to develop strategies to implement decisions.
2. Develop the MEN M&E team's capacities in data collection, analysis, transmission at all levels, and dissemination, as well as in the use of HIV-related information for decision-making. MMAR will support evaluation of data collection tools in use since 2007 and capacity building in analysis through training for 30 staff members in charge of data management. To improve data transmission, MMAR will finance Internet connections for 10 regional MEN directorates to be opened in 2009. MMAR will provide support in the development and implementation of a data dissemination plan, including the elaboration of feedback bulletins and M&E results dissemination workshops. The use of HIV data will be promoted through training. At least 15 M&E staff members from MEN regional directorates will participate in national training sessions on M&E, organized in collaboration with CESAG.
3. Assist the MEN M&E unit in preparing job descriptions to build a stronger M&E team.
4. Improve the reporting system by connecting the MEN database to the national database located at the MLS.

D- Ministry of Family, Women, and Social Affairs (MFFAS)

MMAR will:

1. Strengthen coordination among HIV/AIDS data stakeholders by ensuring the participation of MFFAS staff in SI coordination meetings and assisting the MFFAS M&E team in developing strategies to implement decisions taken there.
2. Improve the use of information for decision-making by assisting the MFFAS in analyzing, interpreting, and disseminating data and information.
3. Assist the MFFAS in the development of an M&E Web-based application for OVC data management.
4. Continue to strengthen information transmission at all levels of the MFFAS system.
5. Assist in updating OVC M&E data (OVC service delivery and coverage of implementing partners).
6. Strengthen PNOEV staff capacity in routine data quality assessment (RDQA) by organizing a training of trainers for 15 staff members.
7. Assist in the evaluation of the PNOEV M&E unit and subsequently develop a strengthening plan.

Sustainability

MMAR will continue to promote sustainability by building local organizations' capacity to mobilize resources and implement evidence-based programs, including appropriate data collection, data processing, data analysis, and data demand and use. The project will continue to provide leadership to the national SI technical working group and will initiate and monitor the development of the M&E partners' database. Pre-service training on routine health information systems will be introduced into the two national training institutes' basic curriculum, and follow-up support will be provided to all on-the-job trainees. Special attention will be devoted to coordination mechanisms in order to meet the challenges and expectations for improvement..

New/Continuing Activity: Continuing Activity

Continuing Activity: 19371

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19371	19371.08	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	8656	8656.08	MMAR III GHA-A-00 8 Measure 2008	\$1,236,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7220.09	Mechanism: International Center for AIDS, Care and Treatment Program (ICAP)
Prime Partner: Columbia University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17299.22441.09	Planned Funds: \$350,000
Activity System ID: 22441	

Activity Narrative: NOTE: With funding reprogrammed in April 2009, ICAP will also support deployment of the SIGVIH patient-tracking system, working in conjunction with the Department of Information, Planning, and Evaluation (DIPE) within the Ministry of Health (MOH) and with ACONDA. FY09 funds will be used to:

- 1) Assist electronic patient-monitoring system stakeholders (ACONDA, EGPAF, ICAP, DIPE, and Global Fund principal recipient Care International) to harmonize and install a central-level data-management system.
- 2) Ensure the technical governance and maintenance of the electronic patient-monitoring system.
- 3) Provide follow-up training of local data managers to develop local statistical capacities to analyze program outcomes.
- 4) Continue to monitor the data quality through direct supervision and cross-matching of data. All data will be analyzed at each site in order to monitor progress, and results will be summarized in a monthly report.
- 5) Ensure continuing communication among stakeholders, including non-PEPFAR partners.
- 6) Produce and submit publications to peer-review

The overarching goal of the M&E component of ICAP-Cote d'Ivoire program implementation is to develop and conduct high-quality, timely, and sustainable monitoring and evaluation of ICAP-CU-CU supported activities for program evaluation and improvement. This is a collaborative effort, with local, national, and international partners to routinely collect, analyze, and disseminate data to assess program quality, as well as program impact within and across sites and countries. In Côte d'Ivoire, ICAP-CU will implement the nationally approved monitoring and evaluation system and tools, including the harmonized patient monitoring tools. ICAP-CU will participate in PEPFAR or national committees to review and revise M&E tools.

With FY08 funds, ICAP has achieved the following:

- 1) Hired and oriented three key M&E staff in Abidjan and three for the Daloa regional office;
- 2) Implemented the national patient monitoring and M&E tools at 21 new sites (including 10 care and treatment Sites)
- 3) Electronically recorded patient-level data for reporting, monitoring, and evaluation. At each of the 10 sites data clerks have been recruited and trained in data collection, data entry, and reporting.
- 4) Developed and implemented a site-centered, Web-based reporting and dissemination tool called the ICAP Unified Reporting System (URS). The URS captures and integrates diverse data, using the facility as the primary unit to link indicators

In FY09 ICAP will continue to support routine data collection, management, use, and transmission at the site level. ICAP will also promote integration, analysis, use, and reporting of data at the country headquarters level.

An M&E country team, based in Abidjan and reinforced by TA from ICAP headquarters, will participate in the building and strengthening of a national monitoring and evaluation system. More specifically, ICAP will implement the following activities:

A- ICAP Country Team Activities

ICAP Strategic Information officers in collaboration with national counterparts and other PEPFAR partners will:

- 1) Pilot and implement SIGVIH on ICAP-assisted ART treatment sites and support implementation of other approved national data collection tools (paper and electronic) in the M&E strategy.
- 2) Provide ongoing technical support and training to data clerks.
- 3) Train multidisciplinary care teams in the use of program data to assess the quality of care at their sites.
- 4) Provide semi-annual and annual program results and ad hoc data sets as requested by the PEPFAR USG team.
- 5) Participate in quarterly SI meetings organized by the USG strategic information branch.
- 6) Implement decisions agreed upon during these quarterly SI meetings.
- 7) Collaborate with the USG team on any publications submitted to peer-reviewed journals.
- 8) Participate in the national M&E Fellowship program by hosting fellows

B- Site Activities

- 1) Hire, orient, supervise and routinely train on an ongoing basis data clerks in each new site.
- 2) Provide SI related materials to each site including but not limited to (computer hardware, computer software, printer, registers and forms, internet connection).
- 3) The ICAP field staff will attend workshops, conferences, and other training opportunities classes to improve their technical capacities.
- 4) Support the SI capacity development of all personnel within the health facilities hosting ICAP sites.

C- Strengthening National SI Activities

- 1) District sites will be trained and responsible for ensuring data recording and transfer, electronic recording and processing, and editing of reports for the district teams. ICAP 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 ICAP's program. Reports will be sent to the regional level and to PNPEC for incorporation into national data-collection efforts.
- 2) Develop and execute a data quality improvement plan with technical assistance from external contractors and in close collaboration with CDC-RETROCI SI team and district data managers.
- 3) Collaborate with the DIPE, PNPEC and other partners to use unique patient identifiers for improved tracking of patients.
- 4) Submit commodities data to the national data-collection system for drug and supply-chain management. The patient-management system being used at all sites will be interfaced with the Partnership for Supply Chain Management Systems system which will be monitoring all care and treatment commodities data for PEPFAR programs in Cote d'Ivoire in FY09.

Activity Narrative: 5) Participate in ongoing national efforts to maintain and improve a harmonized national longitudinal patient monitoring system to track HIV seropositive patients.

To ensure sustainability, staff recruitment will be conducted in close collaboration with the MOH and health district officials.

ICAP-CI is committed to ensuring long-term sustainability of its programs, and its main goal is to build and strengthen capacity of Ivorian health systems, programs, and health-care workers to implement comprehensive HIV services. At the district level, ICAP will support the district health management teams (Equipe Cadre de District) to plan, implement, and supervise HIV services. ICAP will also provide infrastructure and training support to key functions within the district critical to HIV service delivery, such as the district pharmacy and the CSE (Charge de Surveillance et Epidemiologie). At the health facility level, ICAP will improve infrastructure through the purchase of necessary medical equipment and supplies and will support renovations to consultation rooms, labs, and pharmacies to better support HIV service delivery. Strengthening human capacity is also a priority and will be accomplished through theoretical and practical training of nurses, physicians, midwives, counselors, pharmacists, and other staff in HIV services provision. Using a clinical mentorship approach, ICAP will also provide ongoing support to multidisciplinary teams at sites to ensure continuous quality improvement, including the introduction of quality improvement tools that staff themselves can use to assess the quality of services and develop quality improvement plans. As part of this process, site staff will be mentored to use program data for clinical and program decision-making. Over time, following clinical mentorship and participatory quality improvement processes, the need for outside technical support will diminish. In addition, the mentorship role will be transferred to the district health management teams. Finally, ICAP will be signing subcontracts for community-based services with local NGOs and, in addition to enhancing their technical capacity, will strengthen their capacity in program and financial management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17299

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17299	17299.08	HHS/Centers for Disease Control & Prevention	Columbia University	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5306.09

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

Mechanism: EGPAF Rapid Expansion (country supp)

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5053.22427.09

Activity System ID: 22427

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$800,000

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

In FY08 EGPAF developed indicators and tools to accompany the performance based financing (PBF) activities, currently these are paper-based, but an electronic tracking system will greatly increase the efficiency of reporting on this program. All 30 PBF sites will have access to this electronic system.

With PEPFAR-supported HIV/AIDS services scaling up and Cote d'Ivoire moving toward peace and stability, EGPAF is now able to provide full support to project sites throughout the country. Strong monitoring and evaluation of the whole program is essential to improve the quality of services, ensure that lessons learned are disseminated, work toward sustainable models of service delivery that can eventually be taken over by the MOH, and report the most accurate numbers possible.

In FY08, EGPAF has supported 26 health districts to be computerized for data management, and fifteen individual ART sites have implemented a temporary database for the longitudinal follow-up of patients and program management while waiting for the finalization of a national tool. Ten health districts and five sites have received telephone and Internet for data transmission; twelve districts have received motorcycles and EGPAF provided fuel to seven districts to collect data from far-flung sites and continue technical assistance in M&E to sites. EGPAF has also supported significant training in the area of SI, including training of 33 health districts in epidemiologic data collection and conducting two training sessions (involving 36 data managers and M&E focal points at district and site level) with health districts on the importance of feedback throughout all levels of the health system and on working through mechanisms by which regional and district health authorities can communicate such information back to the site level. To this end, EGPAF organized three data review meetings at district level. Key obstacles were identified and corrective actions were undertaken. Members of the EGPAF SI team participated in the four quarterly SI meetings organized by the USG strategic information branch and implemented decisions agreed upon during these meetings.

In order to improve data management at district and site levels, EGPAF copied all national HIV data collection tools and sent them to more than 170 sites receiving its support.

As part of a collaborative process to develop a national electronic patient tracking system (EPTS) called SIGVIH, EGPAF participated in the pilot phase of SIGVIH deployed at five EGPAF-supported sites. EGPAF contributed four consultants for three months in FY08 and signed an agreement with DIPE to make 26 data entry clerks available to implement the new system at sites where SIGVIH was installed. EGPAF's SI team has also provided continue technical assistance in data management to 33 health districts.

The need for EGPAF's performance-based sub-partners to track patient visits closely, coupled with the generally poor quality of patient records in the country, has led EGPAF in FY07 to develop a series of patient record forms, each linked to a particular type of visit, and an accompanying database that will allow both grant recipients and EGPAF to follow program progress closely, with the added benefit of allowing for computer-based quality-assurance approaches. (EGPAF's current QA approach depends on the random selection of a sample of patient records on site). This patient record monitoring approach piloted at five sites in FY07 has been rolled out to thirty sites supported by performance-based contracts in FY08. Despite encouraging results, many challenges remain:

- 1) The absence of indicators that permit longitudinal follow-up of mothers and children identified as HIV-positive in PMTCT
- 2) A lack of standard registers or standard patient records
- 3) A lack of a consistent referral system allowing tracking of referrals and counter-referrals
- 4) Difficulty in determining ART patient status (deaths, drop-outs, and transfers) due to the lack of a unique patient identifier
- 5) A lack of systematic approaches to data collection on laboratory activities
- 6) A lack of computerization at most of the sites
- 7) A very small number of personnel devoted to M&E at the district and site levels

FY09 funds in the program area of SI will be used to conduct the following activities:

EGPAF Country Team Activities

In collaboration with the USG country team, national counterparts, and other PEPFAR partners, EGPAF SI officers will:

- 1) Participate in adapting country data-collection tools (paper and electronic).
- 2) Provide ongoing technical support and training to data managers and data clerks.
- 3) Train EGPAF multidisciplinary care teams on how to use program data to assess the quality of care at their sites.
- 4) Provide quarterly, semi-annual and annual program results and ad hoc data sets as requested by the USG team.
- 5) Participate in quarterly SI meetings organized by the USG strategic information branch and implement decisions agreed upon during these meetings.

Site- and District-Level Activities

EGPAF will:

- 1) Hire, orient, and continually train and supervise 15 additional site-level data clerks as necessary.
- 2) Provide data-processing equipment and supplies (computers and accessories) to sites and health districts; provide and train staff in the appropriate software for each type of service; equip pharmacies and laboratories with computers and adequate software for HIV commodities management; provide needed

Activity Narrative: logistical support for data collection and transmission; provide M&E tools (registers and other materials) at site and district levels; and provide transportation and IT equipment needed for M&E activities (Internet, photocopiers, phone cards, motorbikes, bikes, fuel, etc.). At least ten data manager's offices will undergo minor renovations to facilitate better management of patient records and data. Additionally, EGPAF will maintain the wireless network installed in the university hospital complex (CHU) of Treichville.

3) Continue training in M&E and quality assurance.

Strengthening of National SI Activities

In support of the national SI system, EGPAF will:

1. Provide training and strong support to district teams responsible for data recording and transfer, electronic recording and processing, and reports editing. District teams will prepare monthly reports that include information related to all aspects (quantitative and qualitative) of EGPAF's program. Reports will be sent to the regional level and to the National HIV/AIDS Care and Treatment Program (PNPEC) to feed into national data-collection efforts.
2. EGPAF will expand data-quality improvement activities with technical assistance from JSI and in close collaboration with the PEPFARSI team and district data managers.
3. Collaborate with the PNPEC and other partners to develop and implement a unique patient identifier to track patients.
5. Contribute commodities data to the national data-collection system for drug and supply-chain management. The patient-management system being used at all sites will be interfaced with the Partnership for Supply Chain Management system, which will monitor all care and treatment commodities data for PEPFAR programs in Cote d'Ivoire.
6. In close collaboration with DIPE, MEASURE and CDC, EGPAF will provide funds to organize a national two week M&E course similar to the CESAG course. Around 30 data managers will be trained,
7. The foundation will provide two to three scholarships (as an award) to the best district data managers to attend the CESAG M&E courses in Dakar
8. The foundation will support a fellowship program with the aim of training one to two newly graduate students in the M&E field.
9. Organize regular working sessions with the MOH and other key stakeholders for the deployment of tools for data management at all EGPAF-supported sites.
10. EGPAF will work closely with other SI partners – including the MLS and MOH data-management divisions for the deployment of the national data-collection software as well as ISPED-Bordeaux, ACONDA, and ICAP-CU – while providing specific technical and logistic support at district and site levels, including ensuring availability of all validated M&E tools.

To promote sustainability, the hiring of staff will be conducted in close collaboration with the MOH and other government decentralized entities (mayors, general councils).

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15114

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15114	5053.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$600,000
10074	5053.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$600,000
5053	5053.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3389	1477.06	EGPAF Rapid expansion (country supp)	\$600,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5414.09	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 5846.22362.09	Planned Funds: \$410,000
Activity System ID: 22362	

Activity Narrative: Background

Since May 2005, SCMS has been designated as the primary procurement agent for PEPFAR-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for PEPFAR implementing partners. As of September 2008, SCMS is procuring ARVs for 39,000 patients, with a target of 60,000 ART patients by September 2009. A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health (MOH) to enable it to play its national oversight role more effectively. SCMS will ensure that regular, detailed, and concrete commodities data and analyses are available to inform all stakeholders and empower the MOH to make appropriate evidence-based decisions.

During the past three years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of at least 68 selected health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS has provided ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels. This includes:

- Preparing detailed national HIV/AIDS commodities forecasts and supply plans and periodic supply plan updates with MOH, UNITAID, Global Fund (GF), Clinton Foundation, and other key PEPFAR implementing partner data;
- Improving the availability of reliable data for decision-making, needs projections, and stock management systems;
- Assessing warehousing and distribution functions of the PSP and selected treatment sites;
- Building capacity and developing new standards of practice for commodities management at the PSP warehouse;
- Establishing a system for tracking of ARVs and other HIV/AIDS commodities through the PSP to treatment sites as well as strengthening commodities-management systems and practices at the district level through the implementation of various tools, including SIMPLE-1 and SIMPLE-2 software as well as paper-based ARV logistics management information systems (LMIS) tools aimed at ensuring continued availability of commodities at service-delivery points;
- Building capacity of the national health system through technical assistance activities, systems development, and programmatic support.

Following directives from the MOH, all incoming commodities are delivered to the PSP for storage and subsequent distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency of donors, SCMS has followed an approach of integration and complementarity under which more than one donor provides inputs to a given site. The government of Cote d'Ivoire also buys small amounts of commodities with its own funds.

In addition to procuring most HIV/AIDS-related drugs and consumables for PEPFAR Cote d'Ivoire, SCMS will use FY09 funds to continue strong technical and management assistance in support of the PSP's leadership and coordination role in the national program. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team, the National HIV/AIDS Care and Treatment Program (PNPEC), and the PSP, as the situation in Cote d'Ivoire evolves. SCMS will regularly update national HIV/AIDS commodities forecast and validate calculations based on actual use patterns and will provide ongoing analysis of commodities consumption compared to patient treatment data. This is critical to ensure rational commodities management and realistic scale-up planning. SCMS will also advise the MOH and partners on current pharmaceutical market developments, USG-approved products and suppliers, and manufacturing capacity as it affects supply to Cote d'Ivoire.

With FY09 funding, in coordination with the MOH, GF, other key donors and PEPFAR partners, SCMS will focus on continuing systems-strengthening activities, including quantifications, stock management, warehousing, and distribution processes at the central level, and will support the PSP to develop and disseminate a sustainable decentralization plan, further improving in-country supply-chain processes at the regional and district levels. With FY09 funding, SCMS will strengthen the LMIS(=) by providing technical assistance to assess and enhance existing systems and/or develop new tools to better inform traceability of ARVs and other commodities used in the treatment of persons living with HIV and AIDS (PLWHA).

FY09 Activities

LMIS Activities

Paper-based ARV and Laboratory Commodities Tracking

With FY09 funding, SCMS will continue to develop paper-based LMIS tools, including the ARV tracking tool that was nationally disseminated in FY07-08 as well as the laboratory commodities tracking tool that will be disseminated during the FY09 program year. Following changes to the national regimens in June 2008, the ARV logistics management toolkit and training-of-trainers document will be revised, reproduced and disseminated in FY09.

The SCMS tools development will strengthen the transparency and national ownership of supply-chain responsibilities and enable the PSP to access monthly inventory and dispensing reports from each treatment site. These reports and analyses will signal to care and treatment stakeholders anytime the projected virtual stock of any ARV or HIV-related commodity will be less than three months at the national level or at any site.

PDA data collection tool

SCMS worked with Alliance Nationale Contre le SIDA to develop a PDA reporting system using GPS technology. This program was scaled up in FY08 to include the Ministry for the Fight Against AIDS (MLS) and will continue through FY09. The first phase of this program collected community based patient information in seven regions with 21 NGOs. In FY09, the PDA program will be scaled up in to include all

Activity Narrative: regions

The second phase of the PDA program supports the PSP's ARV and OI drug data collection efforts. Following a pilot in five districts, SCMS will be scaled-up to include all districts in FY09.

Technical Assistance and Training

The site-level monthly report submission will be followed up with SCMS supported supervision visits to both the intermediary facilities (and others reporting to the PSP) on a quarterly basis as well as to site level treatment facilities on a monthly basis. These supervisory visits, supported by SCMS in collaboration with the EU, will reinforce the tools training and monitor reporting activity. The supervision visits will be carried out by district level pharmacists and regional supervisors. In COP 09 SCMS will be responsible for the completion of the installation of SIMPLE 1 software at the facilities level.

Commodities Forecasting

SCMS will continue to refine and improve the quality, accuracy, and frequency of ARV and other commodities forecasting and supply planning in partnership with the GF, Clinton Foundation, UNICEF and others through support to the PSP Cellule ARV. The project will perform these updates in collaboration with PSP staff, RETRO-CI, and the National Reference Laboratory. By doing so, SCMS continues to transfer these skills to partner organizations and also reinforces regular cross-over analyses to compare commodities dispensed by the PSP and specific sites with the actual patient data to inform clinical-services decisions. With FY09 funding, SCMS will further support PSP and PNPEC to assure that the assumptions used in the quantification are disseminated to the facility level through workshops in each of the 19 regions in Cote d'Ivoire. SCMS will also train regional pharmacists in forecasting and supply planning for ARVs, OI drugs, and laboratory commodities.

Commodities Tracking

SCMS will Work in collaboration with the MOH and other partners to maintain a web-based ordering system. Client Resource Manager (CRM), will also authorized partners to log-in and review orders from SCMS, track their delivery progress, and confirm historical data regarding their orders. The project will also maintain an inventory tracking system for EP-procured HIV commodities. The WMS, MACS, and its integration in FY09 with LMIS software will further enhance the PSP's inventory management and distribution system.

Warehousing

The WMS, MACS, further enhances the PSP's inventory management and distribution systems. This solution has greatly enhanced the transparency of commodities management and decreased stock-outs and emergency orders. SCMS will continue to ensure computerized supply-chain management systems, specifically procurement, inventory management and distribution systems include detailed information on ARVs, OI drugs, laboratory reagents, and testing materials, as well as commodities for palliative care and OVC support. Following the MACS installation at the central level in FY08, SCMS will build upon the MACS solution by installing MACS-LMIS software at both the central and district level. When the programs are interfaced, ARV and laboratory logistics data collected at the site level will give both the district and central level pharmacies actual consumption data. In addition, the WMS solution at the district level will provide districts with the same stock management tools as the central level. Following the implementation of the WMS-LMIS solution, pharmacists from each district will be trained in the software.

Wraparound Programs

SCMS has and will continue to support more rational, coordinated planning of inputs from other donors, including EU, GF, and Clinton Foundation. The USG team is working with USAID/West Africa and OGAC to broker technical assistance to the Global Fund TB program to develop its required Procurement Supply Management (PSM) Plan to avoid blockage of disbursements from Geneva.

The PEPFAR/Cote d'Ivoire team has closely collaborated with other programs, notably the Global Fund HIV, TB, and Malaria programs, to map the specific non-ARV support available for HIV-infected and -affected people. The malaria program distributes a number of insecticide-treated bed nets, which can be targeted to pregnant women, young children, and PLWHA, for example. In its role as the primary source of technical expertise for commodities forecasting and supply chain management,

Systems-strengthening costs are included under the Strategic Information, ARV Drugs, Health Systems Strengthening, and Lab Infrastructure sections of the COP09. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15152

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15152	5846.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7061	5414.08	Supply Chain Management System	\$500,000
10192	5846.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$110,000
5846	5846.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3382	92.06	Working Commodities Fund	\$110,700

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5554.09	Mechanism: CDC-RETRO-CI GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 19138.22335.09	Planned Funds: \$1,309,000
Activity System ID: 22335	

Activity Narrative: PEPFAR provides financial and technical support to strengthen Cote d'Ivoire's capacity to respond to the HIV/AIDS epidemic. In the realm of strategic information (SI), the primary technical contribution of the USG is implemented by the strategic information staff of Projet Retro-CI, which was created as a collaboration between the Ministry of Health (MOH) and CDC. Retro-CI is a key partner in the development of the Three Ones principle of one national monitoring and evaluation (M&E) system, promoting coherent health management information systems (HMIS) and HIV surveillance.

During the past three years, the Retro-CI SI team has assisted national authorities and PEPFAR partners to coordinate, develop, and implement comprehensive SI activities that provide key data for decision-making in the fight against HIV/AIDS. These activities have included development of policies and guidelines on HIV/AIDS surveillance, M&E, and HMIS. Retro-CI has conducted annual antenatal care HIV surveillance surveys and an AIDS Indicator Survey. In addition, the Retro-CI SI team has participated in the harmonization of national HIV/AIDS indicators and the national development of data collection tools for the tracking of facility-based and community-based HIV activities.

With two PEPFAR principal technical assistance partners – Retro-CI and Measure Evaluation – supporting Cote d'Ivoire's progress toward one national M&E system, the lack of a clear repartition of roles and responsibilities has sometimes drawn criticism. In response, the government of Cote d'Ivoire and the two PEPFAR partners have convened meetings and are continuing consultations to clarify roles, using the World Bank framework for a functional national HIV M&E system. In FY09, based on the national M&E plan:

- CDC/Retro-CI will focus on collecting, verifying, and analyzing data, including 1) routine HIV program monitoring, 2) surveys and surveillance, 3) national and sub-national HIV databases, 4) supportive supervision and data auditing, and 5) HIV evaluation and research.
- Measure Evaluation will focus on people, partnerships, and planning, including 1) organizational structures with HIV M&E functions, 2) human capacity for HIV M&E, 3) partnerships to plan, coordinate, and manage the HIV M&E system, 4) the national multi-sectoral HIV M&E plan, 5) the annual national HIV M&E work plan, and 6) advocacy, communications, and culture for HIV M&E.
- Dissemination and use of data from the M&E system to guide policy formulation and program planning and improvement are considered cross-cutting; these will be shared appropriately among HIV/AIDS stakeholders.

PEPFAR will also continue to provide support for the M&E capacities of partners, including key government agencies active in the HIV/AIDS response.

With FY09 funds supplemented by \$474,000 in FY08 carryover funds, Retro-CI will directly support the building and strengthening of one national M&E system and the conversion of data to useful information through the three components of strategic information — monitoring and evaluation, health management information systems, and surveillance.

Routine HIV Monitoring

Retro-CI M&E activities will aim to collect and aggregate data to provide information to support the management of the PEPFAR Cote d'Ivoire program. Retro-CI has developed a national SI strategy for PEPFAR Cote d'Ivoire and will provide technical assistance to PEPFAR-funded implementing partners to ensure that they have the capacity to meet PEPFAR reporting requirements. This activity will include the provision of French-language SI materials and training, the preparation of reports aggregating the results of PEPFAR implementing partners, and the presentation of written and oral reports to national partners and stakeholders. The USG team will provide all PEPFAR-funded partners with data-management software for data storage and decision-making.

Evaluation and Data Quality

The USG will continue to use the data quality audit (DQA) process, including onsite supervision and partner performance evaluation. Retro-CI's data quality and use team will support public health evaluations, basic program evaluations, and management of other PEPFAR data. These data quality assurance activities will be done in collaboration with the MOH Direction of Information, Planning, and Evaluation (DIPE).

HMIS

The national M&E system lacks expertise in health information systems. Retro-CI SI will provide continued technical assistance to the Ministry of AIDS (MLS) and other PEPFAR-funded partners, including the MOH, the Ministry of National Education, and the Ministry of Family, Women, and Social Affairs, to implement a fully functional M&E system that will improve routine data reporting. This will include revision, dissemination, and implementation of national strategies in strategic information. With CDC HQ technical assistance, Retro -CI will assist in:

- Implementing a national-scale ART patient monitoring system using adapted WHO ART patient monitoring forms and an electronic ART monitoring tool.
- Designing or adapting software, databases, and computer applications that support specific HIV/AIDS program activities (counseling and testing, PMTCT, OVC, etc.).
- Designing a national data repository on HIV/AIDS. This secure data repository will respect WHO privacy and confidentiality guidelines and will aim to be a one-stop provider of HIV/AIDS data at the individual and aggregate levels.
- Addressing confidentiality, privacy, and security in the management of data related to HIV-infected individuals. This will include the development of a national unique identifier.
- Promoting data for decision-making by using data visualization and by building GIS core competencies that will address PEPFAR and national needs.
- Improving HIV-related data quality and use by developing national policies and guidelines, by training government and implementing partner personnel, and by supervising data collection and management activities.

In addition, the Retro-CI SI team will provide support in informatics to a variety of governmental and nongovernmental organizations. Specific activities will include:

- Training in the use of data-management and statistical software packages such as Epi Info, CRIS, MESI, and PMS.

- Activity Narrative:** - Assisting the MOH/DIPE with its next-generation nationalHMIS, which integrates HIV indicators with other health-outcome measures.
- Assisting with the development and implementation of a national M&E system while supporting PEPFAR prevention, care, and treatment goals. This assistance will include the translation of software programs and training materials, supervision, and development of quality-assurance guidelines.
 - Working with the national SI technical working group to develop recommendations to facilitate the integration of data collection in the field, in order to reinforce linkages between different HIV-related services. 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.

Surveillance and Surveys

For the past two decades, Retro-CI surveillance activities have provided the main source of country-level HIV/AIDS data in Cote d'Ivoire. To promote knowledge transfer to the host government, Retro-CI will assist the MOH and MLS (ministries in charge of the country's HIV surveillance system) and other PEPFAR partners by:

1. Providing technical and logistical assistance to the MOH to support the development and execution of a dissemination plan for the 2008 national antenatal HIV surveillance survey (ANS). With FY08 funds, 63 health personnel are being trained, blood samples are being collected at 45 sites (30 rural, 15 urban) and tested at the Retro-CI laboratory, and data is being entered into a database.
2. Providing technical and logistical assistance to the MOH to conduct the 2009 national antenatal HIV surveillance survey and supporting the development of the national HIV/AIDS second-generation surveillance plan. Retro-CI staff will procure laboratory and study supplies, supervise data and sample collection at peripheral sites and testing at the Retro-CI laboratory, and assist with data entry, analysis, and dissemination through written reports and oral presentations.
3. Conducting further analyses, in support of decision-making, of available surveillance and program (CT, PMTCT, ART) data in the form of a data-triangulation exercise to describe the patterns that drive the HIV epidemic in Cote d'Ivoire as well as the impact of the response. Technical assistance for protocol development and implementation will be provided by CDC headquarters.
4. Providing technical and logistical assistance to the MLS to implement a population-based HIV survey (either a behavioral surveillance survey or a DHS) to assess the impact of prevention, care, and treatment interventions. This assistance will include sample collection for anonymous HIV testing at selected sites, transport of samples, testing at the Retro-CI laboratory, data management and analysis, a written report, and dissemination of the results through a variety of media (i.e., paper reports, CD-ROM, Web site).
5. Providing technical and logistical assistance to the MOH and to Abt Associates, in collaboration with the WHO and other partners, to disseminate the service provision assessment (SPA) findings through a workshop, training, written reports, and a CD-ROM started in FY07.
6. Providing technical assistance as needed to support a variety of in-country partners with the implementation of public health evaluations (PHEs) and targeted evaluations. This assistance will include support for the evaluation of HIV drug resistance, the investigation of recent HIV infections, and the evaluation of nutrition and food support strategies (breastfeeding, OVC food support, nutrition as palliative care). During these evaluations, Retro-CI will procure laboratory and study supplies, collect samples at peripheral sites, transport specimens for testing at the Retro-CI laboratory, manage and analyze data, and disseminate results through a communication plan. Technical assistance will also be sought from CDC HQ to conduct the initial assessments, development of protocols and guidelines, and planning of activities.

Regional Support

Retro-CI will collaborate with other African francophone countries to support the development of their strategic information capacities, drawing on more than 20 years of Retro-CI experience in monitoring, evaluation, surveillance, and health management information systems. Retro-CI's application development team has translated English-only software (Epi Info, TIMS) in French. Retro-CI's data management team continues to manage data related to tens of thousand of patients, an activity that has supported the publication of more than 300 peer-reviewed articles. With Retro-CI's support, Cote d'Ivoire is developing a nationwide harmonized longitudinal patient monitoring system that includes data from 31,576 patients living with HIV. Drawing on this extensive experience to assist other African francophone countries, Retro-CI will:

1. Organize regional workshops and training in French related to strategic information.
2. Support the development and implementation of health information systems in French.
3. Provide countries with French-speaking experts for technical assistance in strategic information.

Retro-CI will promote sustainability by continuing to enhance the capacity of health information systems and health information workers. The number of M&E staff will be increased with the initiation of an M&E fellowship program. In collaboration with the MLS, Retro-CI will also provide scholarships to M&E champions for master's and doctoral programs related to M&E. The PEPFAR quarterly strategic information meeting, which is a routine communication platform to facilitate the exchange of information among stakeholders, will be co-organized with the Direction of Planning and M&E within the MLS, with the objective of transitioning this function to effective management by the government of Cote d'Ivoire by 2010.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19138

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19138	19138.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7067	5383.08	CDC & RETRO-CI (Base)	\$0

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7225.09	Mechanism: IQC AIDSTAR
Prime Partner: IQC AIDSTAR	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17383.22397.09	Planned Funds: \$9,000
Activity System ID: 22397	

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, estimated at 3.9% among adults (UNAIDS 2008), with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic marked by gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to scale up quality programs and coverage. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the AIDSTAR contractor will focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. In addition, the AIDSTAR contractor will assist partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and improve and increase use of the national training database. The primary objectives of these activities, as a whole, are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

In the program area of Strategic Information (SI), PEPFAR has supported, through JHPIEGO, the development of a Training Information Monitoring System (TIMS) to track training events, participants, and trainer development for CT, PMTCT, and ART that is applicable to a broader range of training activities. This database permits senior- and mid-level program managers to monitor and track training from a variety of perspectives and replaces paper-based reporting. The database was adapted and customized to the Ivorian context, translated into French, and implemented through training programs targeted to government officials and implementing partners.

In FY09, in collaboration with the MOH and other national stakeholders, PEPFAR CI plans to accelerate and expand the use of the training database to all PEPFAR implementing partners and several other partner organizations. The AIDSTAR contractor will be responsible for supporting staff to manage the database.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17383

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17383	17383.08	U.S. Agency for International Development	IQC AIDSTAR	7225	7225.08	IQC AIDSTAR	\$100,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 5301.09 **Mechanism:** MOH- CoAg #U2G PS000632-01

Prime Partner: Ministry of Health, Côte d'Ivoire **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 5055.22381.09 **Planned Funds:** \$500,000

Activity System ID: 22381

Activity Narrative: Côte d'Ivoire is the country most affected by HIV/AIDS in West Africa with a prevalence of 3.9% (UNAIDS, 2008). Faced with this pandemic, the Ministry of Health (MOH) of Côte d'Ivoire's mission is to provide appropriate medical care and universal access for people living with HIV/AIDS (PLWHA). However, major efforts are still needed to strengthen coordination of HIV/AIDS activities in the health sector, particularly in the realm of strategic information (SI).

To achieve this objective, the MOH aims to strengthen the management information system (GIS) through the integrated approach of the "PRISM" model developed by Measure Evaluation. This model is based on three principles: improving the technical quality of procedures and tools data management, increase the capacity of individual actors to understand and use data, and strengthen the system or the organization to support the collection and use of data. In previous years, the government (through the DIPE for the MOH and DPSEEA for the Ministry of AIDS (MLS)) focused on four main components: capacity building of human resources, creation of a single database, strengthening supervision and quality control data, and strengthening partnerships. Much of the FY06 and FY07 activities included trainings in collection, management, communication, and data transmission. Using FY08 funding, the MOH developed a nationwide longitudinal HIV-positive patient monitoring system, as well as continued the ARV resistance surveillance initiated in FY07.

FY09 funds will be used to continue these same activities, including:

- Reproducing and disseminating self-evaluation tools for counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), and adult and pediatric treatment at 16 CT sites, eight PMTCT sites, and six treatment sites, in preparation for an evaluation exercise.
- Training field providers in the use of data collection tools. A semi-annual supervision visit will follow these trainings.
- Developing and disseminating reports, including a periodic newsletter/bulletin on HIV/AIDS activities.
- Preparing, validating, and distributing the annual and semi-annual report on the HIV/AIDS monitoring and evaluation (M&E) indicators.
- Conducting the national antenatal HIV surveillance survey among pregnant women for 2009.
- Implementing second-generation surveillance.

In addition, new priorities for FY09 have been established by the MOH in collaboration with the USG SI team in Côte d'Ivoire. Activities will include:

1- Strengthening national capacities in human resources by:

- Offering an M&E fellowship program for graduates in statistics, epidemiology, public health, and computer science.
- Sharing experiences regarding national health information systems with another country (which will include regional travel for three people from the DIPE and the PNPEC).
- Participating in a regional course in Dakar on Routine Health Information System (two people).
- Training five members of the DIPE in health cartography.
- Organizing training sessions for district level data managers (CSE), health district directorates (SIGVISION and SIGVIH) in data collection, analysis, and reporting.

2- Developing a single health database by:

- Providing equipment (computer, fax, copier, and phone), software, and appropriate training to the DIPE personnel. In addition, a Web site will be developed to ensure broad diffusion of data and information, and a mapping service for HIV indicators will be established.
- Establishing a system to archive and store information. In addition, the DIPE office will receive support for renovation and equipment.

3- Strengthening the supervision and data quality control by:

- Assessing the districts' capacity to conduct HIV/AIDS M&E activities. Base on this assessment, a reinforcement plan will be developed.
- Ensuring information system efficiency through a semi-annual data quality audit conducted in collaboration with PEPFAR partners.
- Organizing a training session with M&E partners on national health information system tools.
- Organizing quarterly supervision visits at the district level. These supervision visits will permit on-site training on data quality.

4- Establishing a platform for exchange by:

- Organizing quarterly meetings at the regional level for data validation.
- Enabling five staff members of the PNPEC and DIPE to participate in regional/international meetings on HIV M&E and quarterly SI meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15135

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15135	5055.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	7056	5301.08	MOH- CoAg #U2G PS000632-01	\$200,000
10421	5055.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Population, Cote d'Ivoire	5301	5301.07	MOH- CoAg #U2G PS000632-01	\$600,000
5055	5055.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Population, Cote d'Ivoire	3604	3604.06	Ministry of Health (TBD new mechanism Sole source CoAg)	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5303.09

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: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 4555.22384.09

Planned Funds: \$300,000

Activity System ID: 22384

Activity Narrative: The Ministry for the Fight Against AIDS (MLS) was created in 2001 to serve as the executive secretariat of the National AIDS Council, the principal governmental policymaking and strategic-planning body for HIV/AIDS in Cote d'Ivoire. The creation of the MLS was a key strategy in building effective national-level coordination, as mandated in the National HIV/AIDS Strategic Plan. The mission of the MLS is to coordinate a comprehensive and effective multi-sectoral and decentralized national response to HIV/AIDS, and the ministry thus plays a central role in bringing together stakeholders to define national policy and strategies for the care, treatment, and prevention of HIV/AIDS.

Since 2004, PEPFAR has provided assistance to the MLS to support the development of an information technology infrastructure, the human capacity to utilize and maintain it, and the development and implementation of a national monitoring and evaluation (M&E) system. Significant results of this collaboration include:

- Creation, validation, and production of the 2006-2010 National HIV/AIDS Strategic Plan.
- Coordination of the 2005 National AIDS Indicator Survey (AIS).
- Creation and validation of the 2006-2010 National Monitoring and Evaluation Plan, which will guide monitoring of all activities undertaken within the National Strategic Plan.
- Procurement of essential information technology infrastructure to strengthen M&E units at the central and regional levels.
- Harmonization of community-level indicators.
- Creation of M&E training modules for the community level.
- Training of focal points on the utilization of M&E tools.
- Continued capacity building of the central-level M&E unit within the MLS.
- Evaluation of the 2006-2010 National Strategic Plan.

With FY08 funds, the MLS is supporting coordination and M&E of the national response to HIV/AIDS. Behavior-change communication activities, an important component of the National Strategic Plan for which the MLS received funding in previous years, are being executed in FY08 by other implementing partners (ANADER, JHU/CCP, Care International, PSI, FHI, and others). The MLS is implementing the national M&E plan and is building the capacity of M&E units of other ministries through:

- Identification of cross-sectoral M&E training needs of all institutions involved in HIV/AIDS data collection.
- Collaboration with other ministries, the private sector, and community partners to identify structures and define mechanisms outside the MLS to collect HIV/AIDS data and send it to the central level.
- Elaboration, validation, and dissemination of the 2008 National HIV/AIDS Report.
- Implementation of a population-based survey in collaboration with the Ministry of Health (MOH) and Projet Retro-CI.
- Strong performance in its role as the national, central source of HIV/AIDS information, including:
 - Supporting the creation of a national data repository, in collaboration with other ministries, to store and manage information. In this process, the MLS has contributed to the standardization of indicators and data-collection tools and creation of a data confidentiality policy.
 - Disseminating HIV/AIDS data/information through:
 - a. Production of information materials for dissemination
 - b. Organization of two information-dissemination workshops
 - c. Redesign of the MLS Web site, with particular focus on ease of use and the provision of up-to-date national HIV/AIDS statistics, reports, and links to key international HIV/AIDS documents, guidelines, and other data.
 - Rehabilitation of a national HIV documentation center.
 - a. Production of information materials for dissemination
 - b. Organization of two information-dissemination workshops
 - c. Redesign of the MLS Web site, with particular focus on ease of use and the provision of up-to-date national HIV/AIDS statistics, reports, and links to key international HIV/AIDS documents, guidelines, and other data.
- Organization of four quarterly meetings of the national strategic information working group.

As highlighted in the process of creating the 2006-2010 National HIV/AIDS Strategic Plan, there is a notable weakness in the central coordination of HIV/AIDS interventions throughout the country, as well as an absence of a functional M&E system. The most important weakness of the routine system of information management resides in the transmission of data from the peripheral level to the central one. In 2006, only 136 organizations out of 354 provided "non-health data" to the MLS M&E unit (DPSE). In the health sector, 223 of 2,631 health centers reported to the MOH M&E unit (DIPE). There is also a lack of coordination for studies and investigations related to HIV conducted at national level. Sectoral databases are not integrated. Human and material resources are insufficient. Supervision of M&E activities nationwide is irregular. These weaknesses contribute to the MLS' difficulty in producing a regular consensual national report on the fight against HIV/AIDS.

In FY09, the MLS will complete some activities initiated with FY08 funding, notably the installation of databases in five regions and capacity building for sectoral and decentralized personnel involved in data collection, along with supporting a socio-behavioral and prevalence survey.

The MLS will use FY09 funds to continue:

1. Development of partnerships to plan, coordinate, and manage the HIV M&E system in Cote d'Ivoire, including revitalization of the national strategic information technical working group (TWG).
2. Development of national and sub-national HIV databases.
3. Supervision and data auditing by:
 - Organizing four quarterly TWG meetings
 - Integrating HIV-related databases of various ministries (Health; Family, Women, and Social Affairs; Education, Interior, Defense)
 - Reinforcing capacities of 40 data collection actors in key ministries and 19 regions of the country.
 - Developing, validating, and disseminating a national 2009 report on the pandemic.
 - Reinforcing capacities of the MLS M&E unit (DPSE) with annual Internet subscription and short-term certified training.
 - Using personal digital assistant (PDA) technology for routine data transmission from department level to central level, with the support of SCMS
 - Updating the MLS Web site with national HIV/AIDS statistics and reports
 - Organizing an annual information workshop on HIV topics
 - Rehabilitating five new regional HIV documentation centers

- Activity Narrative:**
- Conducting an HIV/AIDS data quality audit
 - Developing a national HIV/AIDS accounting study to quantify all 2009 expenditures on HIV/AIDS
 - Finalize the DHS+ started with FY08 resources
 - Supporting a socio-behavioral and prevalence survey among highly vulnerable populations as indicated after a situational analysis (second-generation surveillance)

New/Continuing Activity: Continuing Activity

Continuing Activity: 15133

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15133	4555.08	HHS/Centers for Disease Control & Prevention	Ministry of AIDS, Côte d'Ivoire	7055	5303.08	CoAg Ministry of AIDS #U62/CCU0243 13	\$210,000
10425	4555.07	HHS/Centers for Disease Control & Prevention	Ministry of AIDS, Côte d'Ivoire	5303	5303.07	CoAg Ministry of AIDS #U62/CCU0243 13	\$350,000
4555	4555.06	HHS/Centers for Disease Control & Prevention	Ministry of AIDS, Côte d'Ivoire	3377	78.06	Cooperative Agreement with Ministry of AIDS #U62/CCU0243 13	\$250,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$9,900,500

Program Area Narrative:

Effective coordination, human resources, decentralization of services, workplace programs, and resource mobilization are key challenges of the national multi-sector response to the HIV/AIDS epidemic in Cote d'Ivoire. The Ministry for the Fight Against AIDS (MLS), in charge of overall coordination, is taking strong measures to improve its operational capacities, including the creation of a National Technical Secretariat in charge of operational planning and coordination and of decentralized platforms for technical support and data collection. The Ministry of Health (MOH), which leads the health-sector response (HIV testing, care, treatment, drugs), is working to improve its planning, coordination, and monitoring and evaluation capacities, as well as to

strengthen its collaboration with other technical ministries whose contributions are critical for scaling up the national HIV/AIDS response (Education (MEN), Family and Social Affairs (MFFAS) for OVC).

In FY08, PEPFAR is providing funding to ministries and other partners to:

Strengthen Coordination and Implementation Capacity

The USG is helping to boost the government's planning, coordination, and policy-making capacities in support of the national HIV/AIDS response, mainly by providing technical assistance to the Global Fund Country Coordinating Mechanism (CCM) and by building the capacity of the MLS and MOH to plan and coordinate HIV/AIDS services at regional and district levels. The USG is also helping to improve capacities of regional and district management and technical teams to plan, coordinate, and improve the delivery of HIV/AIDS services, including integration of reproductive health and family planning in HIV services. Based on findings from a 2007 service provision assessment, USG partners are assisting 19 health district teams to develop HIV/AIDS scale-up plans to address specific local needs.

Build Human Capacity

An assessment of public-sector human resources for health (HRH) conducted in FY06 showed shortages and high attrition among all cadres and identified gaps in critical skills sets. Following the development and validation of a national HRH strategy, the USG is supporting the Ivorian government's efforts to train and retain human resources needed for the delivery of quality HIV/AIDS services. Efforts include matching of pre-service training with real-world skill needs; support for the reopening of nursing schools in central and northern regions; continued development of pre-service and in-service training capacities through traditional approaches (i.e. academic, on-site, etc.); and exploration of innovative ways to encourage and deliver continuing education using information technology, print materials, and other accessible media.

Strengthen Management Capacities of the MOH Department of Human Resources (DRH)

The DRH, which is in charge of managing HRH for the HIV/AIDS response, is hampered by inadequate capacity to provide sustained supervision and management of HR, weak HRH information systems, and limited infrastructure to perform day-to-day HRH functions. PEPFAR is providing technical assistance to develop an action plan for strengthening the DRH's ability to operationalize the HR Strategic Plan, including development of an information system capable of providing up-to-date HR data. The Human Resource Information System (HRIS) will monitor human-resource needs to support the sustained delivery of quality HIV/AIDS services to patients and keep track of all training activities.

Build Stronger Workplace Programs

Building on activities started in FY07, the USG is collaborating with other donors, UN System partners, and the Global Fund to assist the MLS in strengthening collaboration platforms between the private and public sectors as a way to increase workplace HIV initiatives. The USG is supporting MLS efforts to expand the number of sector HIV/AIDS committees that develop action plans and implement workplace activities, including appropriate network linkages and referrals. The USG is also providing technical support to the MLS to strengthen the coordination of workplace interventions, the documentation and dissemination of best practices, the standardization of quality assurance (policy, norms, and procedures documents) and M&E tools, and the implementation of regular participatory program reviews and supervision.

FY09 Priorities

With FY09 funding, PEPFAR will continue to support the government and civil society in their efforts to strengthen health systems to maximize the impact of technical interventions. Key PEPFAR-funded activities will include:

1. Strengthening coordination of health and non-health sector interventions

PEPFAR will support government-wide efforts to improve data collection and information sharing to enable effective decision-making and advocacy by stakeholders, including donors, international and bilateral partners, NGOs, and ministries. A training program in health program management, M&E, and epidemiology will be developed in order to strengthen public capacity for coordination and information management. The coordination role of the MLS will be reinforced at the central and regional levels through improved planning and coordination capacities and tools. PEPFAR partners will also provide technical assistance to help improve MLS coordination capacity and mobilize private-sector involvement in the HIV/AIDS response.

2. Supporting decentralization of the MOH

Since 2003, the Ivorian government has pursued a policy of devolving responsibilities from the central government to local government authorities. In this vein, management of health services became the responsibility of regional and local councils, with MOH decentralized services maintaining responsibility for technical input. Implementing this approach has been a challenge because of an inadequate understanding of roles and poor collaborative practices. As HIV services are scaled up, the capacity of local and regional authorities to provide management and oversight of care and treatment programs will be essential.

PEPFAR will help address this challenge by supporting the decentralization unit of the MOH (SASED), which has developed a three-pronged approach involving regional, district, and local health authorities. PEPFAR assistance in FY09 will include an analysis of decentralization and the management of social services by decentralized entities; development of a collaboration framework between the MOH and decentralized units; development of curricula to train MOH staff on the implications of decentralization for priority health programs; and collaboration with 10 districts and two regions to develop costed health development plans.

3. Reinforcing operational capacities of health districts

To prepare for scaling up HIV/AIDS services, the MOH has adopted a district approach for HIV interventions. In FY09, PEPFAR will support the MOH in continuing this approach in order to strengthen the capacities of health districts as operational units for the coordination and provision of comprehensive care and treatment activities. This coordination role of the health district includes oversight of PEPFAR-funded interventions, to ensure that appropriate district officials are aware and involved in key strategic

choices and supervision of activities. Special emphasis will be placed on human resources, training, and planning.

Building on ongoing successes in the Abengourou health district in contributing to the rapid scale-up of ART, PMTCT, and CT services, PEPFAR will help improve the operational capacity of 14 districts through increased participation of communities and actors within the health care system. In the selected 14 districts, this approach will focus on improving the coordination of HIV/AIDS services by the district health team, supporting refresher training for health care workers in HIV care, providing laboratory equipment, ensuring the availability of consumables and lab reagents, donating vehicles (three per high-performing district) for supervision, supporting the transportation of lab samples, conducting supervision visits and coaching of health care workers, and reinforcing the management capacity of the district health team through national and international training courses.

4. Building human resources for health

In order to address the perpetual problem of insufficient health care personnel, which constitutes one of the major barriers to the expansion of HIV care services, PEPFAR will provide financial and technical support to train 50 medical students in HIV, TB, and malaria – the three major endemic diseases with the great morbidity and mortality – through theoretical coursework and a six-month practicum in rural health care facilities; 50 social work students in pre- and post-test counseling, ART adherence education, and psychosocial support for OVC; 25 pharmacy students in drug and lab-reagent supply-chain management and logistics; and 25 new midwives in PMTCT.

PEPFAR funding will also support the reinforcement of human and institutional capacity at the national health-care worker training institute (INFAS) and medical school to increase the number of trained nurses, laboratory technicians, and physicians. PEPFAR support will include salary payment to 35 instructors at INFAS, strengthening of the reference library at INFAS, a pilot incentive scheme for health workers in hard-to-fill posts, and technical assistance to improve human-resources management.

To help the MOH manage human resources for health, PEPFAR provided funding in FY08 to establish a human resource information system (HRIS). With FY09 funding, this system will be extended to three health districts and five health regions. Support will include provision of basic information and communication technology infrastructure and training for users in the development of information products and the use of data for workforce planning, budgeting, and performance management. The record-archiving system at DRH will also be improved through minor rehabilitation, identification of storage space, and new IT infrastructure and software.

5. Workplace programs

FY07 and FY08 activities will continue to support the MLS in strengthening collaboration platforms between the private and public sectors as a way to increase workplace HIV initiatives, especially in the cocoa sector and among women's cooperatives involved in food-crop production and marketing.

6. Building local capacity

Since FY07, the USG has supported a capacity-building initiative that awards performance-based funding to local organizations. Given the success of this pilot experience led by EGPAF, which provides performance-based sub-grants to private and faith-based health facilities, PEPFAR will support the extension of this approach to two health districts in FY09. These activities will be implemented in close collaboration with the relevant ministries (MOH and MLS) and other partners. Results will be shared with other health-sector partners with the expectation that this method could be scaled up nationally.

USG assistance will also support technical assistance for the integration of HIV and reproductive health/family-planning activities, in collaboration with an organization of HIV-positive women and a family-planning association, within the limit of OGAC guidance.

PEPFAR funding will help provide technical assistance to several local organizations to help address cross-cutting organizational (managerial, programmatic, financial, and accounting) challenges. In FY08, PEPFAR awarded funds to an AIDSTAR technical-assistance partner to provide needed capacity-development assistance and training to help improve the performance and competitiveness of local organizations. This effort will be pursued in FY09. Key beneficiaries of this assistance will include the Alliance Nationale Contre le VIH/SIDA (a national umbrella NGO that manages sub-grants and provides technical assistance to small community-based organizations) and several of its current or former subpartners.

7. Technical assistance to the CCM

PEPFAR funding will be used to build the capacity of the Global Fund Country Coordinating Mechanism in the areas of proposal development, leadership and management, M&E, and resource mobilization. Strengthening the CCM in these areas will help create a more stable, transparent, and efficiently run CCM, capable of winning Global Fund proposals and thus increasing funding for HIV/AIDS in Cote d'Ivoire. One key innovation during FY09 will be the development and packaging of a virtual program on CCM governance using a combination of CD-ROM, Web-based tools, and a facilitator guide for face-to-face trainings on governance and transparency. This will give the CCM a reusable tool to train and orient new members to the CCM's responsibilities and areas of accountability.

All USG-funded partners will report quarterly program results and other requested data to the PEPFAR strategic information team. To help build and strengthen a unified national M&E system, all partners will participate in quarterly SI meetings and will implement decisions taken during these meetings.

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5303.09

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: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17062.22385.09

Planned Funds: \$200,000

Activity System ID: 22385

Activity Narrative: The Ministry for the Fight Against AIDS (MLS) was created in 2001 to serve as the executive secretariat of the National AIDS Council, the principal governmental policy-making, strategic-planning, and coordination body of the response to the HIV/AIDS pandemic in Côte d'Ivoire. Creation of the MLS was a key strategy in building effective national-level coordination. The mission of the MLS is to coordinate a comprehensive and effective multi-sector and decentralized national response to HIV/AIDS, and it thus plays a principal role in bringing together stakeholders to define national policy and strategies for the care, treatment, and prevention of HIV/AIDS in Côte d'Ivoire.

Since 2004, the USG has provided assistance to the MLS to support the development of an information technology infrastructure and the human capacity to use and maintain it, the development and implementation of a national monitoring and evaluation (M&E) system, and the development and implementation of a national behavior change communication (BCC) strategy focused on abstinence and fidelity. Significant results of this collaboration have been achieved, especially on a national level. The creation, validation, production, and evaluation of the 2006-2010 National HIV/AIDS Strategic Plan were completed. Subsequent successes have included coordination of the 2005 National AIDS Indicator Survey (AIS); creation and validation of the 2006-2010 National Monitoring and Evaluation Plan, which will guide monitoring of all activities undertaken within the National Strategic Plan; and procurement of essential information technology infrastructure to strengthen M&E units at the central and regional levels. The community level has seen significant advances with indicator harmonization, the creation of M&E training modules, and the training of focal points on the utilization of M&E tools. Capacity building of the central-level M&E unit within the MLS continues.

As was highlighted in the process of the creation of the 2006-2010 National HIV/AIDS Strategic Plan, there is a notable weakness in the central coordination of HIV/AIDS interventions throughout the country. The MLS is in the process of implementing a new organizational model, with a renewed focus on coordination as opposed to actual delivery of HIV prevention, care, or treatment services and interventions. The USG is, in turn, refocusing its efforts to build and reinforce the unique coordination role of the MLS to a) increase communication among stakeholders, b) collect and disseminate essential HIV/AIDS data, and c) utilize this data for effective national and international advocacy in the fight against HIV/AIDS in Côte d'Ivoire.

Policy and systems-strengthening activities with FY08 funding are focusing on building MLS capacities to adequately fulfill its role as the key player in the national and sub-national coordination of all HIV/AIDS activities. Activities are designed to increase information sharing and advocacy activities among stakeholders, including donors, international and bilateral partners, NGOs, and ministries. These include:

- Organizing regular meetings of multilateral and bilateral donors to discuss new policy issues, challenges, opportunities, etc. Meetings will bring together counterparts of similar levels of responsibility for collaboration.
- Organizing regular meetings of implementing partners, including donors, foundations, United Nations organizations, and NGOs, to discuss new policy issues, challenges, opportunities, etc.
- Organizing, in collaboration with other relevant ministries, quarterly meetings of technical working groups (e.g. strategic information, gender and HIV, nutrition and HIV, CT, PMTCT, ABY, etc.) to facilitate the sharing of best practices, the development of core competencies for training curricula, current research, and challenges faced by the various governmental, NGO, and international partners involved in the fight against HIV/AIDS.
- Identifying and procuring technical assistance to support the MLS in the areas of strategic information and coordination.
- Organizing all obligatory meetings of governmental HIV/AIDS bodies, including the annual meeting of the National Council for the Fight Against AIDS (CNLS) and the biannual Inter-Ministerial Committee for the Fight Against AIDS (CIMLS).
- Mobilizing private-sector partners and resources for increased involvement in the fight against HIV/AIDS in Côte d'Ivoire.

The institutional framework of the AIDS control M&E system is guided by the "three ones" principle of one national M&E system. Effectively functioning M&E mechanisms may require changes in policy and/or institutions. For example, few private companies implement HIV activities among staff and their relatives, and few collect and/or provide data for the M&E system. The MLS will engage in advocacy needed to increase the private sector's and civil society's involvement in the fight against HIV and capacity in M&E.

In addition, the MLS will work to produce and disseminate information related to the financing of HIV/AIDS activities. The MLS' financial resource coordination department (DMRCF), which is involved in advocacy and the development of financial tools, and the ministry's technical coordination office (STCO), which is in charge of the follow-up of financial flows, must be reinforced. In order to reduce high turnover among MLS staff, motivate the staff, and attract other civil servants to the MLS, the ministry will develop an international training program in health program management, M&E, and epidemiology. This will serve to reinforce public-sector capacities for coordination and M&E of the HIV epidemic in Côte d'Ivoire and help ensure sustainability.

The MLS will use FY09 funds to reinforce its coordinating role and strengthen the national M&E system, with a particular focus on building capacities and improving planning and coordination at the regional level. The main activities will include:

- Reinforce operational capacities of the ministry's public sector, civil society/private sector, financial resource coordination, and technical coordination departments (DSP, DSPSC, DMRCF, and STCO).
- Pursue advocacy activities directed at private-sector and public and community institutions
- Develop, validate, and distribute operational 2010 plans for regions and Abidjan, as well as a national 2010 action plan
- Train civil servants (long-term certified training for one person and short-term certified training for two persons)
- Organize four regular meetings of multilateral and bilateral donors to discuss new policy issues, challenges, and opportunities.

- Activity Narrative:**
- Organize four regular meetings of implementing partners to discuss new policy issues, challenges, and opportunities.
 - Organize, in collaboration with other relevant ministries, quarterly meetings of technical working groups involved in the fight against HIV/AIDS.
 - Organize the annual meeting of the National Council for the Fight Against AIDS (CNLS) and the biannual Inter-Ministerial Committee for the Fight Against AIDS (CIMLS).
 - Organize annual coordination workshops with CRLS
 - Perform two supervisions a year of CRLS
 - Organize half-yearly coordination workshops with sectoral committees and annual supervision of sectoral committees.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17062	17062.08	HHS/Centers for Disease Control & Prevention	Ministry of AIDS, Côte d'Ivoire	7055	5303.08	CoAg Ministry of AIDS #U62/CCU0243 13	\$400,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7219.09	Mechanism: Global fund technical support Tasc order
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 10568.22386.09	Planned Funds: \$350,000
Activity System ID: 22386	

Activity Narrative: I. Program Area Background:

In 2007 and 2008, PEPFAR/OGAC worked closely with the Global Fund to strengthen management structure and governance of the Cote d'Ivoire Country Coordinating Mechanism (CCM) through support of transparent membership renewal and reconstitution of the CCM. A baseline qualitative assessment of the CCM revealed a poor understanding of the five functions of a CCM; little harmonization of the Global Fund grants with other support or with a formal gap analysis; much confusion over the proposal development process; few oversight activities, resulting in confusion between the CCM and the principal recipient (PR); and minimal transparency and little circulation of information between the Executive Committee and other members. With PEPFAR support through the Leadership, Management and Sustainability (LMS) program conducted by Management Sciences for Health (MSH), considerable progress has been made over the past year, including re-establishing clear by-laws, establishing four oversight committees within the CCM, and taking steps to secure public not-for-profit status of the CCM — all of which culminated in the transparent election of a new CCM president in February 2008. The Cote d'Ivoire CCM is now recognized by the Global Fund as compliant with by-laws and guidelines for Global Fund Country Coordinating Mechanisms.

II. Program Description

With FY09 funding, LMS will provide additional support for the structural reform of the CCM and the Secretariat as well as capacity building in governance, leadership and management, general oversight, monitoring and evaluation, constituency communications, and harmonization of Global Fund activities with other efforts. Additionally, LMS will provide capacity building to the PR and selected sub-recipients in order to increase the transparency and communication among all Global Fund entities. Proposal development of a Round 10 HIV/AIDS grant and guiding initial gap analysis will also be main priorities of the LMS technical assistance.

III- General Program Objectives

The goal of the LMS program's technical assistance is to clarify the five functions of a CCM for each member and to transform the CCM into a cohesive body that is a critical and effective player in rallying all sectors within the country to combat HIV/AIDS, malaria, and TB.

There are three general program objectives for the LMS intervention:

- The CCM, Executive Committee, and Proposal Development Committee have strengthened capacity to develop high-quality, multi-sectoral proposals in HIV/AIDS for submission to the Global Fund.
- The CCM and CCM secretariat have strengthened capacity for governance, oversight, and monitoring of the implementation of Global Fund grants.
- The PR and sub-recipients have strengthened capacity in monitoring and evaluation, reporting to the CCM, and program implementation.

Activities:

Capacity building of the CCM Permanent Secretariat:

Recruitment of a permanent secretary and organization of the newly ratified structure of the CCM secretariat has been ongoing in FY08. With FY09 funding, LMS will continue to work with the new secretariat on administrative procedures, roles and responsibilities, Global Fund procedures, simple monitoring dashboards, operational systems, and general capacity building.

Global Fund HIV/AIDS proposal:

With FY09 funding, the LMS team will help facilitate the Round 10 HIV/AIDS proposal process and ensure that the CCM researches and submits a strong, comprehensive, and feasible proposal in answer to the March 2009 call for submissions from the Global Fund. (Technical assistance for a Round 9 proposal will be provided with FY08 funding.) Led by an international consultant and supported by a team of local proposal development consultants (including a representative of PEPFAR, a specialist in HIV/AIDS, and a budget/accounting specialist), the team will guide the CCM through a transparent proposal development process while simultaneously building its capacity and a deeper understanding of the process so as to lay the foundation for increased involvement by CCM members in future proposal processes. A local LMS consultant will assist the CCM in the assessment of the organizational and financial capacities of potential PRs/SRs. Using the Program Management Capacity (PMC) Assessment Tool and the Financial Management and Systems (FMS) Assessment Tool from the Global Fund as guides, the local consultant will make site visits to potential candidates to make assessments and offer recommendations to the CCM on qualifications. The international consultant, an expert in health systems strengthening, will harmonize the PEPFAR-led HIV/AIDS Round 10 proposal with other sector proposals for malaria and TB (should the CCM decide to apply in these areas).

Resource Mobilization and Communications:

LMS will continue to provide technical assistance through a consultant to assist the CCM to implement its annual workplan. LMS will offer a workshop for CCM members on resource mobilization for sustainability of the CCM, to be led by an international consultant. The consultant will work with the CCM to mobilize diverse resources to fund CCM functions. This consultant will assist the CCM to submit its annual funding request to Global Fund Geneva, and the team of LMS local consultants will continue to assist in the mobilization of resources throughout the year by periodically checking in with the resource mobilization CCM sub-committee regarding the status and amount of funds mobilized.

The resource mobilization committee will continue to work on the action plan established during the leadership development program, adapting the plan and/or creating new ones when results or milestones are achieved. Ongoing leadership and management coaching by local and international facilitators will monitor progress on these plans.

The implementation of all communications strategies will be led by the CCM communications sub-committee. Local LMS consultants will facilitate and monitor the implementation of the communications action plan and offer support as needed. The communications sub-committee will continue to work on the

Activity Narrative: action plan established during the leadership development program, adapting the plan and/or creating new ones when results or milestones are achieved. Ongoing leadership and management coaching by local and international facilitators will monitor progress on these plans.

CCM Policy Documents:

The framing documents for the CCM will be revisited during FY09 to determine whether updates are needed. Local consultants will work with the CCM to ensure that documents are updated regularly (documents include the governance manual, by-laws, and M&E plan).

Leadership and Management Capacity Building:

The overall vision of the LMS leadership and management intervention is to assist the CCM to become an effective, compliant, stable, and good steward of the resources and trust invested in it by the Global Fund and the country of Cote d'Ivoire.

During FY08, LMS conducted a Leadership Development Program with the CCM. Starting with a scanning exercise that included field visits to sub-recipient sites in Aboisso and Bonoua, CCM members observed direct beneficiaries of the Global Fund grants in local clinics, hospitals and pharmacies. Over the course of three workshops, each CCM sub-committee created an action plan with a single, defined, measurable result that could be achieved within six months.

(1) During the Leadership Development Program, the CCM was introduced to the "challenge model," which provides a systematic way for groups to experience the direct impact of applying management and leadership practices to achieve results.

During FY09, the international team leader and local consultants will continue to coach the CCM sub-committees on implementation of their action plans. To review the progress of the CCM, LMS local consultants will lead the CCM through a self-assessment tool.

Strengthening Governance:

CCM governance strengthening for transparency and accountability: One of the challenges the Cote d'Ivoire CCM faces is that of ensuring that new members, especially civil society members, understand their roles and responsibilities and can participate as equals in CCM meetings and activities. Building the capacity of new members in CCM governance includes helping them to understand CCM structure and functions and the concepts of transparency and accountability. In order for capacity building to be sustainable, the CCM needs a mechanism to bring new members on board that does not depend on outside technical assistance. LMS will develop and package a virtual program on CCM governance for the CI CCM using a combination of CD-ROM, Web-based tools, and a facilitator guide for face-to-face workshops on governance and transparency. LMS will base the modules on its extensive experience using virtual means to deliver leadership training, strategic planning, and governance strengthening for civil society organizations.

Monitoring and Evaluation-

With Fy09 funding, LMS will continue to strengthen monitoring and evaluation capabilities of the Cote d'Ivoire Global Fund entities in the following ways: (1) capacity building of the CCM's oversight of the PRs (and in certain cases sub-recipients) and ongoing grants; (2) long-distance coaching from international M&E specialists to ensure that the CCM is fully supported; and (3) direct work with the PR and select sub-recipients to continue supporting a regular reporting system between the recipients and the CCM to ensure open communication and transparent oversight. As part of this activity, the LMS team will offer face-to-face workshops with members of the CCM's M&E subcommittee and select members of the PR and SR to design simple dashboard monitoring tools to establish a harmonized reporting system.

Between training sessions, the follow-up with members will be twofold: (1) long-distance coaching from the international consultant with designated members of the CCM M&E committee, PR, and SRs; and (2) on-site follow-up with the CCM, PR, and SRs by a local M&E consultant.

The CCM M&E subcommittee will continue to work on its action plan established during the leadership development program, adapting the plan and/or creating new ones when results or milestones are achieved. Ongoing leadership and management coaching by local and international facilitators will monitor progress on these plans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17066

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17066	10568.08	U.S. Agency for International Development	Management Sciences for Health	7219	7219.08	Global fund technical support Tasc order	\$500,000
10568	10568.07	U.S. Agency for International Development	Management Sciences for Health	7324	7324.07	MSH	\$50,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$280,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5301.09

Prime Partner: Ministry of Health, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 5056.22382.09

Activity System ID: 22382

Mechanism: MOH- CoAg #U2G PS000632-01

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$1,000,000

Activity Narrative: Côte d'Ivoire is the country most severely affected by HIV/AIDS in West Africa, with an adult prevalence of 3.9% (UNAIDS, 2008). In pursuit of the Ministry of Health (MOH) objective of providing universal access to antiretrovirals (ARVs) for all eligible people living with HIV/AIDS (PLWHA), the National HIV/AIDS Care and Treatment Program (PNPEC) collaborates with other MOH structures to ensure coordination of health-sector HIV/AIDS interventions through two main strategies: (1) integration and decentralization of HIV/AIDS and other health-care activities, and (2) implementation and enforcement of national policies, guidelines, norms, and standards.

FY06 and FY07 PEPFAR funding allowed the MOH to reinforce planning and coordination capacities at both the central and decentralized levels, with the objective of scaling up HIV/AIDS interventions with the assistance of PEPFAR partners. Using FY08 funding, the MOH is:

- Updating plans for integrated care and treatment through the development of microplans in nine regions.
- Reproducing and disseminating directives, norms, and standards of quality in the areas of counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), pediatric treatment, and care and support.
- Revising national care and treatment policies in the area of clinical treatment, including pediatric treatment, CT, management of sexually transmitted infections (STI), PMTCT, palliative care, ARV drugs, nutrition, and tuberculosis (TB) care for HIV-positive patients.
- Organizing quarterly, semi-annual, and annual coordination meetings of all actors implementing health-sector HIV/AIDS interventions.
- Elaborating quality-assurance tools and training materials.
- Assessing training needs in collaboration with the Department of Training and Research (DFR).
- Participating in national and international meetings on HIV/AIDS policies and program implementation.

Using FY09 funding, the MOH will focus on scaling up its HIV interventions with the support of implementing partners through the district approach. PNPEC representation at the district level will be emphasized in order to strengthen the link between the PNPEC and the districts, and a district-level focal point will be appointed in each of 10 pilot districts to reinforce district-level empowerment and involvement. The MOH will continue to build capacities of district health management teams (ECD) to review and follow up their microplans in collaboration with PEPFAR partners. By providing direct funding to the districts to implement activities (relating to quality of services, performance-based financing, accreditation process, standards of excellence, etc.) through sub-grants, the MOH will better achieve its objectives and build from the technical assistance provided in FY08.

To improve coordination of health-sector interventions, the MOH will use FY09 funding to:

- Revise, reproduce, and disseminate adult care and support training documents for community-based actors.
- Ensure the quality of services at the decentralized level through collaborations with URC and other partners.
- Reproduce and disseminate the reference handbook on administrative and financial procedures that was elaborated in FY08.
- Produce and disseminate a quarterly journal on health-sector HIV/AIDS interventions and primary HIV indicators.
- Organize quarterly, semi-annual, and annual coordination meetings of all actors implementing HIV/AIDS interventions in the health sector. This will include meetings of the relevant technical working groups (CT, PMTCT, palliative care, and treatment). FY09 funds will also contribute to organizing National and World AIDS Day activities in collaboration with the Ministry of AIDS (MLS).
- Organize postgraduate teaching sessions in the areas of CT, PMTCT, STIs, adult and pediatric treatment, and care and support.
- Create a national/regional pool of trainers for care and treatment/care and support.
- Provide logistical support to 10 PNPEC focal points.
- Support the National Nutrition Program (PNN) to plan, coordinate, facilitate, and report on activities by PEPFAR and other partners to provide or improve nutritional care and support for adults and children living with or affected by HIV/AIDS (including OVC), as well as to build PNN capacity to fulfill these functions.
- Establish a regional pool of trainers on nutrition and HIV. These trainers will be in charge of in-service training for health workers.
- Participate in regional and international meetings and training.

To promote capacity building (training and human resources), the MOH will develop a training plan for care providers in collaboration with partners such as the DFR, Abt Associates, and JHPIEGO. The MOH will set up a tracking system to ensure the effectiveness of this plan. To support training efforts, an online documentation center will be put in place. The MOH will participate in national and international meetings to remain relevant and current on HIV/AIDS policies and implementation. More specific capacity building activities will include:

- Engaging technical assistance from national and international technical assistance providers.
- Conducting appropriate training for PNPEC personnel (in areas such as English, strategic information, and management).
- Developing a website to ensure a broad diffusion of guidelines and documents.
- Subscribing to international scientific journals to increase access to current HIV/AIDS information.
- Providing PNPEC personnel with the opportunity to obtain online master's degrees.
- Conducting on-site training and coaching with the regional pool of trainers to contribute to improving the quality of services and accelerate the scale-up of HIV activities.
- Developing a countrywide certification for trainers.
- Conducting training in Ethiopia for five lab managers and a PNEPC lab focal point on laboratory management.

To improve planning, the MOH will conduct the following activities:

- Adapt the extension plan in collaboration with the districts and partners.
- Assist the districts to develop their microplans.
- Revise the operational plan based on the existing resources within the districts.

Activity Narrative: • Revise the monitoring and evaluation plan with the support of Measure and the DIPE.

To support the Department of Decentralization within the MOH, the Ivorian government passed a law in 2003 that devolved responsibility for various sectors from the central government to local government authorities. As a result, management of health services became the responsibility of regional and local councils. Operationalization and decentralization have been challenging tasks because of inadequate knowledge of actors in the field and poor collaborative practices. As HIV services are further scaled up in Côte d'Ivoire, the capacity of local and regional authorities to provide management and oversight of care and treatment programs will be essential. The decentralization unit of the MOH (SASED) has developed a three-pronged approach, involving regional, district, and local health authorities. In collaboration with Abt Associates, SASED will train various actors on the implications of decentralization. Subsequent activities targeting various regions and districts will be proposed depending on the prevailing political climate.

With FY09 funding and assistance from Abt Associates, the MOH will:

- Conduct a rapid analysis of decentralization and the management of social services (health) by decentralized entities in Côte d'Ivoire.
- Develop a framework for collaboration between MOH and the decentralized units.
- Train MOH staff on the implications of decentralization for priority health programs.
- Collaborate with 10 districts and two regions to elaborate health development plans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15136	5056.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	7056	5301.08	MOH- CoAg #U2G PS000632-01	\$500,000
10372	5056.07	HHS/Centers for Disease Control & Prevention	Ministry of Health and Population, Cote d'Ivoire	5301	5301.07	MOH- CoAg #U2G PS000632-01	\$500,000
5056	5056.06	HHS/Centers for Disease Control & Prevention	Ministry of Health and Population, Cote d'Ivoire	3604	3604.06	Ministry of Health (TBD new mechanism Sole source CoAg)	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$750,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7078.09

Mechanism: NPI RIP+ GHH-A-00-07-00016
-00

Prime Partner: Network of People Living with
HIV/AIDS

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17295.22367.09

Planned Funds: \$0

Activity System ID: 22367

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- In response to an AED recommendation, RIP+ will seek CTO approval to purchase a new accounting software called SAGE SAARI
- To ensure that an external evaluation of the program is conducted, RIP+ will take part in the EDS process planned by the MLS in 2010. This evaluation will assess the SERVIR program's progress toward meeting its indirect targets in CT community mobilization.

COMPLETE NARRATIVE

RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHAs organizations created in 1997, works to establish and protect the legal rights and improve the quality of life of persons living with HIV/AIDS. Through fund raising, sub-granting, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 50 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS), Ministry of Health (MOH), and Ministry of Family, Women, and Social Affairs, as well as many other technical ministries, RIP+ participates in the design and implementation of national policies and strategies as a member of various technical working groups and committees.

In late 2006, RIP+ was awarded a three-year grant, one of three Ivorian organizations selected in the first round of the New Partners Initiative (NPI). Through the NPI program, RIP+ is implementing Project SERVIR in Côte d'Ivoire to achieve the following objectives: (1) build administrative capacity of PLWHA organizations, (2) train the members of all PLWHA NGOs in positive HIV prevention, (3) implement positive-prevention activities, (4) institutionalize a national HIV testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based care and support to those in need.

RIP+ manages the project and provides sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, are delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing (CT) for at least 100,000 youths and adults through Cote d'Ivoire Testing Day and to provide direct care and support services to at least 17,500 PLWHA nationwide.

With FY07 and FY08 NPI funds, RIP+ has collaborated with JHU/CCP, MLS, MOH, and other national key stakeholders to develop, launch, and institutionalize a Côte d'Ivoire Testing Day (CITD). The first CITD is planned for Dec. 15, 2008.

In FY09, in coordination with national authorities, key partners (including Alliance Cote d'Ivoire and JHU/CCP, AED), and national stakeholders, RIP+ priorities include:

- Provide technical support and periodic supervision to its 31 sub-grantee organizations. In consultation with local stakeholders, RIP+ will reactivate the existing Project Selection Committee.
- Promote and enforce the established Code of Conduct for all affiliate organizations. The code will enable RIP+ affiliates to respond to the challenges of sustaining democratic and participatory institutional procedures, while creating an enabling environment in which PLWHA can collectively determine their goals. The code addresses themes such as values, transparency, good governance, accountability, and partnership. RIP+ will reinforce the Code of Conduct by leading as a role model.
- Provide technical support and mentoring to its 31 affiliate NGO/CBO/FBOs, enabling them to contribute to HIV prevention, care, and/or treatment services. RIP+ will provide technical support focused on promoting good governance, developing effective advocacy skills, and building capacity in basic bookkeeping, partnership building, resource mobilization, and monitoring and evaluation.
- Strengthen grantee capacity in organizational networking in order to develop, consolidate and sustain achievements acquired.
- Develop lessons learned and recommendations for sustainability and quality services, focusing on networking leveraging funds from local governments, the private sector, and diverse donors.
- Participate in local and international meetings, including the PEPFAR 2009 implementer meeting.
- Based on an AED recommendation, RIP+ will seek CTO approval to purchase a new accountancy software called SAGE SAARI
- Participate in the EDS process planned by the MLS for 2010 to document that the SERVIR Program met its indirect targets in CT community mobilization.

Technical capacity building training offered by RIP+ will target both sub-grant award winners and non-winners to improve their capacity for the next grant round and improve the quality of ongoing activities. The Small Grant Program will also complement the administrative and financial technical assistance received from RIP+.

For the implementation of the small-grant projects, SERVIR is expected to generate at least 60 full-time jobs for PLWHA, and indirectly involve 200 volunteers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17295

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17295	17295.08	U.S. Agency for International Development	Network of People Living with HIV/AIDS	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	\$0

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7225.09

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 10130.22399.09

Activity System ID: 22399

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$400,000

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, estimated at 3.9% among adults (UNAIDS 2008), with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic marked by gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of the Fight Against AIDS (MLS), other government bodies, and PEPFAR implementing partners to build national capacity to provide high-quality HIV/AIDS prevention, care, and treatment activities and services to Ivoirians. At present, the number and varying quality of service providers limits the ability to scale up quality programs and coverage. To ensure that in-country partners effectively manage their PEPFAR agreements and implement appropriate, high-quality programs, the AIDSTAR contractor will focus on strengthening partners' financial, human resources, and administrative management systems, along with technical capacities to implement and monitor HIV/AIDS programs. In addition, the AIDSTAR contractor will assist partners to develop and integrate HIV/AIDS modules into health curricula, develop a cadre of national trainers, and improve and increase use of the national training database. The primary objectives of these activities, as a whole, are to build indigenous capacity and to improve and expand quality HIV/AIDS prevention and care service delivery.

Strengthening Pre-Service Education

Recognizing that pre-service education programs form the foundation of high-quality HIV/AIDS service-delivery programs, PEPFAR CI has focused heavily on strengthening pre-service education programs. The USG has supported the successful development, adaptation, and integration of comprehensive HIV/AIDS training modules into the curricula of the three major teaching institutions in Abidjan: UFR-SMA (for physicians), INFAS (for nurses and other health agents), and INFS (for social workers). These efforts will have a substantial downstream effect as medical, nursing, paramedical, and social work students graduate with the skills to immediately and effectively support HIV service delivery. During FY08, JHPIEGO built on this foundation to expand these pre-service education activities to select regional training institutions (UFR-Bouake, INFAS-Bouake, and INFAS-Korhogo).

With FY09 funding, the AIDSTAR contractor is expected to continue, build on, and scale up these efforts to reinforce HIV/AIDS training capacity within regional institutions. The targeted institutions include UFR-Bouake, INFAS-Bouake, INFAS-Korhogo, and INFAS-Aboisso. The contractor will reinforce efforts to decentralize pre-service training to regional institutions through training programs, mentoring, the development of structured observation tools, and follow-up visits to classrooms, faculty, and training sites. In addition, the contractor will provide materials for four skill labs and 10 new clinical training sites. The contractor will focus special attention on PMTCT and CT training, as described in the COP narratives in those program areas.

Strengthening National Trainer Pools

Since 2004, PEPFAR has supported efforts to build human capacity to deliver quality HIV services in CI. With assistance from JHPIEGO, several national pools of trainers have been created (PMTCT, HIV counseling and testing, medical management of PLWHA/ART, OVC), including a national pool of 35 master trainers among faculty from the three teaching institutions in Abidjan to build institutional capacity and promote ongoing curricula revisions. Trainers from the national pools have provided training for a number of PEPFAR partners, including FHI, EGPAF, ACONDA, the National OVC Program, and ANADER. Training information has been entered into the national training database. In FY08, PEPFAR-funded technical support was expanded to 25 additional advanced trainers and to 10 health districts to address concerns that the pool of national trainers is insufficient to meet all implementing partner training needs and that many trainers are based in Abidjan and are not accessible at regional levels. As a result, there is now a pool of 160 trainers nationally in various HIV program areas, including 40 regionally based trainers located in the 10 health districts.

With FY09 funding, the AIDSTAR contractor will further expand the national and sub-national pools of trainers in CT, PMTCT, OVC, PC, TB/HIV, and ART to ensure that the pools are adequate to meet implementing partner training needs both in Abidjan and nationwide. The contractor will continue to monitor the performance and progress of new and advanced trainers through classroom observation and feedback. The contractor will also explore the feasibility of introducing innovative learning approaches and media, as well as the feasibility of developing an HIV/AIDS-specific, electronic-format learning management system (LMS) as a resource for teaching faculty and service providers. The contractor will ensure that updated/revised norms, guidelines, and protocols are reflected in revised training curricula and, working in collaboration with current training institutions and USG implementing institutions, will establish 10 model clinical training sites.

Strengthening Ivoirian Organizations

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, serving as a linking organization between donors/partners and civil society organizations working at the community level. ACONDA-VS is an Ivoirian NGO providing HIV/AIDS treatment, care, and prevention services. ANADER (National Agency for Rural Development) is a semistatal organization providing HIV prevention and care services in underserved rural areas.

The USG team believes that ANS-CI, ACONDA, and ANADER – all three PEPFAR prime partners – need technical assistance in organizational capacity development to achieve their objectives and create sustainable systems. Under AIDSTAR, in FY 2009, the contractor will be responsible for providing organizational development support to ANS-CI and some of its current or former sub-grantees (community-based organizations providing USG-financed HIV/AIDS services and information in Cote d'Ivoire) as well as to ACONDA and ANADER. In future years, it is envisioned that this support may expand to other indigenous organizations financed by PEPFAR.

Activity Narrative: The AIDSTAR contractor will be responsible for conducting a participatory needs assessment of ACONDA, ANADER, and ANS-CI and sub-grantees identified by the USG team to determine their level of understanding of USG and PEPFAR rules and regulations; organizational management practices and policies; fiscal management practices, including systems and funds tracking; and human resources management practices. Based on the findings from these assessments, the contractor will develop an action plan tailored to the organizational development needs of the partners with milestones to monitor progress toward objectives. The contractor will, as needed, provide training in USG regulations and requirements and in managing and tracking resources. The contractor will also provide assistance to establish effective budgeting practices and ensure compliance with audit requirements, and will ensure adequate record-keeping for program reporting and improvement. The contractor will be responsible for actively managing, administering, and reporting results for all subgrants given as part of this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17072

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17072	10130.08	U.S. Agency for International Development	IQC AIDSTAR	7225	7225.08	IQC AIDSTAR	\$350,000
10130	10130.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$60,000

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5306.09

Mechanism: EGPAF Rapid Expansion (country supp)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 10337.22428.09

Planned Funds: \$400,000

Activity System ID: 22428

Activity Narrative: Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds to assist the Ministry of Health (MOH) in supporting and expanding quality HIV/AIDS prevention, care, and treatment programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF works to implement a family-centered approach in delivering HIV services.

EGPAF contributes to the national response to the HIV/AIDS epidemic in Cote d'Ivoire by mitigating the impact of the HIV/AIDS epidemic. The EGPAF approach to health systems strengthening is to reinforce the health care system to overcome barriers to improved health and promote sustainability.

The reinforcement of the health sector constitutes a major area of intervention by EGPAF in FY09, with prioritization of four primary areas of intervention:

- 1) Support for pre-service training of medical and non-medical personnel
- 2) Holistic support for decentralized health care services through a district approach
- 3) Development of partnerships with MOH at the central level and with civil society
- 4) Strengthen institutional support to local organizations

Pre-Service Training

In order to address the perpetual problem of lack of health care personnel, which constitutes one of the major barriers to the expansion of HIV care services, EGPAF signed agreements in 2007 and 2008 with the following institutions:

- University of Cocody School of Medicine- This partnership trains medical students in the final year of their course work while they are preparing a thesis. The program is focused on HIV, TB and malaria, the three major endemic diseases with the greatest morbidity and mortality in Cote d'Ivoire. In the first year there were 19 students who benefited from theoretical training and a six month practicum in rural health care facilities supported by EGPAF with PEPFAR funding. Based on the success of the program, there was a request from the university for expansion. In FY09 this program will include 50 medical students.
- National Institute of Social Work (INFS)- This partnership includes the training of 50 social work students in their gap year between coursework and the assignment of a government position. During their six month site placements, trainees are active in the development of pre and post test counseling, ART adherence education and psychosocial support for OVCs. This program has also been successful and EGPAF was requested expand support to 100 students in FY09.

Based on lessons learned from the pre-service training experience with doctors and social workers, EGPAF envisions additional similar collaborations in FY09 with additional academic institutions:

- University of Cote d'Ivoire Pharmacy and Biological Sciences partnership will provide placements for 25 students in their final year of pharmacy training in the domains of drug and lab reagent supply chain management and logistics.
- Institute of Nurse Midwife (INFAS) partnership will provide placements in PMTCT programs for 25 midwives at the end of their training.

Reinforce operational support and expand the district approach: EGPAF plans to share experiences gained using this approach which was demonstrated as effective in Abengourou District to contribute to the rapid scale-up of ART, PMTCT and VCT by effectively doubling the coverage of services. The EGPAF approach is above all to facilitate the participation of communities and health actors within the health care system to increase their capacity through training and increasing access to high quality public health services.

In FY09, 14 districts will benefit from this approach. Specific interventions will include:

- Improve the coordination of HIV/AIDS services by the district health team and infrastructure necessary including: conference space with training material for district trainings, computer equipment at the district level, and minor renovations to health facilities and pharmacies
- Support for refresher training for health care workers in HIV care
- Provision of laboratory equipment
- Facilitate the availability of consumables and lab reagents
- Donation of vehicles (3 per district) for the supervision of high performance districts
- Support for the transport of lab samples, supervision visits and coaching of health care workers
- Reinforce the management capacity of the district health team through national and international training courses

Health Care Financing

Based on EGPAF's successful experience introducing performance based financing (PBF) in private and faith based facilities, in FY09 the next step will be to pilot performance based financing in two health districts. This strategic approach links payments to performance is an alternative method for funding HIV/AIDS activities. The results will be shared with other health sector partners with the expectation that this method could be scaled up nationally.

It's important to note that the implementation of these activities is dependent upon ongoing negotiations with the health authorities at the highest level to identify the appropriate funding mechanisms.

Partnerships with MOH and Civil Society: EGPAF expects to provide awards for different governmental entities to provide support to:

- National M&E Unit (DIPE) for the recruitment and support of 25 data managers per year for three years. While their role will concentrate on data entry and analysis related to HIV care and treatment, these data managers will also support data management for other health programs as well.
- National maintenance Unit (DIEM) to revitalize this entity so that it is able to fulfill its mandate which includes maintenance of laboratory equipment in public health facilities. EGPAF will work with the MOH to study the possibilities for a formal collaboration to reinforce local maintenance units (CRIEM) in Abengourou and San Pedro.
- National Reproductive Health Program (PNSR/PF)-to introduce PMTCT activities in targeted antenatal

Activity Narrative: consultation sites

- Additional partnerships with professional organizations and civil society are envisioned, such as with GROGORMED (an association of infectious disease doctors) and the Ivorian pediatricians association to develop a mentoring and preceptorship program to be implemented on-site.

Program to reinforce local organizations

Given the organizational, managerial, programmatic, financial and accounting challenges, EGPAF has contracted two external management consulting firms to assist in the reinforcement of these organizations. The support has benefited ten local organizations in FY08. Ten additional organizations will be enrolled for FY09.

The activities being implemented and planned will improve EGPAF's efforts to reinforce health services through both the public and private sectors. These activities will be implemented in close collaboration with the Ministries (MSHP and MLS) and other partners of the US Government. These activities will progressively reinforce the decentralization of health care services in a country weakened by six years of conflict.

Sustainability

In FY08 EGPAF demonstrated that improved capacity, coordination, and engagement of the district health team through a district approach enabled rapid scale-up of services in Abengourou and Agnibilekro districts. Though a funding mechanism by which funds can be appropriated directly to a health district has not been established, EGPAF plans to expand the district approach in FY09 to 14 districts. EGPAF will provide: 1) basic infrastructure support such as conference space for district meetings and trainings, basic equipment and minor renovations to offices, pharmacies, laboratories and health facilities; 2) training of trainers for regional and/or district teams to conduct refresher trainings in districts; 3) laboratory equipment and facilitation of a lab network and logistic arrangements for the transport of samples to referral labs when not on site; 4) consumables and lab reagents; 5) transportation in the form of vehicle(s) for high performing districts; 6) supervision and coaching of health care workers; 7) reinforced management capacity through action plan and budget development as well as national and international courses. Over time, once the district team takes the lead in planning and implementing activities, EGPAF's role will be reduced to technical assistance.

In-service training of health care workers is a continuous process due to transfer and attrition. Off-site training is expensive and contributes to human resource shortages. The next generation of health care workers must be trained pre-service. Currently practical clinical training occurs at urban tertiary care centers not representative of the majority of public sector settings in which providers in Cote d'Ivoire will work. In FY08 EGPAF initiated a program with two national training schools to provide practical pre-service training for medical and social work students in HIV, malaria and TB. Nineteen medical and 50 social work students were given theoretical training and completed a six month internship at an EGPAF-supported site. In FY09, EGPAF will expand both of these programs to include 50 additional medical and 100 social work students. Based on the success of the program, in FY09 EGPAF will sign agreements with the pharmacy training program for placements for 25 students in drug supply chain management and the nurse midwife training program for placements of 25 midwives in PMTCT programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15115	10337.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	7045	5306.08	EGPAF Rapid Expansion (country supp)	\$150,000
10337	10337.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7226.09

Mechanism: JHU-CCP Communication
2008

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 5058.22484.09

Planned Funds: \$200,000

Activity System ID: 22484

Activity Narrative: JHU/CCP's Sports for Life, a program that uses youth soccer as a vehicle for promoting HIV prevention, 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, for example, is the corporate sponsor of Côte d'Ivoire's national soccer team), and the various activities and publications involved in Sports for Life offer many opportunities to enhance positive public-relations for corporate sponsors. Sports for Life is poised to build up to the 2010 Men's World Cup in South Africa and is marshaling strong support from local and international soccer teams and organizations, including the national soccer federation (FIF).

In 2008, CCP produced marketing tools (promotional kit including advocacy booklets, "Play to Win" global SFL brochure, and informational leaflets); produced a SFL video documentary; promoted SFL by publicizing the Nike/Mercy Corps materials donation received in 2007; organized a gala soccer game with Yaya Touré, SFL Ambassador as the guest, in Abidjan (with private sector, PEPFAR partners).

In 2009, CCP will continue to mobilize private-sector involvement through:

- Capacity building in advocacy and fund raising for local SFL partners;
- Strategic marketing activities;
- Close collaboration with the PEPFAR-supported Business Coalition for HIV/AIDS;
- Continue to build the SFL Web site, which presents all BCC components of the PEPFAR-supported CCP portfolio in Côte d'Ivoire. This Web site will become a resource for BCC practitioners and will provide information and sample tools and materials for BCC program planning and implementation. The Web site will also have links to global JHU/CCP resources that are relevant to the Côte d'Ivoire program;
- Conduct additional advocacy activities and media campaigns. Private-sector resources will be leveraged to support Sports for Life products (the magazine Extra Time, soccer uniforms and balls, uniforms for coaches) and media campaigns (TV and radio coverage of SFL tournaments). Support from at least eight private enterprises is expected;
- Explore options to raise visibility of female sports figures as spokeswomen and role models.
- CCP will organize a third annual Leaders' Tournament during World AIDS Day (with CECI, RIP+, and other PEPFAR partners);
- CCP will continue the collaboration with the Ministry of Education to integrate select modules of the Sports for Life curriculum in the ministry's school-based life-skills program.

All activities will be conducted in consultation with national partners, led by the ministries of AIDS and of Health. CCP's M&E system will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, CCP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15131

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15131	5058.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	7226	7226.08	JHU/CCP Communication USAID 2008	\$200,000
10080	5058.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$200,000
5058	5058.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3827	3827.06	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU communication)	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.18: Activities by Funding Mechanism****Mechanism ID:** 5310.09**Prime Partner:** Engender Health**Funding Source:** GHCS (State)**Budget Code:** OHSS**Activity ID:** 10077.22487.09**Activity System ID:** 22487**Mechanism:** TBD-GH-08-2008 RESPOND**USG Agency:** U.S. Agency for International Development**Program Area:** Health Systems Strengthening**Program Budget Code:** 18**Planned Funds:** \$150,000

Activity Narrative: Cote d'Ivoire (CI) has the highest national HIV prevalence in West Africa, with both HIV-1 and HIV-2 viruses present. Data from the 2005 National AIDS Indicator Survey describes a generalized epidemic (prevalence 4.7%) marked by important gender and geographic differences, early sexual debut, intergenerational and multiple concurrent partnerships, weak knowledge of HIV transmission and prevention, and low condom use.

The PEPFAR CI team has been working with the Ministry of Health (MOH), the Ministry of AIDS, other government bodies and PEPFAR implementing partners build capacity to provide higher-quality prevention, care, and treatment activities and services for Ivoirians. At present, the number and varying quality of service providers limits ability to implement and scale up quality programs and coverage. USG partners have been working since 2004 to strengthen indigenous capacity to respond to the epidemic with appropriate, high quality programs. Within this context, the USG Cote d'Ivoire program supports comprehensive HIV/AIDS prevention interventions targeting the general population and specific sub-populations in urban and rural areas across the country.

With HIV/AIDS care and treatment becoming more accessible in Côte d'Ivoire, women, men, and young people are regaining their health, living longer, and planning for their futures, which includes decisions about their sexuality and the possibility of starting or expanding a family. They are struggling with a number of sexual and reproductive health issues, such as repeated disclosure of their HIV status, HIV discordance, safe-sex strategies, family planning, pregnancy, and gender-based violence.

Women and girls infected with or affected by HIV/AIDS are among the most underserved populations in the country. Those who are HIV-positive 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. Women and girls who are most vulnerable to HIV are often at higher risk for financial, physical, and emotional stress. Women and girls infected or affected by HIV are also at higher risk of stigma, discrimination, social isolation, and violence. The few services that exist for women and girls are not designed to address these very specific needs.

In FY08, EngenderHealth staff will work in partnership with Femmes Actives de Cote d'Ivoire and the family-planning association AIBEF to support implementation of integrated reproductive health-HIV (SRH-HIV) activities at 10 health facilities in the East Central region. In FY09, EngenderHealth will continue to provide technical and financial assistance to Femmes Actives and AIBEF to:

1. Design, implement, and evaluate SRH-HIV integrated services at 10 additional health facilities, including positive prevention and prevention of unintended pregnancies.
2. Upgrade health facilities to support introduction of integrated SRH-HIV services.
3. Implement trainings on SRH-HIV integration, stigma reduction, and demand-generation activities in the community, and develop and distribute BCC materials on SRH for PLWHA, including positive prevention and prevention of unintended pregnancies, within OGAC guidelines on HIV and family-planning linkages.

EngenderHealth will strive to achieve local ownership and sustainability among local partners, the MOH, and village/community planning structures through the following processes:

- Informational meetings will be conducted with community and national/regional/district MOH officials at the beginning of the project to brief them about the project's objectives and activities and at the end of the project to disseminate the project results.
- Representatives from local PLHIV networks and community organizations in each district will be invited to participate in all planning and training activities.
- Program managers, doctors, nurses, and social workers from MOH and CBO/FBO health facilities within the service network of the project sites will be invited to participate in all planning and training activities.
- Planning meetings will be conducted with district health officials and CBO/NGO program managers to identify the services sites, coordinate project activities, and select health personnel to participate in the training activities. We will also promote the inclusion of project interventions into comprehensive health council plans.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15116

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15116	10077.08	U.S. Agency for International Development	Engender Health	7046	5310.08	GH-08-2008 RESPOND EngenderHealth	\$150,000
10077	10077.07	U.S. Agency for International Development	Engender Health	5310	5310.07	ACQUIRE Project- EngenderHealth	\$150,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5321.09

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 9925.22472.09

Activity System ID: 22472

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

USG Agency: U.S. Agency for International
Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$2,750,000

Activity Narrative: NOTE: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to Abt Associates to support financial (including National Health Accounts) and human-resources analyses to lay the groundwork for framework strategic planning. Strong health systems are essential for achieving improved health outcomes. Abt Associates Inc.'s Health Systems 20/20 (HS 20/20) project provides a comprehensive approach to health-system strengthening by focusing on the financing, operational, governance, and human-resource constraints that impede access to and use of quality health care. These four core components are addressed together to provide sustainable, comprehensive improvements to national health systems.

Abt Associates works closely with the Ministry of Health (MOH) and associated directorates to ensure that capacities are built at all levels of the health system. This includes technical assistance for institutional, organizational, and financial capacity-building activities that seek to devise a health system capable of sustaining itself with minimal external support. At the central and provincial levels, efforts include developing champions (technical leaders) who can lead health systems after project completion. At the organizational level, Abt Associates works directly with key directorates to support leadership and the management of critical health systems activities. At the individual level, Abt Associates provides training on leadership and management in a decentralized system (173 people trained so far).

With FY09 funding, Abt Associates will continue and build on these activities through:

- Technical assistance to scale up the government's human resource information system (HRIS) and improve records archiving systems at the Directorate of Human Resources (DRH).
- Institutionalization of essential management skills in a decentralized health system.
- Technical and infrastructure support to the national health worker training institute (INFAS).
- Technical assistance to improve human resources (HR) management practices.
- Design and pilot task-shifting approaches.

- Support to strengthen the capacity of the Ministry for the Fight Against AIDS (MLS) to sustainably coordinate the national HIV/AIDS response.
- Support for the decentralization unit of the MOH, in collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC).
- Pilot an incentives scheme for health workers in hard-to-fill posts.

Activities will complement efforts to support decentralized, sustainable, and quality HIV service provision. Efforts will be made to address gender issues and to increase women's access to knowledge-building activities. In addition to a six-member staff, the project will support a senior-level consultant at the MOH and a senior-level consultant at the MLS, whose role will be to assist the ministries in planning and coordinating HIV/AIDS activities with a focus on sustainability at central and decentralized levels.

Specific FY09 activities include:

1. Provide technical assistance to scale up the government's HRIS and improve records archiving systems at the DRH.

As the Government of Cote d'Ivoire extends implementation of its human resource management software, GESPER, across ministries and parastatals, Abt Associates has begun collaborating with the DRH and the Ministry of Finance (MOF) to support implementation of the RHIS at the MOH. Activities with FY08 funds include: 1) development of a detailed GESPER implementation support plan, starting with rehabilitation work and provision of equipment at the central level (desks, storage space, computer equipment); 2) training of DRH staff on GESPER; 3) training of trainers to develop a cadre of master trainers; 4) deployment of the GESPER application in five health districts; 5) technical support to the DRH to develop standard operating procedures for use of the GESPER application; 6) technical assistance to develop information products with human resource (HR) data; and 7) training of 20 persons in the use of the application at central and decentralized levels.

With FY09 funding, Abt Associates will extend the HRIS to 30 districts and five regions. This will require: 1) providing basic information and communication technology (ICT) infrastructure to the new districts; 2) training users on the application; 3) working with the DRH to develop information products and to begin to use available data for workforce planning, performance management, and budgeting; and 4) working with the developers of the GESPER system to develop additional functionality to enhance the application, with a focus on data transfer from the decentralized to the central level.

Abt Associates will provide infrastructure support to the DRH to improve its records archiving system. This will include light rehabilitation of records rooms or leasing of off-site storage space, purchase of IT infrastructure to scan and digitally store HR records, and purchase and training of DRH staff on records archiving software.

2. Address the critical shortage of instructors at INFAS

The number of trained nurses, laboratory technicians, and physicians must be increased to support the delivery and scale-up of HIV/AIDS services. To achieve this goal, the National Institute of Health Worker Training (INFAS) and its medical faculty are strengthening their human and institutional capacities. With FY09 funds, Abt Associates will provide salary support for 35 instructors at INFAS and implement activities to strengthen the organizational capacity and training curricula.

3. Provide resources for health worker education

Training a new generation of health workers requires that training institutes be up-to-date with emerging issues in HIV/AIDS patient management. The current reference library at INFAS has suffered from years of under-investment and does not stock journals or reference books on HIV/AIDS management, nor does it have a basic ICT infrastructure. Abt Associates will collaborate with organizations such as the Widernet Digital Libraries, the ACM Sigmund Anthology, the Open Africa JSTOR Archive, and the FreeForAll Consortium to avail state-of-the-art e-library materials, including electronic medical journals, textbooks, and

Activity Narrative: training software. Deliverables resulting from this activity will include: 1) providing reference materials to INFAS satellite campus libraries and to the medical school (UFR(library 2) providing basic infrastructure support to INFAS and UFR libraries (computers, connectivity, printers, etc.)

4. Pilot an incentives scheme for health workers in hard-to-fill posts

In collaboration with Abt Associates, the MOH is conducting qualitative and quantitative studies to better understand incentives (motivation) required to attract health workers to serve in hardship areas. In FY07, Abt Associates developed a pilot program to provide incentives to 45 doctors, nurses, lab technicians, and pharmacists to work in hardship areas. Criteria for selecting hardship areas were developed; the cadre of health workers needed to fill the posts was assessed; and an incentive package was developed. Implementation of the scheme was delayed, however. Abt Associates will pilot the scheme in FY09. Results of the pilot will inform policy and help the MOH determine the feasibility of scaling the scheme to other districts.

5. Provide technical assistance to improve HR management practices.

One of the core functions of the DRH is effective HR management. Abt Associates proposes a two-year activity to assist the DRH to develop and implement a performance management system. This will involve development of job descriptions and annual individual performance plans, monitoring of progress in implementing the plans, coaching to improve job performance, and performance appraisal. Job descriptions and performance appraisals will be linked to the HR information system that is currently being developed. In the first year of this effort, Abt Associates will: 1) work with the DRH to develop a system to update job descriptions; 2) develop a performance management system; 3) train MOH staff on the performance management system; and 4) roll out the system in three initial districts.

6. Design and pilot task-shifting approaches.

With technical assistance from Abt Associates and in collaboration with INFAS, the DRH will begin to address the HR shortage in selected categories of staff, particularly laboratory technicians and HIV testing counselors. A task-shifting pilot will be implemented in two districts covering at least 10 facilities. The DRH will identify the needs, develop policy and curricula, and provide monitoring and evaluation. INFAS will provide in-service training to the personnel concerned.

7. Strengthen MLS capacity to sustainably coordinate the HIV response.

The mission of the MLS is to coordinate a comprehensive and effective multi-sector and decentralized national response to HIV/AIDS. A range of challenges, including the prolonged socio-political crisis, insufficient resources (both financial and technical), and frequent turnover at the highest levels, have impeded the ministry's capacity to fulfill its mandate.

The second phase of the PEPFAR program attaches significant importance to sustainability through strengthening of national health systems. In this spirit, the MLS was awarded a five-year cooperative agreement designed to strengthen its capacity to coordinate the response to HIV and to centralize organization and coordination of multi-sector HIV/AIDS data. By the end of the project, it is expected that the MLS will be able to play its coordination role, including fully engaging with the private and NGO sectors, with minimal external technical assistance.

Abt Associates has expertise and experience in strengthening national coordination and developing partnerships with the private sector. The project has collaborated with countries to strengthen the capacity of Global Fund CCMs and has collaborated with corporations to build sustainable HIV workplace and social responsibility programs.

With FY09 funding, as part of a two- to three-year activity, Abt Associates will:

- 1) Support a long-term (embedded) technical adviser who will work with the MLS to improve its capacity to regularly organize quarterly donor forums. This will involve developing terms of reference for the donor coordination group, organizing regular quarterly meetings, planning quarterly field visits to monitor implementation, and identifying and documenting policy issues and challenges.
- 2) Assist the MLS to develop a strategy for mobilizing private-sector involvement in national response to HIV/AIDS.

7. Provide technical assistance to the Department of Decentralization within the Ministry of Health

In 2003, the Ivorian Government passed a law that devolved responsibility for various sectors from the central government to local government authorities. Management of health services became the responsibility of regional and local councils. Operationalization of this decentralization has been hindered by an inadequate understanding of roles and poor collaboration. As HIV services are scaled up, the capacity of local and regional authorities to provide management and oversight of care and treatment programs will be increasingly important. Abt Associates collaborate with the decentralization unit of the MOH (SASED), which has developed a three-pronged approach involving regional, district, and local health authorities.

With FY09 funding, Abt Associates will provide technical assistance to support the SASED in : 1) conducting an analysis of decentralization and the management of social services by decentralized entities; 2) develop a framework for collaboration between the MOH and decentralized units; 3) develop a curriculum for training MOH staff on the implications of decentralization for priority health programs; and 4) collaborate with 10 districts and two regions to elaborate costed health development plans. Funds for the SASED's implementation of these activities are requested in the MOH COP09 submission.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15086	9925.08	U.S. Agency for International Development	Abt Associates	7037	5321.08	ABT Associates 20: 20 GHS-A-00-06-00010-00	\$1,910,000
9925	9925.07	U.S. Agency for International Development	Abt Associates	5320	5320.07	Private Sector Partnership One (PSP One)	\$250,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12187.09	Mechanism: TBD Partnership Framework Nat Strategic Plan
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 29687.09	Planned Funds: ██████████
Activity System ID: 29687	
Activity Narrative: During April 2009 reprogramming, funds made available for Partnership Framework development are being allocated to a TBD partner to support technical assistance for development of Cote d'Ivoire's new National Strategic HIV/AIDS Plan.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12188.09	Mechanism: TBD Partnership Framework HRH
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Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 29688.09
Activity System ID: 29688
Activity Narrative: During April 2009 reprogramming, funds made available for Partnership Framework development are being allocated to a TBD partner to support staffing and/or technical assistance for development and implementation of a national human resources for health (HRH) strategy and plan.
New/Continuing Activity: New Activity
Continuing Activity:

USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: ██████████

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10679.09
Prime Partner: GH Tech
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 29666.09
Activity System ID: 29666
Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to GH Tech to support personnel needs associated with analyses and consultative processes related to the framework.
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: Global Health Technical Assistance Project
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: \$1,025,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8656.09
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
Funding Source: GHCS (State)
Budget Code: OHSS
Activity ID: 29669.09
Activity System ID: 29669
Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to Measure/Evaluation to support rapid data analyses to lay the groundwork for strategic planning.
New/Continuing Activity: New Activity
Continuing Activity:

Mechanism: MMAR III GHA-A-00 8
USG Agency: U.S. Agency for International Development
Program Area: Health Systems Strengthening
Program Budget Code: 18
Planned Funds: \$200,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12164.09
Mechanism: New CDC TA Mech Columbia

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29671.09

Planned Funds: \$400,000

Activity System ID: 29671

Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to Columbia University to support technical assistance for task-shifting (e.g. from physicians to nurses) to improve ART service delivery.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12165.09

Mechanism: TBD Workplace

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29657.09

Planned Funds: [REDACTED]

Activity System ID: 29657

Activity Narrative: In reprogramming in April 2009, funding for workplace activities is being moved from Abt Associates to a TBD partner.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12168.09

Mechanism: New CDC TA Mech JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29661.09

Planned Funds: \$200,000

Activity System ID: 29661

Activity Narrative: In April 2009 reprogramming, FY09 funds are being allocated to JHPIEGO under the new CDC TA mechanism to support technical assistance for task-shifting (e.g. from physicians to nurses) to improve ART service delivery. These funds were made available for development of a Partnership Framework.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12170.09

Mechanism: TBD New CDC TA Mech Rural

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29663.09

Planned Funds: ██████████

Activity System ID: 29663

Activity Narrative: In April 2009 reprogramming, FY09 funds are being allocated to a TBD partner for technical assistance to strengthen strategies for HIV prevention and care activities in rural areas. Specific activities may include:
-- An analysis/assessment of needs and opportunities for HIV prevention and care in rural areas. This might include a review, in collaboration with ANADER, of ANADER's current model of "comprehensive" HIV prevention, testing, and care (OVC and PLWHA) based on training their existing extension workers, empowering rural teachers and establishing a village coordination committee; identification and comparison of other models; and recommendations of strategies for the future. Strategies might include IGAs, food production, stigma reduction, gender, etc. that may involve different approaches for coverage and reach in rural areas of higher- versus lower-prevalence regions.
-- Development of a national coordinated communication strategy leveraging rural radio networks, listening groups, and/or key spokespeople (such as religious leaders, traditional leaders, and male / female community leaders) for HIV prevention education, CT mobilization, and PMTCT promotion in rural areas.
- Development of evidence-based programs involving HIV prevention education, risk awareness, and life skills for out-of-school youth in rural and/or urban areas.
- Technical assistance for the Ministry of Education in developing harmonized strategy with the Ministry for Technical Training, Ministry of Youth, and civil society to create opportunities for reinforcing and applying life skills in HIV prevention, stigma reduction, and/or care in "service learning" and community-based activities, particularly in leadership development and vulnerability reduction among vulnerable girls.
- Technical assistance to strengthen ANADER's strategic planning, evaluation and/or quality improvement efforts.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12171.09

Mechanism: TBD Audits

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29664.09

Planned Funds: ██████████

Activity System ID: 29664

Activity Narrative: In April 2009 reprogramming, FY09 funds are being allocated to a TBD partner to support financial and program audits of selected PEPFAR Cote d'Ivoire partners to help monitor and improve partner performance.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12172.09

Mechanism: Macro DHS

Prime Partner: Macro International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29665.09

Planned Funds: \$0

Activity System ID: 29665

Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to Macro International to support Cote d'Ivoire's DHS+ planned for 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5387.09

Mechanism: USAID (TA+staff+ICASS)

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29667.09

Planned Funds: \$800,000

Activity System ID: 29667

Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to USAID to support a long-term Framework manager and a human resources for health adviser.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12173.09

Mechanism: Futures Constella PF

Prime Partner: Constella Futures Group

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29668.09

Planned Funds: \$300,000

Activity System ID: 29668

Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to the Constella Futures Group to support policy analysis and follow-on work related to the framework.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5554.09

Mechanism: CDC-RETRO-CI GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29670.09

Planned Funds: \$50,500

Activity System ID: 29670

Activity Narrative: In April 2009 reprogramming, FY09 funds made available for development of a Partnership Framework are being allocated to CDC/Retro-CI to support HQ technical assistance and local logistics related to framework development.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 12186.09

Mechanism: TBD Partnership Framework Consult Process

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29686.09

Planned Funds: ██████████

Activity System ID: 29686

Activity Narrative: During April 2009 reprogramming, funds made available for Partnership Framework development are being allocated to a TBD partner to support technical, managerial, and logistical aspects of the required consultative process.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$7,493,723

Program Area Narrative:

The PEPFAR Cote d'Ivoire program continues to use innovative approaches to improve management and cost-efficient operations for a rapidly expanding HIV/AIDS program in a country moving toward stability after several years of sociopolitical crisis. CDC is the primary agency funding clinical services, such as antiretroviral treatment, TB/HIV, PMTCT, and laboratory services, while USAID-funded activities are focused on supply-chain and commodities management, nutrition, and care for orphans and vulnerable children. Both agencies contribute to health systems strengthening, prevention, and community-based services as well as to USG program management.

Two years after conducting a Staffing for Results (SFR) exercise and consolidating a unified functional interagency organizational structure that promotes one cohesive PEPFAR team, leverages CDC and USAID institutional strengths, and streamlines costs by eliminating redundancy, the USG in-country team continues to review and revise program implementation and oversight in response to priorities and emerging needs. In implementing SFR, PEPFAR staff, regardless of hiring agency, continue to report functionally to their Branch Chief, who in turn reports to the CDC and/or USAID heads as appropriate. The PEPFAR Country Coordinator is the spokesperson for the overall program and is the primary contact with OGAC and the U.S. Embassy front office. The CI program has been without a full-time Country Coordinator since July 2008; pending recruitment of a permanent Coordinator, the DCM and/or Ambassador lead weekly PEPFAR Executive Team meetings and coordinate with CDC and USAID leadership in the development of PEPFAR programs in Cote d'Ivoire.

The PEPFAR Executive Team is composed of the CDC Country Director and USAID Focal Point, CDC Deputy Director, USAID Senior Program Manager, CDC Associate Director for Science, and senior management (Branch Chiefs) from the Program Management, Strategic Information, Laboratory, Prevention, and Care and Treatment branches. The interagency team continues to meet weekly to discuss, review, and coordinate the implementation of PEPFAR program activities and make interagency policy decisions. In addition, representatives from the Executive Team (PEPFAR Coordinator, USAID Focal Point, CDC Country Director, and CDC Deputy Director) meet at least twice a month with the U.S. Ambassador and DCM to discuss program activities and issues.

Since August 2008, the USAID Focal Point has been supported by a seasoned USAID Consultant who provides senior project management expertise to the growing project management team. This position, which also acts as Deputy to the USAID Focal Point, is working to strengthen USAID management in-country and is the key contact with USAID/West Africa oversight and support staff. While USAID does not have a bilateral mission in Cote d'Ivoire, USAID program activities receive support through the USAID Western Africa Regional Program based in Accra, Ghana.

In order to continue to best implement the PEPFAR vision and goals in Cote d'Ivoire, the executive staff and in-country team members collaborate on a regular basis in the implementation of the PEPFAR CI program. The SFR exercise conducted in 2007

allowed for the development of a clear organizational structure with which to support technical program implementation and oversight while allowing for capacity building, growth, and upward mobility for LES. A total of 34 new positions were determined to be essential and were approved for FY07 and FY08, of which 20 (18 LES and two USAID contractors) were filled in FY08 (two from COP 2007, 15 of 17 from FY07 plus-up funding, and three of 15 FY08 positions). Following staffing needs evaluations in each branch, and based on the SFR exercise, several of the 34 positions (in administrative and logistical support) have been re-evaluated in order to better serve the PEPFAR program, including moving two approved administrative/support positions to the Laboratory Branch. The structure of the interagency branches has been strengthened as a result and will better serve to implement program activities in-country.

A key operations management position was vacant for the majority of FY08 after the employee retired. This left the Operations Branch (which provides procurement, shipping, IT, warehousing, and other logistical support for the overall PEPFAR program) with many challenges as it tried to keep up with an expanding workload. During this time, however, a clearer idea of how to better structure operational, administrative, and logistical support to the interagency team evolved, and resulting changes began in October 2008. Examples of these administrative and operational process changes are: 1) dividing one position into two – Associate Director for Operations (a GSO Team Lead position approved for FY08) and Associate Director for Management (from a previously vacated position); 2) re-evaluating administrative systems and practices to reduce redundancies and inefficiencies and developing better strategies for better compliance and greater efficiency; 3) reviewing and revising position descriptions for operations and administrative staff from other branches to adapt to the changing needs of program implementation; 4) hiring administrative support/office managers for each branch to bring stronger administrative support to each branch team; 5) relocating seven Operations Branch team members (HR, procurement, warehouse/stock, and shipping) to the U.S. Embassy, where they will be integrated into the relevant DOS teams (HR, GSO, FMO); and 6) cross-training Embassy staff who work on PEPFAR support activities (in particular HR and finance) on PEPFAR requirements and special needs. To further reduce redundancies and costs, discussions are under way among Embassy and PEPFAR in-country leadership to integrate several administrative operations positions into the ICASS system. This would reduce costs for administrative support positions, allow for more efficient processes, and give staff direct access to experts in HR, procurement, etc., who could also serve as back-ups during heavy work periods or absences. Up to now, the operations staff has relied on their immediate PEPFAR colleagues, who often do not have the skills or time to take on additional duties, to backfill during absences. These are delicate discussions and are expected to continue until a solution with a clear benefit to all parties involved is evident.

The implementation of SFR has moved forward, with all senior management positions (Strategic Information, Laboratory, Care and Treatment, Prevention, and Operations Branch Chiefs) filled in FY08 through a variety of hiring mechanisms (LES, USG direct hire, and CDC-funded ComForce contracts). One of the two vacant USG FTE positions from FY08 has been filled (Prevention Branch Chief), and the second is in the process of recruitment (Associate Director for Science/Senior Medical Adviser; a contractor is currently acting in this capacity). Although FTE positions have been or are in the process of being filled, challenges remain, as Cote d'Ivoire is a francophone country and remains an "adults-only" post, with continuing anxieties related to the recent politico-military crisis. Progress has been made, in coordination with the LE Staff CAJE Workgroup, in the recruitment of senior LES in leadership and/or technical and administrative positions, with a grading of positions that better reflects the responsibilities and experience of the current and future employees. Challenges remain in finding LES with appropriate experience and expertise. One example is the Highly Vulnerable Populations Adviser, position, which has been submitted for recruitment twice over a six-month process because the applicants in the first recruitment phase did not meet the qualifications needed for the position.

With regard to the staffing matrix, existing staff positions include the following: four technical leadership management positions (CDC Country Director, CDC Deputy Director, USAID Focal Point, and USAID Senior Program Manager), 47 technical adviser non-management positions (including 21 program area and 26 lab positions), five filled program manager positions, and 45 administrative/support staff positions. There are 106 existing LES positions and four third-country citizens working as contractors in leadership positions (two USAID-funded and two CDC-funded). The only current PSC position (PEPFAR Country Coordinator, USAID-funded) is vacant; recruitment is under way. Plans to convert the two contractors to PSCs in FY08 have been delayed as a result of the "adults-only" post restriction. One of the four CDC FTE positions is currently vacant, and there are 13 vacant LES positions, most of which were approved in FY08.

For FY09, the PEPFAR country team proposes to fund the following eight positions through CDC: (1) Project Manager, (2) Laboratory Technician for the Serology Unit, (3) Laboratory Technician for the Clinical Diagnostic Unit, (4) Administrative Assistant for the Associate Director for Science, (5) Administrative Assistant for the USAID Focal Point, (6) Public Health Evaluation Coordinator, (7) Public Health Evaluation Data Manager, and (8) Public Health Adviser (GS12/13). The additional Public Health Adviser will provide valuable assistance to the program by focusing on human resource development and will also have signature authority on government documents.

The PEPFAR country team proposes to fund two new positions in Cote d'Ivoire through USAID: one Health Management Information Systems (HMIS) Adviser and one Logistics/Commodities Adviser. USAID currently funds the following five filled positions in Cote d'Ivoire: Senior HIV/AIDS Adviser (USAID Focal Point), Senior Project Manager (Deputy), two Project Managers, and one Associate Director for Operations.

The USG PEPFAR CI team is co-located in two offices – a majority of staff are based at the Ministry of Health University Hospital in Treichville, while a growing number of staff are based at the Embassy – and has an integrated management, administrative, and motor pool staff to support the executive and project management teams, technical assistance sections, and Retro-CI Laboratory and Strategic Information branches. Six administrative support LES (HR, two procurement, travel, warehouse, and shipping) and one contractor (Associate Director for Operations) will be relocating from the Treichville facility to the Embassy. This move will help the current staff to streamline its administrative practices and allow for more efficient procurement and logistical support to the PEPFAR Cote d'Ivoire team.

FY09 funds will be supplemented by FY08 carryover funds to cover certain operations costs, including required security upgrades at the Treichville facility and costs associated with possible staff moves to the Embassy.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 12167.09	Mechanism: TBD MS
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 29659.09	Planned Funds: ██████████
Activity System ID: 29659	
Activity Narrative: CDC/Retro-CI management and staffing cost estimates continue to be refined, in large part because of continuing improvements to the financial-monitoring process and a recently mandated move from Retro-CI to the U.S. Embassy, with yet-to-be-determined costs for office build-out, furniture, and the like. This TBD will protect against possible shortfalls while allowing the flexibility to reassign funds to programs if they are not needed for M&S costs.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10823.09	Mechanism: ComForce
Prime Partner: Comforce	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 25664.09	Planned Funds: \$0
Activity System ID: 25664	
Activity Narrative: The ComForce Cooperative Administrative Support Unit is an alternative hiring mechanism that provides mid- to senior-level technical specialists to meet program staffing needs. CDC has an Inter-Agency Agreement with the Department of Treasury to provide institutional contractor staff through its subcontractor, ComForce. In FY 2008, the PEPFAR CI team accessed the ComForce mechanism to obtain the services of a strategic information adviser/branch chief and a project management adviser/branch chief. In FY 2009, the PEPFAR team plans to use this mechanism for a short-term contract for an associate director for science until the permanent position is filled. The PEPFAR CI team expects to allocate about \$250,000 in FY09 funding to ComForce, though actual funding may vary depending on emerging needs and hiring processes. All ComForce staff will be based in Abidjan and will serve as members of the PEPFAR team.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5383.09	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 Budget Code: 19
Activity ID: 10352.22336.09	Planned Funds: \$3,091,502
Activity System ID: 22336	

Activity Narrative: The PEPFAR Cote d'Ivoire USG interagency team was built on the platform of the CDC Projet Retro-CI, which was established in 1988 as research collaboration between the CDC and the Cote d'Ivoire Ministry of Health to study the HIV epidemic in West Africa. In 2000, Projet Retro-CI expanded its mission to include programmatic activities as part of the CDC Global AIDS Program, and with the advent of PEPFAR in 2004, the mission of the Laboratory, Strategic Information, and administrative staff became focused almost exclusively on support of PEPFAR programmatic activities. In the absence of a bilateral USAID mission in Cote d'Ivoire, the CDC platform (including administrative, management, technical, and motor pool staff) has been used to develop an interagency team structure that is fully integrated and without redundancy. While the CDC serves as the primary administrative mechanism for the hiring of local and international technical and administrative staff, the Cote d'Ivoire USG interagency team is continuing to leverage USAID contracting mechanisms as needed to expedite the hiring of staff and provide senior USAID administrative program support.

In its efforts to ensure program performance at a reasonable cost, optimizing USG human and financial resources, the PEPFAR USG CI team continues to implement a coordinated interagency approach that includes: 1) weekly PEPFAR CI (interagency) Executive Team meetings; 2) capitalizing on laboratory and informatics expertise at Projet Retro-CI through direct technical assistance and service to our implementing partners; 3) providing management and technical assistance to all PEPFAR-funded partners via an integrated team of project managers and technical advisers, regardless of funding agency; 4) joint agency staffing positions; 5) hosting regular program reviews of all implementing partners that combine portfolios from all in-country agencies; and 5) leveraging USAID contracting mechanisms for fast-track and longer-term positions in order to address staffing needs in-country.

These steps have helped to facilitate optimal management, coordination, and performance of USG-funded activities and have resulted in capitalization of technical strengths, improvements in coordination, and better compliance with USG financial requirements.

With a significant increase in the number of implementing partners and activities supported by PEPFAR Cote d'Ivoire in FY 2008 — along with a near-tripling of the PEPFAR CI budget from FY06 to FY08 — the need for additional staff to responsibly manage the PEPFAR portfolio is evident. In FY08, an evaluation of operational, support, and logistical processes, systems, and needs resulted in a revision of support tasks assigned to new staff hired from approved FY07 plus-up and FY08 positions. The human capital cost for PEPFAR Cote d'Ivoire's management and operations increased in FY08 and is anticipated to stabilize with support staffing needs to be filled for FY09. A large percentage of the management and operations budget is driven by ICASS and OBO charges associated with the construction, maintenance, and operation of the U.S. Embassy compound, as well as with increased services provided by the Embassy in support of increased PEPFAR activities. The costs of goods and services continue to increase, due in part to lingering effects of the recent politico-military crisis coupled with fluctuating USD rates and increasing transactional costs. Security in Cote d'Ivoire remains a concern, and general operations costs for the PEPFAR in-country team reflect additional expenses for security and communications.

In conjunction with regular step/performance increases, overall PEPFAR interagency salary costs have increased with the hiring of multiple senior positions — Care and Treatment Branch Chief (FSN 12), Prevention Branch Chief (GS-13), Laboratory Branch Chief (FSN 12), acting Associate Director for Science (GS-14 equivalent) — and the successful recruitment of a number of program manager, technical adviser, and administrative support staff positions in FY08.

PEPFAR CI has been working closely with the PEPFAR LE Staff Interagency Working Group and U.S. Embassy CI Human Resources to develop CAJE grading for leadership and adviser positions that better reflects the responsibilities and competencies of PEPFAR technical and managerial positions in CI. In FY09, 10 new PEPFAR interagency positions are anticipated (described in detail in the Management and Staffing program area summary).

While CI appears to be moving toward stability after a long crisis, the security situation remains of concern, and the post remains a critical-threat and "adults-only" post. Coupled with French-language requirements, this continues to create challenges in filling international positions. In addition, retaining LES staff continues to be a challenge as a result of salary limitations, CAJE classifications, and growing competition with other donors and implementing partners for a limited pool of highly competent technical staff. A critical operations management position was vacant for much of FY08 after the incumbent retired. This left the Operations Branch (which provides procurement, shipping, IT, warehousing and other logistical support for the overall PEPFAR program) with many challenges. However, it also allowed for a clearer picture of operational and support needs and of ways to restructure the Operations Branch in order to become more efficient and to better support the implementation of the PEPFAR CI program. At the end of the FY08, four key administrative LES were hired.

Despite efforts since FY07 to implement appropriate preventive "mental health" strategies to protect staff from burn-out associated with living and working in a chronically high-stress environment, these continued to be difficult to implement due to staff shortages, newly hired staff, and a rapidly expanding program.

Two years after conducting a Staffing for Results (SFR) exercise and consolidating a unified functional interagency organizational structure that promotes one cohesive PEPFAR team, leverages CDC and USAID institutional strengths, and streamlines costs by eliminating redundancy, the USG in-country team continues to review and revise program implementation and oversight in response to priorities and emerging needs. In implementing SFR, PEPFAR staff, regardless of hiring agency, continue to report functionally to their Branch Chief, who in turn reports to the CDC and/or USAID heads as appropriate. The PEPFAR Country Coordinator is the spokesperson for the overall program and is the primary contact with OGAC and the U.S. Embassy front office. The CI program has been without a full-time Country Coordinator since July 2008; pending recruitment of a permanent Coordinator, the DCM and/or Ambassador lead weekly PEPFAR Executive Team meetings and coordinate with CDC and USAID leadership in the development of PEPFAR programs in Cote d'Ivoire.

Activity Narrative: The PEPFAR Executive Team is composed of the CDC Country Director and USAID Focal Point, CDC Deputy Director, USAID Senior Program Manager, CDC Associate Director for Science, and senior management (Branch Chiefs) from the Program Management, Strategic Information, Laboratory, Prevention, and Care and Treatment branches. The interagency team continues to meet weekly to discuss, review, and coordinate the implementation of PEPFAR program activities and make interagency policy decisions. In addition, representatives from the Executive Team (PEPFAR Coordinator, USAID Focal Point, CDC Country Director, and CDC Deputy Director) meet at least twice a month with the U.S. Ambassador and DCM to discuss program activities and issues.

Since August 2008, the USAID Focal Point has been supported by a seasoned USAID Consultant who provides senior project management expertise to the growing project management team. This position, which also acts as Deputy to the USAID Focal Point, is working to strengthen USAID management in-country and is the key contact with USAID/West Africa oversight and support staff. While USAID does not have a bilateral mission in Cote d'Ivoire, USAID program activities receive support through the USAID Western Africa Regional Program based in Accra, Ghana.

In order to continue to best implement the PEPFAR vision and goals in Cote d'Ivoire, the executive staff and in-country team members collaborate on a regular basis in the implementation of the PEPFAR CI program. The SFR exercise conducted in 2007 allowed for the development of a clear organizational structure with which to support technical program implementation and oversight while allowing for capacity building, growth, and upward mobility for LES. A total of 34 new positions were determined to be essential and were approved for FY07 and FY08, of which 20 (18 LES and two USAID contractors) were filled in FY08 (two from COP 2007, 15 of 17 from FY07 plus-up funding, and three of 15 FY08 positions). Following staffing needs evaluations in each branch, and based on the SFR exercise, several of the 34 positions (in administrative and logistical support) have been re-evaluated in order to better serve the PEPFAR program, including moving two approved administrative/support positions to the Laboratory Branch. The structure of the interagency branches has been strengthened as a result and will better serve to implement program activities in-country.

For FY09, the following 10 new positions are proposed: one Project Manager for the USAID and CDC portfolios, two Laboratory Technicians (for the Clinical Diagnostics and Serology units), one Health Management Information Systems Adviser (USAID-funded), one Logistics/Commodities Adviser (USAID-funded), two administrative assistants (for USAID senior management, to be funded through CDC, and for the Associate Director for Science), two Public Health Evaluation positions (Data Manager and PHE Coordinator), and one Public Health Adviser who will focus on human resource development and will also have signature authority on government documents (GS 12/13).

The USG PEFAR team is co-located in two offices, with a majority based at the Ministry of Health University Hospital in Treichville while a growing number of staff are based at the Embassy. In 2009, seven administrative positions from the Operations Branch will relocate to the Embassy. This will help reduce administrative redundancies and contribute to more efficient procurement, HR, shipping, and warehouse activities. Discussions are also under way about moving the Project Management, Care and Treatment, Prevention, and Strategic Information branches to the Embassy in 2009. If 50 members of the PEPFAR team are moved to the Embassy, additional OBO charges will accrue. Because of the billing cycle for OBO charges, charges for the 50 additional staff members located at the Embassy would not occur until 2010.

FY09 funds will be supplemented by FY08 carryover funds to cover certain operations costs, including required security upgrades at the CHU (University Hospital) Treichville facility and costs associated with possible staff moves to the Embassy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15173	10352.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7067	5383.08	CDC & RETRO-CI (Base)	\$3,933,000
10352	10352.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$2,996,921

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5554.09

Mechanism: CDC-RETRO-CI GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 10542.22344.09

Activity System ID: 22344

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$997,221

Activity Narrative: The PEPFAR Cote d'Ivoire USG interagency team was built on the platform of the CDC Projet Retro-CI, which was established in 1988 as research collaboration between the CDC and the Cote d'Ivoire Ministry of Health to study the HIV epidemic in West Africa. In 2000, Projet Retro-CI expanded its mission to include programmatic activities as part of the CDC Global AIDS Program, and with the advent of PEPFAR in 2004, the mission of the Laboratory, Strategic Information, and administrative staff became focused almost exclusively on support of PEPFAR programmatic activities. In the absence of a bilateral USAID mission in Cote d'Ivoire, the CDC platform (including administrative, management, technical, and motor pool staff) has been used to develop an interagency team structure that is fully integrated and without redundancy. While the CDC serves as the primary administrative mechanism for the hiring of local and international technical and administrative staff, the Cote d'Ivoire USG interagency team is continuing to leverage USAID contracting mechanisms as needed to expedite the hiring of staff and provide senior USAID administrative program support.

In its efforts to ensure program performance at a reasonable cost, optimizing USG human and financial resources, the PEPFAR USG CI team continues to implement a coordinated interagency approach that includes: 1) weekly PEPFAR CI (interagency) Executive Team meetings; 2) capitalizing on laboratory and informatics expertise at Projet Retro-CI through direct technical assistance and service to our implementing partners; 3) providing management and technical assistance to all PEPFAR-funded partners via an integrated team of project managers and technical advisers, regardless of funding agency; 4) joint agency staffing positions; 5) hosting regular program reviews of all implementing partners that combine portfolios from all in-country agencies; and 5) leveraging USAID contracting mechanisms for fast-track and longer-term positions in order to address staffing needs in-country.

These steps have helped to facilitate optimal management, coordination, and performance of USG-funded activities and have resulted in capitalization of technical strengths, improvements in coordination, and better compliance with USG financial requirements.

With a significant increase in the number of implementing partners and activities supported by PEPFAR Cote d'Ivoire in FY 2008 — along with a near-tripling of the PEPFAR CI budget from FY06 to FY08 — the need for additional staff to responsibly manage the PEPFAR portfolio is evident.

Currently, there are three CDC USG FTEs in-country funded from GHCS funds (Country Director, Deputy Director for Operations, and Prevention Branch Chief). One of four USG direct-hire positions remains vacant (Senior Medical Adviser/Associate Director for Science). It is anticipated that the latter position will be filled in FY09. CDC funds two ComForce contractors out of GHCS funds (Strategic Information and Program Management Branch Chiefs).

For FY09, the PEPFAR CI team proposes to add an additional USG direct hire through CDC (Public Health Adviser). This position will focus on human resource development for PEPFAR staff in-country. It will also reduce the burden on the CDC Country Director and Deputy Director by allowing for an additional USG signature authority for specific documents.

Cote d'Ivoire continues to have one of the highest ICASS costs in the African Region. This is partly due to the high cost of doing business in Abidjan and the expense of operating a newly constructed embassy. The compound was inaugurated in 2005, and operating costs were high due to construction failures and the cost of fuel to run two generators rather than running directly off the national power grid. Although operating costs have leveled in the past year, ICASS charges were higher than anticipated as a result of the increased demand for services in 2008, with a limited Embassy staff to assist. ICASS services provided include HR processing (21 positions hired in 2008), procurement, contracts, and financial and other services needed to support the interagency PEPFAR program at post.

Embassy staffing in HR, General Services Offices, Health Unit, and Budget and Finance Office provide invaluable support to the PEPFAR program. Percentages of staff workloads on behalf of the PEPFAR program by the various Embassy sections are as follows: GSO/Procurement 60%, Budget/Finance 60%, Health Unit 40%, HR 75%, and Warehouse 30%.

Although Cote d'Ivoire is emerging from its lengthy politico-military crisis, agencies at post remain significantly downsized. As one of the few agencies that has remained in-country, CDC bears a significant burden of the cost-sharing for operating one of the largest embassies in West Africa, as well as paying for the actual space in the Embassy used in support of the interagency PEPFAR team.

FY09 funds will be supplemented by FY08 carryover funds to cover certain operations costs, including required security upgrades at the Treichville facility and costs associated with possible staff moves to the Embassy.

Along with growth in the PEPFAR program in Cote d'Ivoire, the CDC portion of ICASS costs will increase as a direct result of the need for increased office space and workstations at the Embassy, as well as increasing demands in support of the PEPFAR program for Embassy services with associated ICASS charges. Total ICASS charges for FY09 are projected to be \$ 1,694,000. The ICASS services that are used frequently include HR processing, procurement, contracts, and financial and other services needed to support the interagency PEPFAR program at post.

OBO costs in FY08 were paid from country budget allocations, and this will continue in FY09. The OBO charges (projected to be \$383,572 in FY09) apply to the total number of existing authorized positions for each U.S. agency, including both filled and vacant positions (for all "persons" employed by the agency — FTEs, LES, PSCs, and temporary appointees). The fully integrated interagency PEPFAR staff currently numbers 111 (this includes vacant positions), including 26 staff associated with the Retro-CI laboratory, and the team anticipates hiring 21 additional staff in FY09. The OBO charges are rated per person and based on the type of office space allocated to each position. Currently, CDC supports the PEPFAR Coordinator, the USAID Focal Point, the USAID Senior Program Manager (Deputy Focal Point), the CDC Deputy

Activity Narrative: Director, and four members of its management and support staff in the Embassy space. A majority of PEPFAR staff continue to be based at the Ministry of Health/Retro-CI site in Treichville. However, office space there is at capacity, and expansion at this site is not an option due to limitations on construction authority for CDC. With the available space at the Embassy, the interagency team plans to move at least seven additional administrative staff to the embassy in FY09.

As CDC overseas operations have rapidly expanded, CDC HQ has found it difficult to keep up with the need to provide support to the field. Support for PEPFAR CI information technology requirements continues to be a challenge in-country as a result of satellite limitations, electrical power outages, and a need to offer IT support to a growing staff without an increase in IT support staff. In a much-needed effort to address the growing IT needs for CDC operations overseas, the CDC HQ-based Information Technology Services Office (ITSO) has established an annual support cost per workstation and laptop at each location, as well as for satellite connectivity, equipment evaluation for budgeting and replacement purposes, and training for LES IT staff. The projected FY09 cost for IT infrastructure services and support provided by HQ is \$381,041. This includes funding to provide a base level of connectivity for the primary CDC office to the CDC Global Network, keep IT equipment refreshed or updated on a regular three- to four-year cycle, expand the ITSO Global Activities Team in Atlanta, and fully implement the ITSO Regional Technology Services Executives, a structured cost model that represents what is considered the "cost of doing business" for each location.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15166	10542.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7066	5554.08	CDC-RETRO-CI GHAI	\$1,732,153
10542	10542.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5554	5554.07	CDC-RETRO-CI GHAI	\$1,244,818

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5387.09	Mechanism: USAID (TA+staff+ICASS)
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 10541.22345.09	Planned Funds: \$2,280,000
Activity System ID: 22345	

Activity Narrative: USAID contributes to the Cote d'Ivoire (CI) PEPFAR program through select Washington-managed "field support" activities and implementation agreements awarded by the USAID West Africa regional mission in Accra. Although there is no USAID bilateral mission in CI, local management and technical oversight is provided by a senior technical adviser and a senior management adviser based in Abidjan, both of whom serve on the in-country inter-agency PEPFAR Executive Team. These advisers provide senior-level technical and management oversight for USAID-funded implementing partners and participate in joint technical assistance and planning for all PEPFAR-funded partners. They provide guidance, direction, financial management, program oversight, and coordination for USAID-supported projects and, as members of the PEPFAR team, bring knowledge of agency guidelines, implementing mechanisms, and resources to PEPFAR team policy and strategic discussions.

In addition to the senior advisers, USAID supports two program managers responsible for management and oversight of PEPFAR implementing partners and will engage a number of locally employed staff and expatriate professionals to ensure robust technical and management oversight for the PEPFAR program within the stated priorities of the USG CI team. Additional technical and program management support is provided through virtual consultation and short-term field visits from the West Africa Regional Mission based in Accra, the USAID/Washington Office of HIV/AIDS, and the USAID/Washington Bureau for Africa.

A majority of these positions will be engaged through an intermediary institutional contractor to accelerate recruitment and minimize the management burden on the USG team in CI. Contractor-engaged staff will serve as technical advisers and activity managers, in collaboration with the USG direct-hire staff. Notwithstanding their contractual status, these individuals will be expected to function as full members of the USG in-country team. All of these positions will be financed from PEPFAR CI program funds, with some positions expected to be absorbed as direct-hire staff of either CDC or USAID in the future. The USG team and USAID may also agree to hire additional short- or long-term staff during the program year as needed to meet emerging or ad hoc priorities, unless prohibited by OGAC. In FY09, for example, USAID will recruit and place an interim PEPFAR Country Coordinator to carry out the responsibilities of this position until a long-term Coordinator is recruited and on board. Resources from FY09 will support current positions, new priority positions identified by the PEPFAR team, and enhanced, targeted program support from USAID West Africa.

The PEPFAR team in CI places a strong emphasis on interagency coordination and a "Staffing for Results" (SFR) orientation and functions as one USG team. The USG team met extensively over the past months to identify the skills mix required to effectively implement the CI program, along with the corresponding staffing gaps. Based on these SFR discussions, the PEPFAR team has identified a number of critical staffing priorities for FY09 and beyond and has asked USAID to recruit and manage the following staff needed to address these program management and technical gaps. These include:

1. PEPFAR Country Coordinator for Cote d'Ivoire, the primary point of contact with the Office of the Global AIDS Coordinator and responsible for coordinating all PEPFAR activities in Cote d'Ivoire. The PEPFAR Coordinator plays a critical role in the planning, implementation, and reporting of program performance of USG implementing agencies; facilitates the development of a unified program and COP; and serves as liaison with the Global Fund Country Coordinating Mechanism.
2. Health Management Information System (HMIS) specialist to provide technical assistance for all HMIS activities supported by the USG in CI, including the design, strengthening, and maintenance of information systems supporting HIV counseling and testing, PMTCT, ART services, community-based care for HIV-infected persons, orphans and vulnerable children, and palliative care, including TB services. The systems developed or improved will address collection, management, analysis, and application of HIV/AIDS data for patient-care tracking, program monitoring and evaluation, and measuring disease burden and trends (expat position).
3. Supply Chain and Logistics Management Specialist responsible for accurate planning, implementation, management, monitoring, and results reporting for PEPFAR commodities procurement and logistics activities. This technical advisor will serve as the USG focal point of contact for all HIV-related commodities procured with PEPFAR funds in Cote d'Ivoire.
4. Associate Director for Operations, responsible for ensuring efficient and effective program operations for the PEPFAR CI team. CDC provides program operations support to all members of the in-country PEPFAR team. As the size and scope of the CI program has expanded and more staff has joined the team, an additional management-level position in the program operations branch is needed to ensure quality and timely program support (projected FSN 10/11 equivalent).

The USAID West Africa regional office based in Accra will provide additional support to the CI program in the form of short-term technical assistance visits (TDYs) to CI as well as Ghana-based administrative, technical, monitoring, and procurement support from USAID direct staff. In anticipation of increased bilateral procurement actions and awards to NGOs, the USAID/West Africa office will designate one full-time Acquisition and Assistance Specialist to execute procurement actions on behalf of the CI program. In addition to support positions planned and budgeted in the FY2008 COP, the following positions will be fully or partially funded:

5. Until the full-time A&A Specialist is hired, a part-time (50%) A&A Specialist to execute procurement actions and establish and monitor new competitively awarded agreements for the CI program (TCN 13).
6. HIV/AIDS Adviser to provide guidance and technical assistance in state-of-the-art innovations and programs and forge links with other regional and Washington-based resources and experts (TCN 13, 10% time).

The USG integrated team will be supported by joint-agency (CDC-funded) technical and operational positions, thereby reducing redundancies and lowering costs. Where possible, CDC Cote d'Ivoire will provide PEPFAR staff with equipment and other necessary support (e.g. IT, travel, motor pool), which will

Activity Narrative: minimize the USAID ICASS bill and reduce overall USG ICASS costs in Cote d'Ivoire.
New/Continuing Activity: Continuing Activity

Continuing Activity: 15159

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15159	10541.08	U.S. Agency for International Development	US Agency for International Development	7065	5387.08	USAID (TA+staff+ICASS)	\$1,360,000
10541	10541.07	U.S. Agency for International Development	US Agency for International Development	5387	5387.07	USAID (TA+staff+ICASS)	\$1,079,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10679.09

Mechanism: Global Health Technical Assistance Project

Prime Partner: GH Tech

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 25141.09

Planned Funds: \$200,000

Activity System ID: 25141

Activity Narrative: The Global Health Technical Assistance Project (GH Tech) is designed to provide USAID field missions and PEPFAR teams with the technical expertise necessary to design, manage, and evaluate program activities. Through GH Tech, PEPFAR teams can access independent specialists, including those from universities and not-for-profit and for-profit organizations to obtain technical services of key experts to support areas of strategic interest. Assistance under this IQC includes technical expertise in evaluation, assessment, program design, technical program support, research tracking, and technical reviews.

In FY 2008, the PEPFAR Cote d'Ivoire team used the GH Tech mechanism to obtain short-term assistance to bridge contracts, access technical skills required for discrete tasks, and fill technical and programmatic gaps. GH Tech has access to a large pool of short-term consultants, many of whom are available with minimal lead time, making it an ideal mechanism for short-term technical assistance needs arising from ad hoc requests or emerging program priorities. With FY 2009 funds, the CI team will draw on the GH Tech mechanism to access short-term technical and management experts as needed or requested and approved by the PEPFAR Executive Team. The USG team estimates that about \$250,000 in FY09 funds will be allocated to GH Tech, although the exact figure may vary with emerging needs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10678.09

Mechanism: IAP Worldwide Services

Prime Partner: IAP Worldwide Services, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 25142.09

Planned Funds: \$0

Activity System ID: 25142

Activity Narrative: IAP is a leading provider of support and staffing services to USG agencies and is available to USAID through a Cooperating Agency Service Agreement (CASU). Under the CASU, IAP recruits and supports technical experts and program managers for PEPFAR programs based at USAID/Washington and USAID field missions and programs.

In FY 2008, the PEPFAR Cote d'Ivoire team accessed the IAP CASU mechanism to obtain the services of a senior technical expert, a senior program manager, and two additional activity and program managers. With FY 2009 funding, the PEPFAR team plans to obtain the services of three additional staff through the CASU: an associate director for operations, a logistics management specialist, and a strategic information specialist. All CASU staff will be based in Abidjan and will serve as members of the USG/PEPFAR team. Altogether, the USG team estimates that about \$1,736,000 in FY09 funds will be allocated to IAPS, although the exact figure may vary depending on factors such as when staff are hired.

New/Continuing Activity: New Activity

Continuing Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	Yes	X	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 2009?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			9/30/2009
Is a Health Facility Survey planned for fiscal year 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			9/30/2009
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 2009?	Yes	X	No

Other Significant Data Collection Activities

Name: JHUCCP_KABP formative study on Campaign Compassion

Brief Description of the data collection activity:

A study among members of the network of religious leaders ARSIP in Abidjan, Bouaké and Korhogo to assess their knowledge, attitudes and perceptions about HIV/AIDS; changes they have observed in themselves and in their communities; and actions they have taken in the fight against HIV/AIDS since the launch of the compassion/fidelity campaign. The study will use qualitative methods and findings will be used to refine the ongoing campaign.

Preliminary Data Available:

12/30/2009

Name: CNTS_ Blood donors KAP survey

Brief Description of the data collection activity:

An Assessment of Knowledge, Attitudes, and practices related to blood donation in Cote d'Ivoire (Blood donors KAP survey).

Preliminary Data Available:

9/30/2009

Name: MOH_Acquired HIV Drug Resistance (L-STEP)

Brief Description of the data collection activity:

Assesment of Acquired HIV Drug Resistance among adults receiving antiretroviral therapy.

Preliminary Data Available:

8/30/2009

Name: TBD_MSM

Brief Description of the data collection activity:

Assessment of HIV behavioral risk among men who have sex with men (MSM).

Preliminary Data Available:

7/30/2009

Name: FHI_Sex Workers in Korhogo Abengourou and Abidjan

Brief Description of the data collection activity:

Baseline assessment of HIV prevalence among a representative sample of 500 sex workers visiting new functional sites in Korhogo, Abengourou and Abidjan.

Preliminary Data Available:

9/30/2009

Name: EGPAF_Patients retention in program

Brief Description of the data collection activity:

Characteristics of patients enrolled in a care and treatment centre as a risk factor for patients retention in the program.

Preliminary Data Available:

9/30/2009

Name: EGPAF_Finger Prick HIV testing for program rapid extension

Brief Description of the data collection activity:

Contribution of Finger Prick HIV testing in the rapid extension of EGPAF care and treatment program.

Preliminary Data Available:

9/30/2009

Name: EGPAF_ANC attendance uptake

Brief Description of the data collection activity:

Evaluation of effect of free prenatal testing on ANC attendance uptake.

Preliminary Data Available:

9/30/2009

Name: HOPE WW_OVC program in Abidjan

Brief Description of the data collection activity:

Evaluation of OVC program in Abidjan and Grand-Bassam

Preliminary Data Available:

9/30/2009

Name: HOPE WW_Parent-child communication

Brief Description of the data collection activity:

Evaluation of parent-child communication's program in Abidjan, Daloa and Yamoussoukro.

Preliminary Data Available:

9/30/2009

Name: PSI_Uniformed Personnel

Brief Description of the data collection activity:

Evaluation of prevention activities, project impact, and Behavior change among uniformed forces.

Preliminary Data Available:

9/30/2009

Name: Engender Health_SRH-HIV

Brief Description of the data collection activity:

Evaluation of Sexual and Reproductive Health (SRH - HIV) integrated services at 10 health facilities in the East Central region, including positive prevention and prevention of unintended pregnancies.

Preliminary Data Available:

9/30/2009

Name: PHE08- EGPAF_ quality of infant feeding and nutrition counseling

Brief Description of the data collection activity:

Evaluation of the quality of infant feeding and nutrition counseling and infant feeding practices for children born to HIV-infected mothers in selected sites in Cote d'Ivoire (protocol approved); the implementation partner is EGPAF.

Preliminary Data Available:

9/30/2009

Name: HOPE WW_Youth Abstinence

Brief Description of the data collection activity:

Evaluation of Youth Abstinence's program in Abidjan, Daloa and Yamoussoukro.

Preliminary Data Available:

9/30/2009

Name: RETRO-CI_HIV primary resistance

Brief Description of the data collection activity:

Evaluations of HIV primary resistance

Preliminary Data Available:

9/30/2009

Name: RETRO-CI_DBS viral load

Brief Description of the data collection activity:

Evaluations of HIV viral load using DBS

Preliminary Data Available:

9/30/2009

Name: RETRO-CI_TB molecular diagnostic

Brief Description of the data collection activity:

Evaluations of molecular diagnostic for TB

Preliminary Data Available:

9/30/2009

Name: RETRO-CI_HIV salivary tests

Brief Description of the data collection activity:

Evaluations of rapid HIV salivary tests

Preliminary Data Available:

9/30/2009

Name: EGPAF_Cervical Dysplasia

Brief Description of the data collection activity:

Feasibility of routine cervical dysplasia screening among women attending HIV care and treatment centers.

Preliminary Data Available:

9/30/2009

Name: JSI_Health Facilities' Assessment

Brief Description of the data collection activity:

Health Facilities' Assessment

Preliminary Data Available:

9/30/2009

Name: JHUCCP_Youth Interventions

Brief Description of the data collection activity:

In collaboration with various ministries MLS, MJSL, MEN, MFFAS and other PEPFAR partners, CCP will conduct a quantitative study to measure and document the evolution of youth indicators and evaluate the results and impact of all CCP activities since its 2007 youth campaign.

Preliminary Data Available:

12/30/2009

Name: PHE08-EGPAF_Clinical and Immunological Outcomes of HIV-2 Infected Adult Patients

Brief Description of the data collection activity:

National ART Evaluation Program: Evaluation of the Clinical and Immunological Outcomes of HIV-2-Infected Adult Patients Enrolled in Cote d'Ivoire's ART Program (HIV-2 protocol)

Preliminary Data Available:

9/30/2009

Name: PHE08-EGPAF_Clinical and Immunological Outcomes of HIV-Infected Adult Patients

Brief Description of the data collection activity:

National ART Evaluation Program: Evaluation of the Clinical and Immunological Outcomes of HIV-Infected Adult Patients Enrolled in Cote d'Ivoire's ART Program (adults protocol)

Preliminary Data Available:

9/30/2009

Name: PHE08-EGPAF_ Clinical and Immunological Outcomes of HIV-Infected Infant Patients (pediatric protocol)

Brief Description of the data collection activity:

National ART Evaluation Program: Evaluation of the Clinical and Immunological Outcomes of HIV-Infected Infant Patients Enrolled in Cote d'Ivoire's ART Program (pediatric protocol).

Preliminary Data Available:

9/30/2009

Name: HOPE WW_Perception of fidelity

Brief Description of the data collection activity:

Perception of fidelity among couples and people not living in couple, aged 15 to 40 years in the city of Abidjan.

Preliminary Data Available:

2/28/2009

Name: FHI_Sex workers new capture & recapture

Brief Description of the data collection activity:

Pilot study on the estimation of sex workers population size in new sites (new Capture Recapture study).

Preliminary Data Available:

9/30/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Gender Narrative-tw-3nov08.doc	application/msword	11/4/2008	CI COP09 Gender Program area Narrative	Gender Program Area Narrative*	OTossou
CI Global Fund Supplemental-COP09-sib-bh-6nov08.doc	application/msword	11/6/2008	CI Global Fund Supplemental	Global Fund Supplemental	OTossou
PHE-CI.08.0015-ART Evaluation-Progress Report and Description-nov08.doc	application/msword	11/14/2008	CI PHE ART Evaluation-Progress Report and Description	Public Health Evaluation	OTossou
PHE-CI.08.0016-Infant Feeding-Progress Report and Description-nov08.doc	application/msword	11/14/2008	CI PHE Infant Feeding-Progress Report and Description	Public Health Evaluation	OTossou
CI Management and Staffing Budget Table_final-V4-js-bh-7nov08.xls	application/vnd.ms-excel	11/14/2008	CI Management and Staffing Budget table	Management and Staffing Budget Table	OTossou
Partner Justification above 8% for EGPAF-COP09-bh-7nov08.doc	application/msword	11/14/2008	CI EGPAF Funding Justification	Single Partner Funding	OTossou
CI COP09 Public Private Partnerships Table-kc-bh-11nov08.xls	application/vnd.ms-excel	11/14/2008	CI Public Private Partnerships table	PPP Supplement	OTossou
CI Targets and Explanations Table-final-salam-13nov08.xls	application/vnd.ms-excel	11/14/2008	CI Summary Targets calculations table	Summary Targets and Explanation of Target Calculations	OTossou
CI FY09 Salary Support Table-cd-bh-10nov08.xls	application/vnd.ms-excel	11/14/2008	CI Health Care Worker Salary Report	Health Care Worker Salary Report	OTossou
CDC CI Management Chart-bh-14nov08.doc	application/msword	11/14/2008	CI CDC Management chart	Staffing Analysis	OTossou
USAID MS chart-bh-14nov08.doc	application/msword	11/14/2008	CI USAID management chart	Staffing Analysis	OTossou
COP09 Exec Summary-bh-bbs-bh-13nov08.doc	application/msword	11/14/2008	CI Executive Summary	Executive Summary	OTossou
Human Capacity Building narrative-jc-bh-bbs-13nov08.doc	application/msword	11/14/2008	CI Human Capacity Building narrative	HRH Program Area Narrative*	OTossou
PEPFAR CI Interagency Management Chart-bh-14nov08.doc	application/msword	11/14/2008	CI PEPFAR Management Chart	Staffing Analysis	OTossou
Target_Setting_Explanationcarl-bh-24oct.doc	application/msword	11/14/2008	CI Target setting explanation document.	Other	OTossou
Ambassador letter-CI-14nov08.pdf	application/pdf	11/14/2008	CI Ambassador Letter	Ambassador Letter	OTossou
CI COP09 Budgetary Requirement Worksheet-bh-17nov08.xls	application/vnd.ms-excel	11/17/2008	Budgetary Requirements Worksheet	Budgetary Requirements Worksheet*	MLee