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2008

Cote d'Ivoire

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Exec Summary CI-26sept07.doc	application/msword	9/27/2007	Cote d'Ivoire 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
CI Letter to Ambassador Dybul.pdf	application/pdf	9/26/2007	Cote d'Ivoire letter to Ambassador Dybul	OTossou

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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Peace Corps In-Country Contact	Praya	Baruch	Program Analyst	PBaruch@peacecorps.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 2008?	\$500000
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, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal	265,655			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	120,000	15,000	135,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	8,500	1,000	9,500
Care (1)				
End of Plan Goal	385,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	120,000	25,000	145,000
***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	9,000	3,000	12,000
8.1 - Number of OVC served by OVC programs	0	50,000	18,000	68,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	180,000	10,000	190,000
Treatment				
End of Plan Goal	77,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	47,500	10,000	57,500
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	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	215,000	45,000	260,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	15,000	3,600	18,600
Care (1)				
End of Plan Goal	385,000	275,800	109,300	385,100
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	212,800	89,300	302,100
***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	10,400	4,000	14,400
8.1 - Number of OVC served by OVC programs	0	63,000	20,000	83,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	351,800	20,000	371,800
Treatment				
End of Plan Goal	77,000	60,000	20,000	80,000
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	60,000	20,000	80,000
Human Resources for Health				
End of Plan Goal	0			

(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: ABT Associates 20: 20 GHS-A-00-06-00010-00

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5321.08

System ID: 7037

Planned Funding(\$): \$1,910,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Abt Associates

New Partner: No

Sub-Partner: Aga Khan Development Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Private Sector Partnership One (PSP One)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5320.08

System ID: 7036

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Abt Associates

New Partner: No

Sub-Partner: Family Health International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: FANTA

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7223.08

System ID: 7223

Planned Funding(\$): \$0

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD-GH 02-2008, FANTA follow-on completed agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8806.08
System ID: 8806
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Contract
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: 5309.08
System ID: 7038
Planned Funding(\$): \$7,582,000
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: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Femmes Egale Vie
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Bayewa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Manne du Jour
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Femmes Actives
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Notre Grenier
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5343.08
System ID: 7039
Planned Funding(\$): \$311,000
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: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Espoir Forces Armees Nationales de Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Network of People Living with HIV/AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Espace Confiance

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Tous pour le Taukpe

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: ARC EN CIEL

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Caritas Cote d'Ivoire

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: AMEPOUH

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Club des Amis

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Renaissance Sante Bouake

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Nandjemin

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Notre Grenier

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Bayewa

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Femmes Egale Vie

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Femmes Actives

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Fraternite

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Manne du Jour

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Association pour le Bien Etre Communautaire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Sidalert, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVTB - Palliative Care: TB/HIV

Sub-Partner: Ideal Korhogo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Mairie d'Anyama
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mairie Mafere
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Conseil General Agboville
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Conseil General Bondoukou
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Conseil General Gagnoa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Centre de Depistage Volontaire Marcory
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Pierre Angulaire

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Mouvement pour l'Education , la Sante et le Developpement

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Groupe d'Auto Assistance de PVVIH et de Promotion Sociale

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Service d'Assistance Pharmaceutique et Medicale

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Association de Cooperation Internationale pour le Developpement

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5312.08

System ID: 7040

Planned Funding(\$): \$420,000

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

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7737.08
System ID: 7737
Planned Funding(\$): \$1,100,000
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: Yes

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5316.08
System ID: 7042
Planned Funding(\$): \$3,382,000
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: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Caritas Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support

Sub-Partner: SALEM
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Ideal Korhogo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HKID - OVC

Sub-Partner: Nandjemin
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Reseau des Ecoles Madrassas en Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Centre Solidarite Action Sociale
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Sub-Partner: Lumiere Action, Côte d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Renaissance Sante Bouake
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Parlement de Femmes
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name: CDC Lab Coalition

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7224.08
System ID: 7224
Planned Funding(\$): \$1,050,000
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

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7220.08
System ID: 7220
Planned Funding(\$): \$4,439,000
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:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 10646.08
System ID: 10646
Planned Funding(\$): \$200,000
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

Mechanism Name: EGPAF Track 1 ARV (Level funds)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4937.08
System ID: 7044
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: EGPAF Rapid Expansion (country supp)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5306.08
System ID: 7045
Planned Funding(\$): \$7,977,743
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: No
New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Centre Solidarite Action Sociale
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Renaissance Sante Bouake
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner: Centre Saint Camille de Bouake
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Centre de Sante Communautaire de Ouangolodougou
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Centre de Sante Urbain Notre Dame des Apotres de Dimbokro
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Abidjan Military Hospital
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing, HTXS - ARV Services
Sub-Partner: Association Centre Integre de Recherche Bioclinique d'Abidjan
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Association de Soutien a l'Autopromotion Sanitaire Urbaine
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5314.08
System ID: 7047
Planned Funding(\$): \$3,315,000
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: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Espace Confiance
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Association pour la Promotion de la Santé Maternelle
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Cote d'Ivoire Prosperite
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Sub-Partner: Institute of Tropical Medicine
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Renaissance Sante Bouake
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

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

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 7218.08

System ID: 7218

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Geneva Global

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: 4935.08

System ID: 7049

Planned Funding(\$): \$400,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4936.08

System ID: 7050

Planned Funding(\$): \$450,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5319.08

System ID: 7052

Planned Funding(\$): \$620,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5318.08
System ID: 7051
Planned Funding(\$): \$1,100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5386.08
System ID: 7068
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: International Rescue Committee
New Partner: No

Mechanism Name: IQC AIDSTAR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7225.08
System ID: 7225
Planned Funding(\$): \$2,023,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IQC AIDSTAR
New Partner: No

Mechanism Name: IQC AIDSTAR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8651.08
System ID: 8651
Planned Funding(\$): \$874,000
Procurement/Assistance Instrument: Contract
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: JSI Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4932.08
System ID: 7054
Planned Funding(\$): \$2,412,646
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: JSI Tasc 3

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5324.08
System ID: 7064
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7217.08
System ID: 7217
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Le Soutien
New Partner: Yes

Mechanism Name: Global fund technical support Tasc order

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7219.08
System ID: 7219
Planned Funding(\$): \$500,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CoAg Ministry of AIDS #U62/CCU024313

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5303.08
System ID: 7055
Planned Funding(\$): \$610,000
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: 4933.08
System ID: 7057
Planned Funding(\$): \$4,000,000
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

Mechanism Name: MOH- CoAg #U2G PS000632-01

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5301.08
System ID: 7056
Planned Funding(\$): \$1,082,781
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: 5304.08
System ID: 7058
Planned Funding(\$): \$2,350,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CoAg Ministry of Solidarity #U62/CCU024314

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5302.08
System ID: 7059
Planned Funding(\$): \$1,011,508
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:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 10645.08
System ID: 10645
Planned Funding(\$): \$775,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD PHE ART

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8861.08
System ID: 8861
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD PHE CT

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8663.08
System ID: 8663
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD PMTCT

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8652.08
System ID: 8652
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8860.08
System ID: 8860
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Partnership for Health and Development Communication (PHDC)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7226.08
System ID: 7226
Planned Funding(\$): \$2,308,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PEPFAR II Track 1.0 ART Partner A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7877.08
System ID: 7877
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PEPFAR II Track 1.0 ART Partner B

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8026.08
System ID: 8026
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD Alliance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8654.08
System ID: 8654
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD materials on prevention for positives

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8653.08
System ID: 8653
Planned Funding(\$): \$53,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD-GH 01-2008 Measure Phase III M&A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8656.08
System ID: 8656
Planned Funding(\$): \$1,236,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD-GH-08-2008 RESPOND

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5310.08
System ID: 7046
Planned Funding(\$): \$330,245
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: U62/CCU025120-01 ANADER

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5315.08
System ID: 7060
Planned Funding(\$): \$2,623,151
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: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Population Services International
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7078.08
System ID: 7078
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Network of People Living with HIV/AIDS
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5414.08

System ID: 7061

Planned Funding(\$): \$37,336,486

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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	4572.08	Early funding is requested for 60% of SCMS's ARV budget to ensure continued supply of ARVs and essential HIV/AIDS commodities without interruption during the first and second quarter of FY 2008.	\$16,138,912	\$26,864,486

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7211.08

System ID: 7211

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: PATH

New Partner: No

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7222.08

System ID: 7222

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Population Council

New Partner: No

Mechanism Name: PSI CI Uniformed services VCT Promotion

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5313.08

System ID: 7062

Planned Funding(\$): \$1,720,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Agence Ivoirienne de Marketing Social
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Espoir Forces Armees Nationales de Cote d'Ivoire
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: JHPIEGO
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: Save the Children UK

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6123.08
System ID: 7063
Planned Funding(\$): \$900,000
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: 7641.08
System ID: 7641
Planned Funding(\$): \$500,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ITECH (U of Washington)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9205.08
System ID: 9205
Planned Funding(\$): \$370,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: Yes

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7221.08
System ID: 7221
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Company
New Partner: No

Mechanism Name: USAID (TA+staff+ICASS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5387.08
System ID: 7065
Planned Funding(\$): \$1,360,000
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC & RETRO-CI (Base)

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5383.08

System ID: 7067

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

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	5162.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$550,000	\$550,000
09-HVCT	5166.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$105,000	\$105,000
11-HTXS	5168.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$575,000	\$575,000
15-HVMS	10352.08	This funding is used to support the majority of all interagency staff salaries contributing to the Emergency Plan and the bulk of all operations and administrative costs.	\$3,933,000	\$3,933,000
07-HVTB	10346.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$900,000	\$90,000

Mechanism Name: CDC TBD

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7640.08

System ID: 7640

Planned Funding(\$): \$475,000

Procurement/Assistance Instrument: Cooperative Agreement

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: CDC-RETRO-CI GHAI**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 5554.08**System ID:** 7066**Planned Funding(\$):** \$6,705,086**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**Early Funding Activities**

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
05-HVOP	10345.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$50,000	\$50,000
12-HLAB	5170.08	This request will provide sufficient early funding to cover all urgent M&S costs for the state of the art PEPFAR interagency regional reference lab through the first seven months of FY 2008 including such activities as salaries, travel, training, housing and other personnel-related expenses. This early funding request will cover all ongoing mandatory costs to be incurred during the period, but does not include funding for new activities (only ongoing activities can be funded under a continuing resolution).	\$1,500,000	\$3,001,933
13-HVSI	5171.08	This request will provide sufficient early funding to cover all urgent M&S costs for the SI interagency team through the first seven months of FY 2008 including such activities as salaries, travel, training, housing and other personnel-related expenses. This early funding request will cover all ongoing mandatory costs to be incurred during the period, but does not include funding for new activities (only ongoing activities can be funded under a continuing resolution).	\$900,000	\$1,443,000
15-HVMS	10542.08	Early funding will be used to support ICASS charges and costs for the entire PEPFAR interagency team. In Cote d'Ivoire all agency (CDC and USAID) staff are 100% PEPFAR supported (for example drivers, admin, and other support staff who collectively provide significant support to the PEPFAR team). If early funding is denied the team will not be able to support ICASS bills from December to April.	\$1,200,000	\$1,849,153
01-MTCT	5161.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$96,000	\$96,000
06-HBHC	17297.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$75,000	\$75,000
08-HKID	5164.08	This funding is used to support staff salaries contributing to activities in this technical area as well as operations and administrative costs.	\$160,000	\$160,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Department of Defense

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8262.08
System ID: 8262
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense, In-Support
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8657.08
System ID: 8657
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7736.08
System ID: 7736
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: Yes

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5320.08	7036	Abt Associates	U.S. Agency for International Development	GHCS (State)	Family Health International	N	\$0
5321.08	7037	Abt Associates	U.S. Agency for International Development	GHCS (State)	Aga Khan Development Network	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bayewa	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chigata	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Actives	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Egale Vie	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lumiere Action, Côte d'Ivoire	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manne du Jour	N	\$0
5309.08	7038	ACONDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Notre Grenier	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	AMEPOUH	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	ARC EN CIEL	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Cooperation Internationale pour le Developpement	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Defense et de Promotion des Droits de l'Enfant	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Soutien a l'Autopromotion Sanitaire Urbaine	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Ivoirienne pour le Bien-Etre Familial	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour le Bien Etre Communautaire	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bayewa	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Caritas Cote d'Ivoire	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Depistage Volontaire Marcory	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre d'Ecoute et Depistage Volontaire Port Bouet	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Chigata	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Club des Amis	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Agboville	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Bondoukou	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Conseil General Gagnoa	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espace Confiance	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espoir Forces Armees Nationales de Cote d'Ivoire	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Actives	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Femmes Egale Vie	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fraternite	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Groupe d'Auto Assistance de PVVIH et de Promotion Sociale	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ideal Korhogo	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lumiere Action, Côte d'Ivoire	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie d'Anyama	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mairie Maferé	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Manne du Jour	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mouvement pour l'Education , la Sante et le Developpement	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nandjemin	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Network of People Living with HIV/AIDS	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Notre Grenier	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pierre Angulaire	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Service d'Assistance Pharmaceutique et Medicale	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sidalert, Côte d'Ivoire	N	\$0
5343.08	7039	Alliance Nationale Contre le SIDA	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tous pour le Taukpe	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Caritas Cote d'Ivoire	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Solidarite Action Sociale	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ideal Korhogo	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	JHPIEGO	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lumiere Action, Côte d'Ivoire	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nandjemin	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Parlement de Femmes	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Reseau des Ecoles Madrassas en Cote d'Ivoire	N	\$0
5316.08	7042	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	SALEM	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Abidjan Military Hospital	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association Centre Integre de Recherche Bioclinique d'Abidjan	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Soutien a l'Autopromotion Sanitaire Urbaine	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Communautaire de Ouangolodougou	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre de Sante Urbain Notre Dame des Apotres de Dimbokro	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Saint Camille de Bouake	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre Solidarite Action Sociale	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hope Worldwide	N	\$0
5306.08	7045	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	N	\$0
5314.08	7047	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association de Soutien a l'Autopromotion Sanitaire Urbaine	N	\$0
5314.08	7047	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Association pour la Promotion de la Santé Maternelle	N	\$0
5314.08	7047	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cote d'Ivoire Prosperite	N	\$0
5314.08	7047	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espace Confiance	N	\$0
5314.08	7047	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Institute of Tropical Medicine	N	\$0
5314.08	7047	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Renaissance Sante Bouake	N	\$0
5315.08	7060	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	N	\$0
5315.08	7060	National Agency of Rural Development	HHS/Centers for Disease Control & Prevention	GHCS (State)	Population Services International	N	\$0
5313.08	7062	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Agence Ivoirienne de Marketing Social	N	\$0
5313.08	7062	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Espoir Forces Armees Nationales de Cote d'Ivoire	N	\$0
5313.08	7062	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	JHPIEGO	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$5,250,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$66,850
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Côte d'Ivoire is the country most severely affected by HIV/AIDS in West Africa. National HIV prevalence is estimated at 6.4% for women ages 15-49, peaking at 14.9% among ages 30-34 (National AIDS Indicator Survey, 2005). With 661,000 births per year, Côte d'Ivoire annually has an estimated 46,000 HIV-infected pregnant women in need of PMTCT services and follow-up. In 2005, only 5.5% of HIV-infected pregnant women received complete ARV prophylaxis (UNAIDS, 2005). Among the 56% of deliveries occurring in health facilities (MOH, 2006), the national program continues to advance by integrating PMTCT and pediatric care activities into maternal and child health services.

The national response to HIV/AIDS has been hampered by a politico-military crisis that has resulted in limited access to health care and medications, particularly in the North. By March 2007, 109 functional sites were providing PMTCT services. The HIV/AIDS National Strategic Plan (2006-2010) emphasizes expanded geographic coverage of PMTCT services, with access in all 19 health regions.

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

FY06-07 Response

Despite its complex crisis, CI continues to scale up comprehensive PMTCT services. In FY06 and FY07, PEPFAR and its implementing partners supported the national review and dissemination of PMTCT policies and guidelines and worked to enhance health-district ownership and supervision of PMTCT programs. With USG support, the MOH revised the PMTCT policy and guidelines, adopted routine early infant diagnosis

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	264
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	215000
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	15000
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1012

Custom Targets:**Table 3.3.01: Activities by Funding Mechanism**

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4591.08

Activity System ID: 15110

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$1,800,000

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 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. Its PMTCT program will support 120 sites and serve 100,000 women attending ANC services in FY07. (Seventeen sites previously supported by EGPAF have moved to direct PEPFAR support through ACONDA.) 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 ART eligibility assessment of pregnant women and provision of ART where eligible.
- 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). At least 80% of women tested are receiving their test results, and at least 90% of HIV-positive pregnant women are receiving ARV prophylaxis. 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 nine demonstration sites, with support from EGPAF 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.

Despite these successes, EGPAF is not satisfied with the performance of the PMTCT program in Côte d'Ivoire. Gains, especially regarding coverage, remain slow, and despite two years of technical assistance to improve integration with antenatal care at all sites, PMTCT programs have resisted change, continuing to support standards inherited from a time when PMTCT in Côte d'Ivoire was conducted as part of research trials testing the efficacy of various ARV prophylaxis interventions.

In response to lower-than-anticipated results, EGPAF will significantly shift approaches over the remainder of the FY07 program year. In FY08, EGPAF intends to expand to 132 sites providing HIV testing for 120,000 women and ARV prophylaxis for 8,400 women. A majority of new sites will be in the North, in areas previously under nongovernment Forces Nouvelles control. This will require significantly more travel and will have a series of increased costs (logistics, supply chain, renovations, etc.) but is necessary to bring some parity to HIV/AIDS services in the various regions of the country. This aggressive expansion will be based on a series of new intervention principles centered on a more "public health" approach to PMTCT expansion, including:

- Improved integration of PMTCT in existing ANC programs
 - The inclusion of the National Reproductive Health Program (PNSR) 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 rapid-test, finger-prick HIV diagnostics to replace the venous blood draws/spun plasma currently required for HIV testing.

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 50% 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

Activity Narrative: 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, particularly finger-prick diagnostics and opt-out testing. Quality-assurance programs for PMTCT activities will be coordinated closely with PEPFAR-funded partner URC. 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 Lab 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 community mobilization and psychosocial support through 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. EGPAF will collaborate with FHI for linkages with social services and OVC programs; Measure/JSI for M&E; and PATH, Helen Keller International Foundation, and the World Food Program for nutritional support.

EGPAF will continue providing support to UNFPA programs 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 (refer to activity #10068) and will be applied at all PMTCT sites. EGPAF will collaborate with the MOH and the USG team in PHE activities.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10039

Related Activity: 16524, 16771, 15111, 15112, 15113, 15114, 15115, 15109, 17119, 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22418	4591.22418.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$2,060,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	132	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	120,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,400	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	700	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Fromager
18 Montagnes
Agnebi
Bas-Sassandra
Haut-Sassandra
Lacs
Lagunes
Moyen Cavally
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Comoé
Vallée du Bandama

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5414.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11155.08

Planned Funds: \$300,000

Activity System ID: 15149

Activity Narrative: Since May 2005, the EP Cote d'Ivoire program has rapidly scaled up care and treatment across the country. Implementing partners plan to provide PMTCT services to a year-end total of 15,000 women (ARV prophylaxis) in FY08. SCMS and EP implementing partners will coordinate closely with UNFPA and other donors planning to support PMTCT services and commodities at non-EP-supported sites. The EP program will 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.

With FY08 funds, SCMS will continue to procure and deliver lab consumables for PMTCT that are not provided by the AXIOS donation program (based on a projected 215,000 pregnant women to be tested, at \$2 per woman). These supplies are in addition to other testing materials to be procured for non-PMTCT CT services. It is the responsibility of the MOH National HIV/AIDS Care and Treatment Program (PNPEC) to submit timely and correct client-use reports to the AXIOS donation program to maintain the supply of those free commodities.

ARV drugs for treatment-eligible women identified through the PMTCT program are included among PEPFAR ARV commodities elsewhere in the COP08. 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, Palliative Care, and other sections of the COP08.

Following directives from the Ministry of Health, all incoming commodities are delivered to the Public Health Pharmacy (PSP). The PSP will ensure delivery of these commodities to each PMTCT service site.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11155

Related Activity: 16781, 17125, 15150, 15151, 15152

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22357	11155.22357.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9646	5414.09	Supply Chain Management System	\$1,600,000
11155	11155.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16781	10189.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,493,750
17125	17125.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$506,200
15150	4572.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$26,864,486
15151	10191.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$6,672,050
15152	5846.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$500,000

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership**

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Denguele-Bafing
Fromager
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen Cavally
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5554.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5161.08

Activity System ID: 15160

Mechanism: CDC-RETRO-CI GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$96,000

Activity Narrative: With FY08 funds, USG technical staff will continue to work closely with program management staff and HQ technical staff to provide technical assistance for the design, implementation, and evaluation of PEPFAR-funded interventions aimed at preventing mother-to-child HIV transmission. These activities are conducted in consultation with relevant ministries (Family and Social Affairs, Health, Fight Against AIDS), non-governmental organizations, multinationals, and bilateral organizations.

Ongoing specific activities will include:

1. Supporting the implementation and coordination of PMTCT activities among donors and partners (e.g. UNICEF, UNAIDS, UNDP, and PEPFAR-funded partners including EGPAF, ACONDA-VS, Columbia-ICAP, 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, DIPE, and other key partners
 - Early infant HIV diagnosis by PCR, in collaboration with RETRO-CI/Lab and CDC HQ
 - Routine HIV counseling and testing in ANC services
 - Rapid testing in labor-and-delivery services
 - Linkages with care and treatment
4. Providing technical assistance to the MOH and national experts to complete the validation, dissemination, and regular updating of PMTCT policies and guidelines, with anticipated revisions related to couples counseling, HIV testing algorithms, infant feeding, and reaching women during and after labor
5. Establishing a formal monthly discussion involving EGPAF, ACONDA-VS, Columbia-ICAP, the CDC/USAID country team, JHPIEGO, and other key partners to follow PMTCT activities, focusing on major points such as commodities management at the central and the district levels, longitudinal postnatal follow-up of mother/infant and linkages with pediatric care, and coordination with other partners (UNICEF, PATH, HIV/AIDS Alliance, UNFPA, WFP, ANADER, Care International, and PLWHA)
6. Assisting EGPAF, ACONDA-VS, and Columbia-ICAP to develop new partnerships with the public and private sectors, FBOs, and CBOs to expand PMTCT activities nationwide

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10133

Related Activity: 15167, 15168, 17297, 15169, 15170, 15171, 15172, 15173, 15162, 15163, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22337	5161.22337.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153

Targets

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

Indirect Targets

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5309.08	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 10040.08	Planned Funds: \$1,750,000
Activity System ID: 16759	

Activity Narrative: Since 2002, the Ivorian NGO ACONDA has provided innovative, comprehensive, family-based care services in support of 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), ACONDA in September 2006 graduated to become a PEPFAR prime partner providing comprehensive family care and PMTCT services.

As of June 2007, with PEPFAR funds, ACONDA had trained 328 health providers at 36 sites and provided 5,981 pregnant women with HIV counseling and testing with receipt of test results. Of these, 2,857 were HIV-infected, 498 were provided with ARV prophylaxis, and 65 were initiated on ART. By March 2008, ACONDA expects to support 72 PMTCT sites (out of 74 comprehensive HIV care and treatment sites) testing 50,000 pregnant women and providing 3,570 women with ARV prophylaxis.

In FY08, ACONDA will continue its PMTCT activities while contributing to the scale-up and decentralization of PMTCT and linked HIV care and treatment services. ACONDA aims to improve access to underserved and rural populations, enhance uptake of services, improve population coverage, promote quality and evidence-based practices, and integrate PMTCT and HIV care into routine health services with district health team involvement. ACONDA will adhere to national standards, will remain an active member of the PMTCT and other technical consultative forums, and will provide input to improve national policies according to evidence-based practices. ACONDA will also remain an active member of the national commodities coordination committee for HIV-related commodities.

ACONDA will coordinate with EGPAF as the ACONDA program splits off to become an independent prime partner under PEPFAR, and they will coordinate the scale-up of their programs in strategic geographic areas with ICAP-Columbia University, the MOH, the Global Fund, and other stakeholders.

With FY08 funds, ACONDA will expand PMTCT activities to 16 new sites. At its 88 PMTCT sites, ACONDA will reach at least 67,250 pregnant women with HIV counseling and testing results and will provide ARV prophylaxis to at least 4,700 HIV-infected pregnant women. To support its sites, ACONDA will train 80 health providers involved in preventing mother-to-child transmission of HIV, using previously developed national PMTCT training materials. To meet human-resource needs in areas that lack laboratory technicians, ACONDA will also train 50 nurses and midwives from rural areas to perform HIV testing using approved methods and will monitor their performance. To ensure that all sites adhere to national standards, ACONDA will conduct site assessments, onsite training, supportive supervision, and laboratory quality assurance, and will provide ongoing technical support. PMTCT commodities will be monitored but will be procured through the Partnership for Supply Chain Management (SCMS) and the Public Health Pharmacy (PSP).

ACONDA and its partners will link HIV care and treatment services with systematic referrals to enable all identified HIV-infected pregnant women to access clinical and home-based services. Women eligible for ART will start treatment according to national guidelines and receive ongoing care through HIV treatment clinics or community-based sites. ACONDA will provide joint care for HIV-infected women and their babies during postnatal care, as well as infant follow-up with early infant diagnosis and clinical monitoring. It will subsequently link mothers and children to community-based care services. The program will also encourage HIV-positive women to bring their family members in for CT.

ACONDA will 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 ongoing participatory training for data managers. ACONDA will help each site develop and implement a comprehensive M&E plan that will also identify collaborations with key partners. 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.

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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10040

Related Activity: 16522, 16767, 15089, 15090,
17114, 15091, 15092, 15093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22461	10040.22461.09	HHS/Centers for Disease Control & Prevention	ACONDA	9676	5309.09	ACONDA CoAg	\$1,000,000
10040	10040.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$1,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

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

Food Support

Estimated PEPFAR dollars spent on food \$66,850

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	88	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	67,250	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,700	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Incarcerated Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lagunes

Zanzan

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7220.08

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 of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16036.08

Planned Funds: \$654,000

Activity System ID: 16768

Activity Narrative: ICAP-Columbia University, a new partner in Cote d'Ivoire, received plus-up funds in FY07 to help the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities throughout the country. By the end of FY07, ICAP anticipates initiating CT, PMTCT, palliative care, and ART services at five sites and conducting baseline assessments and training at five more sites.

In FY08, ICAP will support this package of services at all 10 FY07 sites and expand to an additional 34, for a total of 44 sites providing 27,750 pregnant women with HIV counseling and testing and 1,900 pregnant women with a course of ARV prophylaxis. ICAP will support sites to provide family-centered PMTCT services, using antenatal care (ANC) and other mother-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 and developing work plans for establishing and/or improving PMTCT services. Sites that are providing single-dose nevirapine will be supported to shift to a PMTCT-Plus model of care. This will include developing a plan for reorienting services to ensure that the PMTCT-Plus 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 132 nurses, social workers, counselors, and outreach workers on PMTCT-Plus and conducting on-site mentoring for initiation of services and following implementation.
- Supporting sites to provide quality group and individual pre- and post-test counseling to maximize acceptance of testing, receipt of results, and enrollment in and adherence to the PMTCT program. An opt-out testing approach will be adopted. Counseling and testing will also be provided to pregnant women presenting to the facility for the first time during labor.
- Assisting sites to implement support groups for HIV-positive pregnant women. ICAP will collaborate with Intrahealth to implement the Mothers to Mothers approach at selected sites.
- 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. Another important component of the services will be provision of intermittent prophylaxis for malaria (if not on cotrimoxazole).
- Supporting sites to provide enhanced counseling on disclosure, couples counseling, prevention, nutrition, infant feeding, and adherence. In line with a family-centered care model, women will be strongly encouraged and supported to bring their children 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 prophylactic regimen, nutritional support, and other services. 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 PCR. ICAP will support sites to enroll infants testing HIV-positive 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 Public Health Pharmacy (PSP) to ensure effective forecasting of needed medications and test kits and to ensure timely delivery and management of stocks.

At all PMTCT, ART, and CT 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 PLWHA and their children. ICAP 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. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16036

Related Activity: 16525, 16770, 16777, 16778,
17122, 17080, 16992, 17299

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22433	16036.2243 3.09	HHS/Centers for Disease Control & Prevention	Columbia University	9670	7220.09	International Center for AIDS, Care and Treatment Program (ICAP)	\$580,000
16036	16036.07	HHS/Centers for Disease Control & Prevention	Columbia University	7319	7319.07	UTAP	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	44	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	27,750	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,900	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	132	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Fromager

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 10646.08

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 19135.08

Planned Funds: \$200,000

Activity System ID: 19135

Activity Narrative: PARTNER: EGPAF

Title: 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

Time and money summary:
Estimated budget is \$200,000; expected duration is 18 months.

Local co-investigator:
The study will be managed by EGPAF and conducted in collaboration with IYCN, CDC and USAID.

Project description and programmatic importance:
Counseling and support for safe infant feeding practices and health and nutritional care for HIV+ women and their infants are key components of PMTCT services, yet are currently only being provided in a limited fashion in Côte d'Ivoire. Even when infant feeding counseling is provided, little is known about the quality of counseling and support and mothers' actual infant feeding practices.

EGPAF has been working with PATH's assistance to strengthen and introduce infant feeding and nutrition support as part of clinical service delivery from pregnancy through 2 years postpartum. Successful models will be extended to other clinical sites and assist the USG PEPFAR team and Ministry of Health in developing a comprehensive infant feeding and nutrition strategy.

The purpose of these efforts have been to train and support health workers implementing PMTCT services and HIV+ mothers to decide and implement recommendations about infant feeding, including safe feeding (exclusive breastfeeding or exclusive replacement feeding) during the first six months postpartum, how and when they should stop breastfeeding, and how they should safely feed their infants between weaning and 24 months to maximize HIV-free survival. The pilot nutrition activities currently include comprehensive and intensive support to introduce and strengthen clinical care and routine postpartum follow-up (birth to 2 years) of all infants of HIV+ mothers with regard to infant feeding at 9 clinical PMTCT sites in Abidjan, Abengourou, and San Pedro. Specific inputs have included training courses and on-site refresher trainings; developing, disseminating and support of the use of clinical support tools (AFASS algorithms to determine appropriate timing and conduct of breastfeeding cessation when AFASS); developing, disseminating and supporting the use of counseling and IEC materials (counseling cards, take-home brochures); developing and implementing systems and tools for individual and site-based monitoring of infant feeding and nutrition activities and their impact; and developing and implementing routines for supportive supervision of the intensive infant feeding support activities at each site.

The purpose of the proposed public health evaluation is to assess the effectiveness of the pilot efforts in terms of 1) coverage of essential infant feeding and nutrition care postpartum (e.g. increases in routine infant feeding counseling visits postpartum; and reductions in loss-to-follow-up); 2) infant feeding and nutrition counseling and care at key intervals from birth to 18 months; 3) improved infant feeding and nutrition behaviors of HIV+ mothers (e.g. increased rates of exclusive BF &/or exclusive FF in the first 6 months; increased rates of appropriate timing of breastfeeding cessation; increased rates of appropriate feeding practices in non-breastfed infants over 6 months of age); 4) health and nutritional outcomes of the infants (at 3 months, 6 months, 15 and 18 months). The effect of maternal HAART, maternal disease status (CD4 count), HIV disclosure status, and partner involvement on infant feeding decision and practice will also be assessed.

The results of the study will inform the guidance, teaching and implementation of infant feeding and nutrition counseling and support in Cote d'Ivoire and the use of WHO guidance on counseling on AFASS, in the context of HIV programs. The study will also inform the development and evaluation of a tool/algorithm to facilitate health worker implementation of AFASS counseling at different points in time (at birth, at return visits 1-6 months and at decision time for cessation of breastfeeding).

Evaluation questions:

- Have pilot program interventions improved the quality of infant feeding counseling and support provided by health care workers over time (in ANC, at birth, at first postnatal visit, at 6 months, at 9 months, 12 months, 18 months), including types of messages, frequency of infant feeding counseling, explanation of risks and benefits of different infant feeding modes, explanation of AFASS, transition period from breastfeeding to other feeds? How? What are the key issues?
- What algorithm and job aide can support health care worker implementation of AFASS and mothers' understanding of AFASS at different points in time (at birth, at return visits 1-6 months and at decision time for cessation of breastfeeding)?
- What are the factors that influence appropriate and inappropriate maternal decisions on infant feeding?
- Do infant feeding and nutritional counseling and support interventions in the study group increase the prevalence and duration of exclusive breastfeeding or exclusive replacement feeding?
- Do infant feeding and nutritional counseling and support interventions in the study group increase effective weaning practices?

What is the effect of infant feeding and nutrition interventions on the quality of essential infant feeding and nutrition care postpartum (e.g. increased use and quality of clinical AFASS algorithms at key moments – at ANC/or at birth when first counseling is done, at first postnatal visit, 6 months, 9 months, 12 months, 18 months; and improvements in counseling quality); improved infant feeding and nutrition behaviors of HIV + mothers (e.g. increased rates of exclusive BF or exclusive FF in the first 6 months; increased rates of appropriate timing of breastfeeding cessation; increased rates of appropriate feeding practices in non-breastfed infants over 6 months of age)?

- What is the impact of nutritional interventions on health and nutritional outcomes of infants at 3 months, 6 months, 12 months, 15 months and 18 months and mothers (growth and nutritional status, morbidity, mortality)?
- What is the impact of nutritional interventions on the coverage of essential infant feeding and nutrition care postpartum (e.g. increases in routine infant feeding counseling visits postpartum; and reductions in loss to follow up)?
- What are the effects of maternal HAART, maternal disease status (CD4 count), HIV disclosure status, and partner involvement on infant feeding decision and practice?
- What can be done to improve health and nutritional outcomes within breastfeeding or formula feeding

Activity Narrative: populations in clinical sites (e.g. improved teaching & counseling regarding exclusive breastfeeding, formula feeding, and weaning; development of AFASS guidance tool for different points in time, provision of supplemental food)?

Methods:

This study is an evaluation of existing infant feeding and nutrition interventions: 1) pilot intervention conducted by PATH and 2) other PMTCT sites. We propose to conduct an observational, prospective cohort study of XX health care providers and XX HIV-positive women/HIV-exposed infant pairs who received the pilot program services with XX HIV-infected women /HIV-exposed infants who did not receive pilot program interventions and therefore had current regular program infant feeding counseling. The outcome data will be infant and child feeding practices and infant health and growth and nutritional status of infants less than 2 years.

Infant morbidity and growth and nutrition status will be assessed to determine if a correlation exists between infant feeding method and health outcomes. Severity of maternal disease (through CD4 count), maternal HAART, HIV disclosure status, and partner involvement will also be assessed to determine if there is a correlation with infant feeding decision and practice.

Additionally, we propose to conduct in-depth interviews of HIV-infected women to better understand factors that influence infant/child feeding decisions.

Population of interest:

Health care providers and HIV-positive women/HIV-exposed infant pairs who received the pilot program services with HIV-infected women/HIV-exposed infants who did not receive pilot program interventions.

Information dissemination plan:

The study will inform national infant feeding policy and program scale-up plans. The results will also inform global discussions on infant feeding, and food and nutrition counseling and support.

Budget justification for the project period: To be developed
Year 1 budget (please use US Dollars): TBD

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15110, 16524, 16771, 15111,
15112, 17119, 17081, 15109,
19134, 15113, 19132, 19133,
15114, 15115

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
19134	19134.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$0
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
19132	19132.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000
19133	19133.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7225.08

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 16763.08

Activity System ID: 16763

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$200,000

Activity Narrative: Low coverage and uptake of PMTCT services limit Ivorian women's access to lifesaving services. Recent government data indicate that reasons for low coverage and uptake include:

- PMTCT services are concentrated in the southern part of the country and not widely available elsewhere.
- Acceptance of HIV testing is fairly low in sites that have not yet implemented routine provider-initiated testing.
- Most health-care facilities still use laboratory-based HIV tests, and many women are unwilling to wait or return for their results.
- PMTCT and CT services are not integrated into clinical-care services

JHPIEGO's involvement in PMTCT services in Cote d'Ivoire has focused primarily on building capacity in pre-service education (integrating PMTCT, CT, and ARV modules into teaching institution curricula) and providing technical assistance in PMTCT training. JHPIEGO also monitors the quality and performance of PMTCT services provided by the 19 EGPAF pilot sites using the Standards Based Management and Recognition (SBM-R) system. (A report on the first round of follow-up visits to all 19 sites is being finalized). Achievements include:

- Development and validation of performance standards for PMTCT
- Training of 20 national trainers and 15 advanced trainers in PMTCT
- Training of SBM-R performance facilitators on PMTCT performance standards

In FY07, JHPIEGO is providing technical assistance for both pre-service and in-service education activities and is working to improve the quality and performance of PMTCT services through the SBM-R approach as services are scaled up (see the narrative on JHPIEGO's SBM-R work in the Strategic Information section). The SBM-R approach can help identify performance gaps and barriers in the provision of PMTCT services at the site level and can inform attempts to overcome them. JHPIEGO will continue to work closely with the National HIV/AIDS Care and Treatment Program (PNPEC) and implementing partners to identify appropriate interventions to correct existing performance gaps.

In FY08, JHPIEGO will provide technical assistance to the Ministry and Health and PNPEC to support scale-up of PMTCT services, especially on issues related to the new national PMTCT guidelines and protocols, including:

- Revising and adapting the national training curriculum for PMTCT. JHPIEGO provided technical assistance in the development of the first curriculum in 2004. The revised curriculum will include an overview of services that can be integrated into other HIV services, clinical staging and CD4 count evaluation, and indicators for cotrimoxazole prophylaxis.
- Revising and adapting the performance standards for PMTCT to comply with the government's new national policies and guidelines.
- Revising the PMTCT training manual

To increase uptake of PMTCT services, JHPIEGO will build the capacity of service providers to provide integrated services at hospitals and health-care centers. The integration of reproductive health and family planning into PMTCT services will provide HIV-positive pregnant women with counseling about postpartum family planning and access to family-planning methods. CT services can also be integrated into postpartum and/or well-baby care, avoiding missed opportunities for testing women and children during key clinic visits.

This initiative will be conducted in the same sites in which the SBM-R approach is being pilot-tested. Using integration curricula developed in other countries, JHPIEGO will train 100 service providers from the 19 SBM-R pilot sites to provide family-planning services to HIV-positive clients. The program will also support several outlets to provide counseling and testing, especially for women attending mother-child health and family-planning services, as well as family-planning services for CT clients.

To enhance referrals and linkages between services, providers will be trained and oriented on integrating family planning and CT services. Linkages will be strengthened by frequent discussions with hospital health management teams to ensure that opportunities are not missed and that waiting times for referred patients are kept to a minimum. Referral slips will be introduced to capture the number of clients referred for family planning, CT, and ARV services.

Special attention will be given to ensure that HIV-positive pregnant women who need ART are referred to appropriate ART clinics or hospitals. JHPIEGO will work closely with the PNPEC, EGPAF, ACONDA, and ICAP-CU to develop clear referral guidelines and protocols for all ART sites.

JHPIEGO will also work closely with the PNPEC, PEPFAR partners, and SCMS to strengthen service-delivery systems. This is strongly linked to SBM-R activities and includes ensuring that family-planning commodities and other supplies from the MOH and other stakeholders are available at service-provision sites, especially at mother-child health and CT sites. Integrated service-provision registers will be used at sites during the pilot phase of the program. All logistics and arrangements will be supported by other PEPFAR partners; JHPIEGO will provide the materials and technical assistance.

JHPIEGO 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, JHPIEGO will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17376, 17383, 17072, 17076

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17376	10531.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$323,000
17383	17383.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$100,000
17076	17076.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$450,000
17072	10130.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 15-24

Women

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Denguele-Bafing

Fromager

Moyen Cavally

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$8,006,346

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

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% or more in the South and East and 6.1% in Abidjan.

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

HIV knowledge was low, especially among women who had no education, lived in rural areas, or lived in the North/West. Conversely, both high-risk behavior and condom use were more likely among better-educated, urban people who lived outside the North/West. Attitudes reflecting intolerance conducive to HIV stigma and discrimination were widespread, particularly among women.

FY07 Response

The USG-CI in collaboration with national and local government pursues a comprehensive ABC prevention approach emphasizing delay of sexual debut, partner reduction, stigma reduction, and gender equity. In 2007, the USG expanded public- and private-sector BCC interventions at the community level and in targeted high-risk populations. Projects also focused on reinforcing the roles of parents in influencing social norms that promote fidelity, encourage partner reduction, and address risk factors such as alcohol and drug use. With PEPFAR support, the Ministry for the Fight Against AIDS (MLS) established a BCC committee to improve quality, coverage, and coordination of BCC activities. A significant focus was to develop youth- and gender-specific prevention programs emphasizing life skills, gender equity, and prevention of gender-based violence. Emphasis was also placed on BCC capacity-building at central and decentralized levels.

The USG currently funds 12 prime partners in prevention, of which 10 have multiple sub-partnerships with non-governmental, community-based, and faith-based organizations. Prime partners include two government agencies, six international NGOs, and three local NGOs. The sub-partners work at the community level to promote behavior change with regard to abstinence, delayed sexual debut, fidelity, and partner reduction; increase HIV knowledge and awareness; decrease HIV stigma; and promote HIV testing and counseling. Expansion of activities is 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. National media campaigns have begun, with billboards in urban areas, an important intervention considering that 34% of women reported no access to mass media (AIS).

FY08 Priorities in AB Prevention

FY08 objectives are 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 key policy barrier to address is access for adolescents to testing and counseling below the age of 18 years. The most notable strategic shift in the FY08 prevention program is a focus on the role of lay counselors in health facilities. The USG team will fund 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. 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.

In FY08, the USG program will focus on the following interventions:

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 specific youth-driven campaigns.
2. A national mapping of community-level interventions, their proposed and actual content, and the proportion of the target population reached.
3. An evidence-based intervention for increasing parent-child communication and HIV awareness among parents and pre-adolescent children will be implemented and evaluated by one prime partner and, if found successful, will be implemented more widely by multiple partners.
4. A “Men as Partners” program will be translated, adapted, implemented, and evaluated by one partner and, if found successful, will be scaled up by multiple partners.
5. The capacity-building tools used by all prime partners with their sub-partners will be collated and evaluated. Based on the findings, 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 Initiative “Prevention with Positives” and other prevention programs will be translated, adapted, and implemented via lay counselors in HIV care and treatment settings in both faith-based organizations and the public sector, with an emphasis on abstinence, fidelity, and partner testing.
7. A formative evaluation of women with recent infections will provide a better understanding of behaviors leading to new infections among women ages 20-34 years, who likely represent multiple socio-economic and demographic groups. 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 dramatic increase in HIV prevalence 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.

Coordination

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

All USG-funded partners will report to the EP strategic information team with quarterly program results and ad hoc requests for program data. In an effort to participate in the building and strengthening of one national monitoring and evaluation system, all USG funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Sustainability

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

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1106080
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	260200
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	8062

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7217.08	Mechanism: NPI Le Soutien GHH-A-00-07-00022-00
Prime Partner: Le Soutien	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02

Activity ID: 16905.08

Planned Funds: \$0

Activity System ID: 16905

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 offered by Medecins Sans Frontieres (MSF) and the Mano River Project. A cooperative agreement has been signed with the two CT service providers, and another partnership agreement is being finalized with PSI for the use of a mobile CT unit.

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 MSF in Danane for medical care. Children on ART are monitored and supported by counselors in collaboration with MSF. 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 MSF and Mano River Project health facilities or other medical structures 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), traditional authorities, and with MSF and the Mano River Project.

With first-year funding, Le Soutien accomplished start-up activities in 2007, including completing a work plan and budget, opening a new office, recruiting project personnel in Abidjan and Danane, buying a vehicle and computers, and training 31 community agents (including 25 counselors from Le Soutien and six health workers) in monitoring and evaluation and in OVC care.

The project selected 10 villages in the Danané department for intervention, established a local HIV/AIDS committee in each, trained 100 committee members in OVC care and HIV prevention, and sensitized 7,030 people (women, youth, men, and OVC host families) from 10 villages on HIV/AIDS and its impact on children.

In addition, Le Soutien elaborated a monitoring and evaluation plan to support reporting and quality improvement, as well as a communications plan designed to promote project activities and develop partnerships with other organizations working to improve the living conditions of OVC and their families.

In FY08, Le Soutien will continue and extend its HIV prevention, testing promotion, and OVC care activities in the district of Abidjan and the Danané department. FY08 project activities will include:

- Extending HIV/AIDS prevention activities in the Danané department. Ten additional villages will be selected for intervention. A local HIV/AIDS committee will be installed in each village (for a total of 20), and 100 committee members will be trained in HIV prevention and OVC care and support. HIV/AIDS prevention outreach in the 20 villages is expected to reach at least half the adult population, or 9,642 people.
- Promotion of HIV/AIDS counseling and testing in the 20 villages.
- OVC care and support. Based on assessments of the needs of identified OVC, at least 660 OVC from the Danané department and 250 OVC from the Abidjan district will benefit from psychosocial, educational, medical, nutritional, and clothing support, with vocational training for out-of-school children and rehabilitation of 200 host families' homes.
- 200 needy OVC host families from the 20 villages will be trained in micro-project design and management of income-generating activities, such as selling of charcoal and fish, cultivation of fruits and vegetables, and formation of agricultural cooperatives.
- Trainers from the national trainer pool will provide refresher training in monitoring and evaluation and OVC

Activity Narrative: care to 31 community agents trained in 2007, who will provide training restitution to 200 members of the 20 village committees.

- Le Soutien will conduct a capacity analysis of CBO partners in order to establish a technical support plan for them.
- Staff capacities will be built through participation in meetings and seminars at the national and international levels.
- An audit will check compliance with USG procedures and help strengthen financial management.
- For greater fieldwork efficiency, the acquisition of a second vehicle, computers, and loudspeakers is planned.
- Le Soutien will recruit a monitoring and evaluation assistant. Based on an assessment of M&E needs, Le Soutien will work with the Ministry of the Fight Against AIDS, Measure Evaluation, and Alliance CI in developing data collection, training, and supervision tools that are adapted for community use. Le Soutien will send timely, complete reports to national authorities and the USG strategic information team and respond to ad hoc requests for program data. To help build a unified national M&E system, Le Soutien will participate in quarterly SI meetings and will implement decisions taken during these meetings.
- Le Soutien will inform the population about the results of its activities through monthly meetings with written and audio press and through information updates on its Web site. The production of audiovisuals will continue to enrich the organization's archives. The NGO's communications policy will be facilitated by REPMASCI (the national network of journalists and artists to fight against AIDS).

Le Soutien will help build sustainability through income-generating activities that will allow OVC families to become more autonomous and through implementation of a technical support plan for CBOs that will provide them with the necessary skills to continue project activities after project funding ends.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16904, 17126

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16904	16904.08	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	Le Soutien	\$0
17126	17126.08	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	Le Soutien	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	9,642	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	135	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

18 Montagnes

Lagunes

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5309.08

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HVAB

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Activity ID: 16522.08

Planned Funds: \$150,000

Activity System ID: 16522

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 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.

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 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 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. ACONDA will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals.

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.

This entry represents the Abstinence and Being Faithful 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 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 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, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16759, 16767, 15089, 15090,
17114, 15091, 15092, 15093

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	350	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

Coverage Areas

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lagunes

Zanzan

Denguele-Bafing

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16524.08

Activity System ID: 16524

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$440,000

Activity Narrative: Noted April 16, 2008:

EGPAF will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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.

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.

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. 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. 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.

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.

This entry represents the Abstinence and Being Faithful 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 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.

EGPAF 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, EGPAF will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15110, 16771, 15111, 15112,
15114, 15115, 15109, 15113

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	105,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	550	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Fromager

Moyen Cavally

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVAB

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Activity System ID: 16525

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 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.

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.

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.

ICAP 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.

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.

This entry represents the Abstinence and Being Faithful 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 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.

ICAP 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, ICAP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 16768, 16770, 16777, 16778, 17122, 17080, 16992, 17299

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5343.08

Prime Partner: Alliance Nationale Contre le SIDA

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9929.08

Activity System ID: 16523

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: Noted April 16, 2008:

The USG interagency team conducted a thorough assessment of Alliance Cote d'Ivoire's performance in FY 07 and decided to reprogram the majority of funds due to critical concerns over Alliance's programmatic, financial, technical, and management capacity to implement activities to meet the USG standards and achieve the intended PEPFAR results. The USG continues to question the integrity of the organization and believes that protecting the PEPFAR investment is the highest priority. Therefore, the USG team will reprogram all of Alliance CI's AB funds to other partners to continue and improve support to subpartners providing AB services.

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance and PEPFAR to serve as the linking organization between donors/partners and civil-society organizations working at the community level.

With FY07 funds, the ANS-CI is strengthening community responses to HIV/AIDS through sub-grants and technical assistance to local NGO/FBO/CBOs to reduce HIV transmission through targeted prevention programs focusing on delay of sexual debut, partner reduction, fidelity with knowledge of sero-status, "prevention for positives," gender equity, stigma and discrimination, and alcohol use as a risk factor. These activities are designed to complement and build on activities supported by relevant ministries (Fight Against AIDS, Health, Education, Family and Social Affairs), other PEPFAR partners (Hope Worldwide Cote d'Ivoire, JHU/CCP, ANADER, CARE International, PSI), and other donors (UNICEF, Global Fund).

With FY08 funding, ANS-CI will provide new or continued sub-grants (dependent on performance evaluations of FY07 activities) and technical assistance to at least 27 local NGO/FBO/CBOs to promote evidence-based prevention messages focusing on abstinence and fidelity. Working with JHU/CCP to ensure appropriate BCC materials and approaches, ANS-CI will support prevention interventions in schools, in the community, and within religious communities (in collaboration with ARSIP, the network of religious leaders). The youth parliament, local theater groups, and other community forums (sports, music, etc.) will be used to reach youth and adolescents with age- and gender-appropriate messages, including messages focusing on cross-generational sex and gender norms that place girls at risk.

ANS-CI will support 22 school-based health clubs (clubs de santé) to develop prevention programs with school associations and primary school teachers, in coordination with the Ministry of Education (MEN). Teachers will be trained and used as "change agents" to disseminate AB prevention messages. In collaboration with the MEN and JHU/CCP, ANS-CI will support training or refresher training in AB prevention for at least 258 peer educators. These peer educators will act as youth leaders to provide education, information, and CT referrals to members of "clubs de sante" and other youth groups. All health clubs involved in AB programs will receive technical and financial support from the MEN and ANS-CI to implement the life-skills approach in schools. ANS-CI support will target schools in Odiénné, Boundiali, Korhogo, Ferké, Bouna, Katiola, Bondoukou, Man, Bouaké, Daloa, Yamoussoukro, Agnibilékro, Sinfra, Abengourou, Soubré, Gagnoa, Agboville, San-Pédro, Divo, Grand-Lahou, Dabou, and Abidjan. ANS-CI will use best practices and lessons from the Mozambique JOMA Project to strengthen AB activities in schools. ANS-CI will work with religious institutions, parents, and teachers to adapt the national AB prevention manual and train peer educators and teachers to promote HIV prevention through abstinence and fidelity.

ANS-CI will provide technical assistance to local NGO/CBO/FBOs to reduce HIV transmission among youth through voluntary and non-remunerated blood-donation programs targeting youth in secondary schools and universities. ANS-CI will provide technical assistance in selecting and training peer educators to assist the blood-donor organizations in the recruitment of donors. The continued sensitization of consistent young donors about risk behavior is designed to encourage them to remain HIV-free. These blood-donor programs will negotiate and sign a memorandum of understanding with the National Blood Transfusion Center in order to finalize a blood-collection schedule.

Street children and children in prison will be reached with prevention activities through local committees of the Ivorian Red Cross Society. Sub-grants will also target young adults (ages 18-24) on university campuses with HIV prevention interventions promoting primary and secondary abstinence, partner reduction, fidelity with mutual sharing of HIV status, and reduction of HIV-related stigma and discrimination. The successful experience of MESSI in combining prevention and CT activities will be replicated.

Community sensitization and interpersonal communication strategies will promote HIV counseling and testing for the general population, with specific interventions targeting discordant couples and PLWHA in collaboration with care and treatment providers. ANS-CI will conduct surveys to help assess whether repeated and targeted prevention interventions are reaching targeted populations and influencing behavior.

All prevention interventions supported by ANS-CI will be evidence-based and consistent with national and PEPFAR policies and international best practices. ANS-CI will ensure regular and supportive supervision and mentoring. In all, activities will reach 70,000 people with AB prevention messages and 30,000 people with A-only prevention messages.

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

ANS-CI will continue to strengthen CBO networks and local coordination bodies to improve communication and coordination and promote a continuum of prevention and care services. These networks will continue to link community mobilization, treatment literacy, and support services with complementary services in the geographic area and to promote coordination at the district, regional, and national levels. Because the intention is to provide national coverage, the ANS-CI, in conjunction with coordination forums, will ensure that M&E reports are provided to the relevant local coordination bodies as well as to the MLS at the central level. Based on the success of the ongoing IRIS project in San Pédro, ANS-CI is planning to use the district model approach to directly involve district and regional health directors in CBO project identification,

Activity Narrative: baseline assessments, and ongoing project supervision.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9929

Related Activity: 16765, 15095, 15096, 15097, 15098, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22453	9929.22453.09	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	9675	5343.09	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$133,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$311,000
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5383.08	Mechanism: CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 5162.08	Planned Funds: \$550,000

Activity System ID: 15167

Activity Narrative: With FY 08 funds, USG technical staff will be supported and will continue to work closely with the interagency management country team and HQ technical staff to provide technical assistance for the design, implementation, and evaluation of PEPFAR-funded behavioral interventions designed to influence HIV prevention behaviors, with primary emphasis on efforts to promote abstinence, fidelity, delay of sexual debut, partner reduction, and related social norms. These are conducted in consultation with the Ministry for the Fight Against AIDS, other technical ministries (Education, Health, Social Affairs, Human Rights, Youth and Sport, etc.), non-governmental organizations (NGOs), multinationals, and bilateral organizations.

Ongoing specific activities will include:

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10132

Related Activity: 15160, 15168, 17297, 15169, 15162, 15170, 15171, 15163, 15172, 15173, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22331	5162.22331.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$350,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153

Targets

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

Indirect Targets

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5313.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4582.08

Activity System ID: 15153

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$600,000

Activity Narrative: PEPFAR continues to target 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, condom use and promoting uptake of HIV testing and STI and HIV care and treatment services including secondary prevention for HIV positive persons and within HIV discordant couples. 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 PEPFAR funds, PSI has coordinated with the Ministry of Defense, rebel forces and 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 has identified 40 intervention sites (20 in the Northern zone controlled by the Forces Nouvelles, and 20 others in the southern government-controlled zone) as well as 14 "Centers for Transit and Orientation" (CTO) for child soldiers (as part of the larger national programs). Ten more sites (five in the North and five in the South) are being identified in September 2007.

With FY05-06 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 and NCDDR). They have developed curricula and behavior change communication (BCC) tools for child soldiers and children otherwise associated with the military. They have 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.

PSI has launched 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 CT promotion are additional themes integrated into the campaign, which has reached a total of 200,680 individuals by March 2007 and is expected to reach a total of 404,958 individuals by March 2008. 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, HIV/AIDS, Education, Family and Social Affairs, among others) as well as international organizations (UNFPA, ONUCI, PNDDR, CDC) and key implementing partners such as JHU/CCP, FHI, REPMASCI, ARSI, COCCI, RIP+, CARE, and Alliance. The focal point of each army (both Northern and Southern) will also visit selected PSI military projects in FY07 to share best practices with colleagues in other countries.

A national disarmament, demobilization and reinsertion program has been planned for both child and adult soldiers and rebel forces. UNICEF has announced that all CTO sites will close down by December 2007, with all child soldiers being reintegrated into their communities. Therefore, the project will shift its target group from child soldiers to children of uniformed personnel.

With FY08 funds, the project will build upon previous project activities and successes to continue to rapidly expand service delivery and prevention interventions in the existing project sites. With FY 08 funds, key project AB activities 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.
- Training members of these associations/NGOs as community-based educators to deliver AB messages to children
- Behavior change communication activities via peers and influential elders
- Production of AB radio spots based on the project's mini films produced in FY 07. These spots will be aired on local radios and will be used during site activities.

For older and sexually experienced children, adult military, and their partners, key FY08 activities will include:

- Promoting HIV prevention measures, including the importance of partner reduction, mutual fidelity, knowledge of one's serostatus, and positive sexual health, including gender issues. A variety of approaches will be used to promote HIV prevention, many of which will be based on results from PSI's formative research study (TRaC). Issues involving social norms and beliefs will be addressed using mass media tools (posters, flyers, radio spots, etc.) designed to shift perceptions and attitudes on issues such as fidelity, discrimination of PLWHA, sexual violence and coercion. These tools will be augmented by efforts to involve key community leaders and influential members of the target groups to further shift social norms. 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.

- Refresher training for the 50 adult supervisors and 500 peer educators 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 with relation to HIV/AIDS.

- Producing AB radio spots based on the project's mini films produced in FY 07. These spots will be aired on local radios and used during site activities

- Promoting "positive prevention" among PLWHA. These activities will include assisting PLWHA to protect their sexual health, avoid newly acquiring STIs, delay progression of the disease, and avoid transmission of

Activity Narrative: 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.

In addition PSI will:

- Continue regular internal and quarterly external supervisions, with standards of performance tools, to be validated on the national level. To further motivate project partners, quarterly awards and recognition will be given to those sites delivering high-quality services. Quality will be determined by supervisors using standardized evaluation forms. Each quarter, the top three performing sites will receive an award.
- Continue to coordinate activities with important national and local authorities. PSI has held coordination meetings regarding prevention and CT activities with UNFPA, ONUCI, PDDR, and the UNDP post-crisis unit. PSI will make available its trained peer educators for conducting sensitization activities within the DDR sites. Similarly, PSI will continue to involve the district and regional health departments (DD and DR) as well as the military hierarchy in monthly planning of activities in their respective areas, as well as in supervisory activities. PSI's site supervisors will participate in meetings of the decentralized health committees organized by the DD and DR, and all research data and program results will be shared with these institutions.
- Perform a TRaC survey to monitor prevention activities and measure project impact over time.

The project promotes sustainability through the creation of a pool of trainers, peer educators, community animators and military supervisors able to carry out activities well after the completion of the project. The project will also work with the Ministry of Defense to further decentralize project management through the creation of local and regional focal points in the fight against HIV/AIDS. /AIDS. The project will ensure monitoring of the execution of the Ministry of Defense consolidated HIV plan as well as the sustainability plan developed in 2006. These efforts include ensuring that all project activities are included in the military's future budget and workplans so that project activities can continue into the future.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10307

Related Activity: 15154, 15155, 16776, 15156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22350	4582.22350.09	HHS/Centers for Disease Control & Prevention	Population Services International	9643	5313.09	PSI CI Uniformed services VCT Promotion	\$630,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15154	11056.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$225,000
15155	10049.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$325,000
16776	5036.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$120,000
15156	4580.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$450,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	275,200	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	19,200	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	132	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5315.08

Prime Partner: National Agency of Rural
Development

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5475.08

Activity System ID: 15143

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$562,401

Activity 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

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

In the program area of AB, FY08 funds will be used to continue and strengthen FY07 activities in six departments (Dabou, San Pedro, Abengourou, Tanda, and, starting in FY07, Soubre and Daloa). These activities, implemented through village HIV/AIDS action committees in 24 village sites per region, 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 will be 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 will be developed for and with youth groups, with an emphasis on vulnerable girls and young women. 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 at rural health centers) and with provision of palliative care 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. 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. ANADER works with teachers to reach youth in primary and secondary schools, drawing on Ministry of Education (MEN) life-skills materials and approaches.

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

Activities conducted with FY05, FY06, and FY07 funds include:

- Identification of 144 village sites (each serving multiple surrounding villages) for intervention
- Baseline needs assessments in the six departments
- Training of 130 ANADER staff in AB-targeted prevention
- Training of 30 ANADER workers/facilitators (five per department) and 432 community counselors (three per village site) in use of the local-language HIV/AIDS lexicon and AB-targeted prevention
- Training of 144 schoolteachers (one per village site) 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 one 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 radio spots and radio programs with AB prevention messages in all six departments
- Training for schoolteachers and development, with technical assistance from JHU/CCP, of the Sports for Life program with youth organizations in all six departments

In FY08, AB activities will be guided by quantitative and qualitative assessments conducted in FY06 and the 2005 national AIDS Indicator Survey. To expand AB and other prevention and care activities, ANADER will expand the number of community counselors per village site from three to five. ANADER will continue to work with schoolteachers and 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.

Activities supported by FY08 funding will reach 150,000 people (including 90,000 youth (60%) with A-only messages) through community outreach that promotes AB-oriented prevention and will train 158 people to promote AB-oriented prevention.

Specific activities with FY08 funds will include:

1. Training of 10 ANADER facilitators (five per department beginning activities in FY07) and 288 community counselors (two new CC per village site in the 144 villages to increase the number of CC to five per village site) in use of the local-language HIV/AIDS lexicon, AB-targeted prevention, and stigma reduction
2. Training of 144 schoolteachers (one per village site in all six departments) in AB-oriented prevention
3. Training of 720 village community counselors in their functions
4. Training of four local radio announcers (two per new department) in AB prevention; REPMASCI will provide the training, drawing on IRIN/JHU-CCP materials

- Activity Narrative:** 5. Delivery of at least 48 video campaigns (one per new village) and at least 96 prevention campaigns (two per new village) on local radio
6. Creating linkages among village action committees and agricultural cooperatives by involving one or two members of cooperatives in village action committees
7. Broadcast of AB prevention spots (1,920 emissions in the six departments) and educational programs (156 emissions) on local radio
9. At least one video campaign in each village (a total of 144 video film projections in the six departments)
10. Piloting of using HIV-positive mothers as counselors and "accompagneurs" for pregnant women and new mothers identified as HIV-positive
11. Production of educational materials on AB prevention (targeting rural cultural practices) and drug use among youth, with assistance from JHU/CCP.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9932

Related Activity: 15144, 15145, 15146, 15147, 15148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22368	5475.22368.09	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	9648	5315.09	U62/CCU02512 0-01 ANADER	\$650,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15144	5477.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$200,000
15145	5479.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$360,000
15146	5480.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$1,050,000
15147	5482.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$350,750
15148	5485.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	90,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	158	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4935.08

Prime Partner: Hope Worldwide

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5156.08

Activity System ID: 15121

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

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$400,000

Activity Narrative: This activity is funded through central and country funds. Proposed targets are for both funding sources combined.

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

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

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

In FY 2007 with central and country funds activities were extended to two new underserved regions in the north and the west of the country (Savane and Zanzan). FY 07 funds supported the following activities:

1. Situational analysis of new sites to identify opportunities for collaboration with nongovernmental, academic, and religious organizations.
2. A KAPB study within eight academic and religious organizations selected based on predefined criteria.
3. Trained 25 existing community networks of youth and 24 networks of parents on resources mobilization, facilitation strategies, project development, and monitoring and evaluation.
4. Reinforced the capacity of parents involved with the selected organizations through exchange workshops on parent-to-child communication.
5. Reinforced the capacities of monogamous couples in each community through couples counselling and providing additional training in CT for youth.
6. Developed eight action teams for youth and two action teams for parents to facilitate youth/adult community activities. HWW also established a system for information sharing across the action teams.
7. Strengthened the organizational capacity of selected organizations to expand their reach to additional youth in the community.
8. Produced training and BCC materials on abstinence, parent-child communication and community mobilization in collaboration with JHU/CCP.

In FY 2008 funding will be used to strengthen and expand the activities in the 14 existing sites. The program will:

1. Work with the Ministry of Education to identify stakeholders from the teaching corps, the DMOSS representatives, and schools committees (COGES) who will be trained in parent-child communication.
2. Facilitate the establishment of focus group discussions with the organizations intervening in the field of AB through periodic meetings managed by the Ministry to fight HIV/AIDS.
3. Produce training and BCC materials on abstinence, parent-child communication and community mobilization in collaboration with JHU/CCP.
4. Train 25 existing community networks of youth and 24 networks of parents on resources mobilization, facilitation strategies, and monitoring project development.
5. Provide financial support to community networks in order to extend activities promoting abstinence, faithfulness and HIV testing.
6. Continue to provide support to 8 PMO in Bondoukou and Bouaké to implement their HIV/AIDS activities designed in their work plans. These PMO will be trained according to their needs identified by HOPE's initial assessments.
7. Organize 4 workplace visits, career and academic excellence days for 300 youth (focusing on young girls) practicing abstinence. These activities promote and develop academic excellence, leadership, initiative, and personal and peer responsibility among the youth.
8. Organize educational activities for 250 youth (sport, outings, social games, etc.) in collaboration with JHU/CCP's Sport for Life program, the Ministry of Youth and Sports, and the social and cultural services of city councils.
9. Participate in creating World AIDS Day events in collaboration with community youth networks and parents for all existing and new sites.
10. Continue to improve the monitoring-evaluation plan based on EP and national indicators.

In addition, Hope in collaboration with CDC/Atlanta's prevention team will pilot test and then evaluate a new approach and program, Family Matters. This program will be integrated into HOPE's existing activities regarding parent-child communications.

AB-oriented prevention activities are expected to reach 40,000 people during this reporting period through community-based BCC interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9705

Related Activity: 15124, 15122, 15123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22406	5156.22406.09	U.S. Agency for International Development	Hope Worldwide	9665	4935.09	GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY	\$281,683
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15124	4594.08	7052	5319.08	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00	Hope Worldwide	\$620,000
15122	5499.08	7050	4936.08	GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide	Hope Worldwide	\$450,000
15123	4593.08	7051	5318.08	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00	Hope Worldwide	\$1,100,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	13,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	449	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Savanes

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5319.08

Prime Partner: Hope Worldwide

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4594.08

Activity System ID: 15124

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

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$620,000

Activity Narrative: This activity is funded through central and country funds. Proposed targets are for both funding sources combined.

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

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

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

In FY07, with central and country funds, activities were extended to two new underserved regions in the North and West of the country (Savane and Zanzan). FY07 funds supported the following activities:

1. Situational analysis of new sites to identify opportunities for collaboration with nongovernmental, academic, and religious organizations.
2. A KAPB study within eight academic and religious organizations selected based on predefined criteria.
3. Trained 25 existing community networks of youth and 24 networks of parents on resources mobilization, facilitation strategies, project development, and monitoring and evaluation.
4. Reinforced the capacity of parents involved with the selected organizations through exchange workshops on parent-to-child communication.
5. Reinforced the capacities of monogamous couples in each community through couples counselling and providing additional training in CT for youth.
6. Developed eight action teams for youth and two action teams for parents to facilitate youth/adult community activities. HWCI also established a system for information sharing across the action teams.
7. Strengthened the organizational capacity of selected organizations to expand their reach to additional youth in the community.
8. Produced training and BCC materials on abstinence, parent-child communication and community mobilization in collaboration with JHU/CCP.

FY08 funding will be used to strengthen and expand the activities in the 14 existing sites. The program will:

1. Work with the Ministry of Education to identify stakeholders from the teaching corps, the DMOSS representatives, and schools committees (COGES) who will be trained in parent-child communication.
2. Facilitate the establishment of focus group discussions with the organizations intervening in the field of AB through periodic meetings managed by the Ministry to fight HIV/AIDS.
3. Produce training and BCC materials on abstinence, parent-child communication and community mobilization in collaboration with JHU/CCP.
4. Train 25 existing community networks of youth and 24 networks of parents on resources mobilization, facilitation strategies, and monitoring project development.
5. Provide financial support to community networks in order to extend activities promoting abstinence, faithfulness and HIV testing.
6. Continue to provide support to 8 PMO in Bondoukou and Bouaké to implement their HIV/AIDS activities designed in their work plans. These PMO will be trained according to their needs identified by HOPE's initial assessments.
7. Organize 4 workplace visits, career and academic excellence days for 300 youth (focusing on young girls) practicing abstinence from the CATs. These activities promote and develop academic excellence, leadership, initiative, and personal and peer responsibility among the youth.
8. Organize educational activities for 250 youth (sport tournament, outings, social games, etc.) in collaboration with JHU/CCP's Sport for Life program, the Ministry of Youth and Sports, and the social and cultural services of city councils.
9. Participate in creating World AIDS Day events in collaboration with community youth networks and parents for all existing and new sites.
10. Continue to improve the monitoring-evaluation plan based on PEPFAR and national indicators.

In addition, HWCI in collaboration with CDC/Atlanta's prevention team will pilot-test and then evaluate a new approach and program, Family Matters. This program will be integrated into HWCI's existing activities promoting parent-child communication.

AB-oriented prevention activities are expected to reach 40,000 people during this reporting through community-based BCC interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10047

Related Activity: 15121, 15122, 15123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22403	4594.22403.09	U.S. Agency for International Development	Hope Worldwide	9662	5319.09	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00	\$820,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15121	5156.08	7049	4935.08	GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY	Hope Worldwide	\$400,000
15122	5499.08	7050	4936.08	GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide	Hope Worldwide	\$450,000
15123	4593.08	7051	5318.08	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00	Hope Worldwide	\$1,100,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	13,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	449	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Religious Leaders

Teachers

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Savanes

Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5304.08

Prime Partner: Ministry of National Education,
Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4557.08

Activity System ID: 15138

Mechanism: CoAg Ministry of Education
#U62/CCU24223

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$1,300,000

Activity Narrative: With PEPFAR support, the MEN has continued to advance a 4.5-year project (2005-2008) designed to improve HIV prevention and care for students, teachers, and other personnel of the MEN throughout Cote d'Ivoire. As part of a comprehensive multisectoral response consistent with the new HIV/AIDS National Strategic Plan for 2006-2010 and in collaboration with relevant ministries and NGO/CBO/FBO networks, the MEN is building on FY04-07 achievements to improve the quality and coverage of HIV prevention through life skills training for students; to promote HIV prevention among students and teachers through age-appropriate A and AB behavior change communication (BCC) to delay sexual debut and promote fidelity, partner reduction, and uptake of counseling and testing; and to address negative gender and discriminatory attitudes.

With PEPFAR support in FY05-07, the MEN developed, validated, and began piloting and evaluating a life skills curriculum with accompanying IEC/BCC materials for primary and junior and senior secondary school levels and school health clubs in seven pilot sous-prefectures. Each sous-prefecture pilot includes 10 secondary schools with an average of 600 students per school and four primary schools with an average of 150 students per school. An evaluation of the life skills curriculum materials and process was conducted in 2006-07.

The MEN has developed partnerships and linkages with other ministries (responsible for health, social affairs and OVC, and HIV/AIDS coordination) as well as PEPFAR-funded NGO/CBOs such as Alliance CI (sub-grants to school clubs), ANADER (complementary activities in rural areas), FHI (HIV in the workplace), and JHU/CCP (IEC/BCC activities). In the program area of AB prevention, education based on the life skills approach was extended through classroom instruction and extracurricular health clubs (clubs de sante), with activities such as conferences, group debates, games, theater, and sports on the 10 sites. Audiovisual equipment furnished to the 10 sites helps support health club activities and use of materials produced by JHU/CCP to raise public awareness and engage young people in advocacy and applied leadership skills.

In FY06-07, adapted A and B messages also engaged teachers, other personnel, and parents through their participation as mentors, student group leaders, coaches for youth social clubs and sports teams, and other activities as part of a comprehensive HIV-in-the-workplace program. Pilot teachers in the subjects with life skills integration (art, music, science, social studies) have been trained (60 from primary education, 85 from secondary education, and 85 from pre-service education). This group began working with the produced curricula, and 80 MEN staff members have been trained to begin integrating the life skills contents into pedagogic guides and teaching materials. Initial documents for the implementation of life skills contents have been produced for primary, secondary, and pre-service education. This extensive effort resulted in important feedback about the need for more practical in-class teacher's aids and visual materials and the need to strengthen teachers' skills in learner-centered interactive pedagogy to accomplish the goals of the life skills program.

With FY08 funds, MEN will refine its strategy and concentrate on finalizing the core life skills content for the final year of elementary and all middle and secondary grade levels based on field use and input. The MEN has made tremendous progress, yet teachers and administrators are still inadequately prepared to adapt and creatively use the life skills content effectively. A tradition of lecture-based teaching styles, a competitive academic advancement system, large class sizes, and high numbers of children from different provinces who are behind their age cohorts in education levels have presented challenges to implementing a full life skills curriculum. In FY08, the MEN and PEPFAR team will revise and actualize their strategy to:

- Finalize revised life skills content that has basic learning objectives and measures for all subject areas from the last year of primary school as well as secondary school. Because the main focus of the program is on abstinence, respect and faithfulness in relationships, and abilities such as resisting peer pressure and decision-making, it is appropriate for even the secondary-level curriculum to be supported as AB programming. The MEN will apply experiences of other governments partnering with the USG to accomplish similar goals, especially content and processes from Botswana, which is farther along in the roll-out process.
- Support rolling out the life skills program, beginning by strengthening buy-in and coordination among the departments and ministries responsible for training teachers at all three levels to produce a revised strategy with clear time-lines not only for integrating life skills content in teacher preparation institutions and regional training offices (pre- and in-service), but also for using A and B prevention content and multimedia resources (already developed by PEPFAR partners) in training learner-centered pedagogy, to improve learning outcomes across all subject areas. This strategy will include processes and tools for assessment and improvement of teachers' performance in creating and delivering life skills lesson plans.
- Roll out the finalized core curriculum with printing of an initial 1,000 copies of all content for the regional teacher training centers and 100,000 copies (for all current teachers and initial stock for new teacher training) based on funds available. It is requested that funds support production of some life skills student materials created by teams of teachers, as well as production of visual aids for all secondary schools (currently 679 lower and upper secondary schools across the country) created by local artists based on the life skills and AB prevention curriculum. PEPFAR sub-partner REPMASCI (network of journalists and artists) will be leveraged to assist in using AB and life skills content in student-produced music and media/journalism classes. Printing required to produce student textbooks will be done in partnership with the MEN and any other available contributors (UNESCO, UNICEF, Global Fund, Japan AID).
- Continue efforts to reinforce A and B messages targeting students through the support of life skills-based activities at two new primary and two new secondary classrooms in each of the 10 existing sites, with a new focus on highly affected Abidjan. The MEN will begin engaging parents' associations (Coges) and communities of faith in those sites to increase understanding of and support for the AB and life skills approach.
- Ensure that regional and district centers are able to maximize opportunities to adapt and create locally relevant lesson plans with life skills content. Technical and material capacities of 14 regional branches of the MEN's Antenna of Pedagogy and Continuing Education (APFC) will be strengthened beyond training to include appropriate and essential equipment. This will ensure country-wide coverage of resources, which can be sent to the central pedagogical office for rapid application of what is and is not working and brainstorming for solutions. The MEN will also support use of the centers with structural inputs and by paying the ground transportation of teaching supervisors during follow-up.
- Continue support of student health clubs through activity guides, small grants for appropriate awareness-raising and prevention activities such as theater, debates, essay/music/poetry/dance competitions, Sports for Life events, and use of SFL magazine and peer educator handouts for visual aids and expanding reach

Activity Narrative: of lessons. Secondary school social clubs will also be supported in utilizing gender-sensitive life skills and violence-prevention content in their activities, such as Men as Partners content for boys and young men and Girl Guide AIDS Badge or Choose a Future content for girls and young women.

Project-specific indicators include:

- Strengthen capacities of trainers in the host subjects (320 from primary education, 320 from secondary education, and 341 from pre-service education); acquire and dispatch reproduced materials and computers to the 10 sites
- Produce and dispatch 1,000 initial curricula contents for teacher training institutions, with up to 100,000 final manuals for teachers
- Train 50 regional directors and school directors in life skills and AB prevention approaches
- Train 96 secondary school teachers of the host subjects in the new pilot schools in life skills curricula
- Organize 20 student music and media/journalism classes and/or secondary student health clubs to produce and diffuse A and B messages. These may be broadcast via radio or played in classrooms and community centers depending on resources available locally.

The MEN 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, the MEN will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10045

Related Activity: 15139, 15140, 15141

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22376	4557.22376.09	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	9651	5304.09	CoAg Ministry of Education #U62/CCU24223	\$450,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15139	10505.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$400,000
15140	5039.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$200,000
15141	10059.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$450,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	15,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	3,500	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Teachers

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7640.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17138.08

Activity System ID: 17138

Mechanism: CDC TBD

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$100,000

Activity Narrative: Noted April 16, 2008:

Funding for Family Matters parent-child communication activities is being split between:

1. The originally identified partner, CDC (formerly identified in COP08 as TBD CDC), which will provide translation and technical assistance, and
2. AB implementing partner Hope Worldwide, which will pilot implementation.

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.

Primary HIV prevention priorities include behavior change to delay sexual debut and promote life skills with positive gender roles for in- and out-of-school children and youth; a decrease in cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV testing within sexual partnerships; decreased hospital-related infection through expanded blood-safety and injection-safety programs; and risk reduction among high-risk populations.

In FY07, PEPFAR is reinforcing and expanding effective programs and introducing new interventions to affect pervasive behaviors and attitudes in the general population and high-risk behaviors among identified groups. Targeting of interventions responds to available data, with continued concentrations in the urban South (Abidjan, San Pedro) and prioritizing of other high-prevalence areas through local sub-grants and coordinated site selection.

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.

Based on lessons learned, available data, and the new National Strategic HIV/AIDS Plan 2006-2010, the USG focuses on the following prevention priorities: (1) locally appropriate responses to address major sources of new infections, (2) expanded reach of behavior change communication (BCC) messages through mass-media and community-level outreach campaigns, (3) support of local religious, professional, and other networks that influence community values, (4) research to assess and refine prevention approaches, (5) innovative strategies for promoting delay of sexual debut and partner reduction, and (6) secondary HIV prevention for HIV-infected individuals and sero-discordant couples.

The USG currently funds 12 prime partners in prevention, of which 10 have multiple sub-partners (NGO/CBO/FBOs). Among the prime partners are two government agencies, six international NGOs, and three local NGOs. Sub-partners work at the community level to promote delayed sexual debut, partner reduction, correct and consistent condom use, increased HIV knowledge and awareness, decreased HIV stigma, and greater uptake of HIV testing and counseling, including couples and family testing.

These areas will continue to be priorities in FY08, with an added focus on identifying effective activities and assessing the impact of programs. In the AB program area, particular emphasis will be placed on involving parents in the promotion of delay of sexual debut and secondary abstinence as critical elements in multi-component intervention programs to improve adolescents' sexual and reproductive health. In FY08, the USG will fund a partner to adapt, implement, and evaluate a parent/child communication program that was developed, implemented, and evaluated in the United States. The evidence-based intervention curriculum targets parents or guardians of 9- to 12-year olds, bringing them together in small groups to promote positive parenting practices and more effective parent/child communication about sexuality and sexual risk reduction. An adaptation of the U.S. curriculum has been implemented in Kenya, and preliminary analysis from a recent assessment, 15 months post-intervention, indicates a sustained positive effect in terms of parenting and communication skills reported separately by participants and their children.

The partner will plan the intervention, including adaptations of the curriculum and evaluation of its impact, with the Ministry of Health, the Ministry of the Fight Against AIDS, and other relevant HIV prevention stakeholders. With direction from this group, PEPFAR partners will approach parents and community and religious leaders in selected communities to determine their interest in implementing the program. The lead partner will then implement and evaluate the program with several PEPFAR prime and sub-partners at the community level. If the adapted program is determined to be effective, the partner will plan national scale-up by multiple prime partners in FY09.

The partner 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, the partner will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Religious Leaders

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7640.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17143.08

Activity System ID: 17143

Mechanism: CDC TBD

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$75,000

Activity Narrative: 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.

Primary HIV prevention priorities include behavior change to delay sexual debut and promote life skills with positive gender roles for in- and out-of-school children and youth; a decrease in cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV testing within sexual partnerships; decreased hospital-related infection through expanded blood-safety and injection-safety programs; and risk reduction among high-risk populations.

In FY07, PEPFAR is reinforcing and expanding effective programs and introducing new interventions to affect pervasive behaviors and attitudes in the general population and high-risk behaviors among identified groups. Targeting of interventions responds to available data, with continued concentrations in the urban South (Abidjan, San Pedro) and prioritizing of other high-prevalence areas through local sub-grants and coordinated site selection.

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.

Based on lessons learned, available data, and the new National Strategic HIV/AIDS Plan 2006-2010, the USG focuses on the following prevention priorities: (1) locally appropriate responses to address major sources of new infections, (2) expanded reach of behavior change communication (BCC) messages through mass-media and community-level outreach campaigns, (3) support of local religious, professional, and other networks that influence community values, (4) research to assess and refine prevention approaches, (5) innovative strategies for promoting delay of sexual debut and partner reduction, and (6) secondary HIV prevention for HIV-infected individuals and sero-discordant couples.

The USG currently funds 12 prime partners in prevention, of which 10 have multiple sub-partners (NGO/CBO/FBOs). Among the prime partners are two government agencies, six international NGOs, and three local NGOs. Sub-partners work at the community level to promote delayed sexual debut, partner reduction, correct and consistent condom use, increased HIV knowledge and awareness, decreased HIV stigma, and greater uptake of HIV testing and counseling, including couples and family testing.

In FY08, these priority areas will continue with an added focus on improving the overall quality of activities and assessing the impact of programs. To achieve this goal, the USG will use AB and Condoms and Other Prevention funds to support a partner to address prevention program quality and coordination by determining and promoting best practices, assuring coverage and eliminating duplication among partners and sub-partners, and strengthening capacity of partners and sub-partners through a standardized system of capacity building. The partner will work with the Ministry of the Fight Against AIDS (MLS) to map where community-level interventions coordinated by PEPFAR prime partners are being conducted, the proposed content and fidelity to content of those interventions, and the proportion of target populations reached.

Interventions determined to be best practices from this exercise and from new programs evaluated (Men as Partners) will be standardized, and all sub-partners working with relevant populations will be trained and funded to implement them.

In addition, the partner carrying out the present activity will work with the MLS to collate and evaluate the capacity-building tools used by all PEPFAR prime partners with their sub-partners. Based on the findings, the partner will develop a national system for sub-partner capacity development, supervision, data collection, monitoring, and evaluation, which all prime partners will then adopt as a standardized national approach.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17144

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17144	17144.08	7640	7640.08	CDC TBD	US Centers for Disease Control and Prevention	\$25,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Denguele-Bafing

Fromager

Moyen Cavally

Mechanism ID: 5316.08

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: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4995.08

Planned Funds: \$720,000

Activity System ID: 15103

Activity Narrative: Noted April 16, 2008:

CARE will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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, FY08 will see the increased presence of government actors and health care workers returning to the "CNO" zone.

With FY08 funds, CARE will continue to provide sub-grants to three primary NGO prevention partners that promote abstinence and faithfulness through sensitization activities. These partners will oversee AB activities in the three "hub" sites of Bouake, Korhogo, and Man, as well as in nine satellite sites targeted by the project.

CARE will continue to work with regional HIV/AIDS NGO coordination networks, whose main responsibility is coordinating local NGO actors, to ensure the continuum of HIV care and support. These networks will be encouraged to work closely with and facilitate the eventual 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.

Working in areas where the Ministry of Education (MEN) has not yet extended 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 gender inequity and the prevention of gender-based violence (GBV).

With the help of JHU/CCP, CARE partners will use culturally appropriate BCC strategies, curricula, and sensitization materials with AB and gender messages (including gender-role discussions for boys and young men). Peer education activities will continue with student health clubs. To reach rural populations, CARE will ask partners to identify and train community health workers to deliver BCC interventions. CARE will work with ANADER to reach village chiefs, "queen mothers," youth leaders and other "opinion catalysts" who influence general perceptions and attitudes.

CARE will continue to support partners with gender-sensitivity training so they can address the cultural factors that perpetuate the spread of HIV, including GBV. CARE will emphasize working with religious partners 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. In collaboration with EngenderHealth, CARE will also begin integrating 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 community action teams. The MAP approach will be evaluated and, if effective, will be integrated into other prevention partners' programs.

CARE will also expand economic support activities put in place in FY07. Target populations will include young and out-of-school girls, including economically vulnerable "filles de ménage." Experienced local partners will be consulted on how best to identify and engage girls and their parents. Village savings and loan activities, once functional, will be coupled with 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.

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 supported by PEPFAR partners.

Project activities will be coordinated through relevant national, regional, and district forums. They will also be coordinated with other CARE projects, including the Global Fund-supported PREMA and HIV Round 2 projects. A joint work plan will be developed to avoid duplication and enhance synergies. The PEPFAR-funded CARE project will expand into PREMA sites, with partners that are already operational, in preparation for the end of the PREMA and Phase 2 projects in 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 FY08 funds to consolidate activities in satellite sites around Bouake, Korhogo, Man, and extending to the Bondoukou/Bouna zone, the project will:

1. Provide sub-grants to Caritas, REMCI, and NGO partners to support school-based AB activities in 10 new schools per zone (40 schools). Five teachers per school (200 total) and 10 peer educators per school (400 total) will be trained to provide age-appropriate interventions using the MEN's life-skills curriculum.
2. 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 gender-based violence, including female excision. This activity will also be conducted in 45 villages in the Duekoue/Bangolo area in western Cote d'Ivoire, where CARE is doing health promotion work through the EU-funded R&R Project (working to facilitate the return of IDPs).
3. Provide a sub-grant to ARSIP to ensure supervision of 90 religious leaders trained in HIV prevention in FY07, conduct training of 30 more religious leaders per zone (120 total), and hold four quarterly

Activity Narrative: coordination meetings for religious leaders.

4. Work with JHU/CCP to develop campaign materials for use by Caritas, ARSIP, and local NGOs in support of AB sensitization. At least 500 copies of a peer-educator book and 8,000 copies of two posters will be produced and distributed.
5. Translate and disseminate AB messages in local languages in collaboration with REPMASCI (network of journalists and artists) to ensure cultural appropriateness and visibility. At least 1,000 radio spots will be broadcast.
6. Train at least 30 new groups (each with 20-30 members) on the village savings and loan methodology and simple accounting, followed by training in the implementation of small income-generation activities.
7. Conduct formative supervision visits with Save the Children, UNFPA, and PNSR to oversee health-care providers trained in FY07 on GBV response.
8. Train 20 health-care providers in the Bouna/Bondoukou area to provide treatment and care of cases of GBV (rape, incest, abuse, excision).
9. Train at least 10 local police officers in each zone on how to prevent and respond to cases of GBV.
10. Conduct joint supervision visits each semester with the MLS and the MOH's community health department (DSC) to ensure quality of prevention activities.

CARE will continue to adapt and follow its M&E plan based on national and PEPFAR requirements and tools. Basic questionnaires and focus-group discussions will be conducted each quarter to assess client satisfaction and community response to prevention activities. 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.

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 instructive supervision so that necessary technical and management skills are transferred to partner staff. CARE is also emphasizing the development of project-writing and financial-management skills so that partners can apply directly for and manage funding in the future. Institutional capacity is being supported through infrastructure rehabilitation and equipment purchases to increase the long-term capabilities of partners.

CARE will work closely with national coordination bodies, including the relevant ministries, to help with the redeployment of staff and the reinforcement of activities in the CNO zones. Supervisory visits will be conducted with ministry representatives to ensure awareness of project partners and their activities. District-level offices will be supported (with Internet, USB, etc.) to enable them to collect and transfer national health data. Regional and district health directors will continue to be included in monthly supervision visits, periodic trainings, and quarterly coordination meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9941

Related Activity: 15104, 15105, 15106, 15107

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22444	4995.22444.09	HHS/Centers for Disease Control & Prevention	CARE International	9672	5316.09	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$850,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15104	5016.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$435,000
15105	5040.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$470,000
15106	5044.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$1,233,000
15107	5047.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$400,000

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

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	132,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	974	False

Indirect Targets

30 formative supervision visits – GBV response
20 new providers trained - GBV response
40 police
90 total

GBV responders and police are indirect targets, as their training is related to an AB prevention approach of delaying sexual debut especially among young girls and reducing vulnerability to HIV, but not specifically on the promotion of AB messages.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Zanzan

Moyen Cavally

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7640.08

Mechanism: CDC TBD

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17140.08

Planned Funds: \$200,000

Activity System ID: 17140

Activity Narrative: Within Cote d'Ivoire's adult HIV prevalence of 4.7%, women are more than twice as likely as men to be HIV-positive, 6.4% vs. 2.9% (National AIDS Indicator Survey, 2005). Although no incidence surveys have been done, the prevalence data by age group suggests that a large proportion of new infections are occurring in women ages 20-34 years. HIV prevalence among women is 0.4% in 15- to 19-year-olds and increases to 4.5% for ages 20-24, 7.5% for ages 25-29, and 14.9% for ages 30-34 (almost triple the 5.6% rate among men in that age group).

Efforts to target HIV intervention activities for groups that are vulnerable, marginalized, and at highest risk of HIV infection, such as commercial sex workers, are under way in Cote d'Ivoire (FHI, PSI). However, little is known about the characteristics, risk behaviors, and potential points of intervention of women in the general population who may be at high risk but do not identify themselves as sex workers, such as women who engage in transactional sex or inconsistent sex work. Identifying high-risk groups among women in the general population and understanding their risk factors related to HIV are critical steps toward providing appropriate prevention interventions to improve program effectiveness and meet the needs of the target audience.

In FY08, the USG will fund a partner to conduct an assessment of HIV prevalence and risk factors among women ages 20-34, potentially using surrogate markers such as CD4 count as an indicator of "recent infection." Steps needed to conduct the assessment include (1) a qualitative assessment through desk review, (2) key informant interviews and focus-group discussions to help determine the scope and objectives of the main assessment, and (3) a cluster sample survey. Potential key informants and focus-group participants include women recently diagnosed with HIV, female college students, female domestic workers, women in small trades, and members of the general public.

The initial formative assessment will help determine the target population, locations, and sampling strategy of the main assessment. A cluster sample survey with behavioral and biologic markers is one potential methodology. The study will examine the demographic and socioeconomic characteristics, HIV status, related risk behaviors, and access to health care among representative women. Data will help determine how HIV prevention and care programs should target these women and identify intervention and entry points.

Biological and behavioral data will be collected among at least 500 women in Cote d'Ivoire. As part of the data-collection process, participants will receive educational information and discuss their personal risk behaviors and how to keep themselves from becoming HIV-infected or transmitting HIV to their partners. Participants will also be referred to counseling and testing services and available care and treatment programs their area.

The implementing partner will work in collaboration with the Ministry of Health staff, who will initiate a stakeholders meeting for input as the survey is developed. Special emphasis will be placed on ensuring confidentiality and anonymity of study participants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7218.08	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: Central GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 17369.08	Planned Funds: \$0
Activity System ID: 17369	

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; 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 \$2,000,000 for 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 11 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; HIV counseling and testing; palliative care; and OVC services.

In FY07, GG 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. GG invited and trained 19 potential CBO/FBO sub-partners 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.

In the program area of AB prevention, GG will provide sub-grants, training, and mentoring to at least 10 local organizations working in Abidjan and surroundings, Yamoussoukro, Alepe, Bolequin, Gagnoa, and Guiglo: Alliance Biblique de Cote d'Ivoire (ABCI), AMEPOUH, Africa Christian Television (ACT), Group Biblique Hospitalier (GBH), Lumiere Action, Cote d'Ivoire Prosperite (CIP), CMA, Groupe Biblique Universitaire pour l'Afrique Francophone (GBUAF), Femme Action Development (FEMAD), and Renaissance Sante Bouake (RSB). FY08 funds will support training in AB prevention for 1,000 people and AB-oriented community-outreach interventions reaching at least 70,000 people.

GG will set up project management teams and will elaborate and implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. GG'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, fidelity with knowledge of sero-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, gender-based violence) and seek to reduce HIV-related stigma and discrimination.

GG 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. GG 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 mass-media broadcasts (expected to reach more than 5,000,000 people) with follow-up calls for one-on-one counseling and referrals to CT services and to religious leaders for psychosocial and spiritual support.

GG partners will use appropriate HIV prevention education methodologies that may include mass media, theater, picture sheets and cards, role modeling and role play, debates, films, and prevention education during home-based palliative care and OVC. 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.

GG will work in coordination with JHU/CCP and other PEPFAR partners 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 project activities will be coordinated with the Ministry for the Fight Against AIDS and will follow and support the National HIV/AIDS Strategic Plan. GG 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.

GG 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, GG will participate in quarterly SI meetings and will implement decisions taken during these meetings

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17365, 17372, 17362, 17367

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17365	17365.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17372	17372.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17362	17362.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17367	17367.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	70,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Bas-Sassandra

Lacs

Lagunes

Moyen Cavally

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5386.08

Mechanism: State

Prime Partner: International Rescue Committee

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17386.08

Planned Funds: \$200,000

Activity System ID: 17386

Activity Narrative: Noted April 16, 2008:

Reprogramming \$50,000 from program area AB to program area HVOP to allow the partner to provide full ABC prevention approach.

Côte d'Ivoire's extended political-military crisis created massive population displacements, with about 2 million internally displaced persons (IDPs) moving primarily from the North to the South of the country. This difficult situation was exacerbated by the influx of about 40,000 refugees fleeing neighboring countries, many arriving in refugee reception zones (ZAR) in the Guiglo/Moyen Cavally and Tabou/Bas Sassandra areas. These displacements have weakened and overloaded health, education, and other services in affected areas, including those related to HIV/AIDS prevention and treatment, while community security networks became dysfunctional due to the breakdown of family and other local structures.

HIV/AIDS and tuberculosis are leading causes of death in Côte d'Ivoire. Women's health is particularly threatened by HIV/AIDS, as well as by intense and early reproductive-health activity and limited access to preventive and curative obstetric care. In a crisis setting, women and children are the most vulnerable to sexual and gender-based violence and poverty, which in turn puts them at greater risk of contracting HIV/AIDS. While adult HIV prevalence is 4.7% in Côte d'Ivoire, 14% of women ages 30-34 are HIV-positive. Prevailing socio-economic conditions also put women and children at greater risk of being destitute if they or family members fall victim to the disease.

To help mitigate the synergistic effects of HIV/AIDS and displacement, the USG in FY08 will fund the International Rescue Committee to conduct HIV prevention activities targeting refugees, IDPs, and the general population and economic-strengthening activities for people living with HIV/AIDS (PLWHA) and refugees/IDPs.

The IRC recently completed a project funded by the U.S. Department of State Bureau for Population, Refugees, and Migration that included awareness-raising among Liberian refugee youth about HIV/AIDS prevention. An IRC study in August 2007 found that 98% of those who had participated in IRC awareness-raising were familiar with the basics of HIV/AIDS transmission, compared to 90% of a non-intervention population.

With FY08 USG funds, IRC will work toward two specific objectives:

1. Increase awareness of HIV/AIDS prevention methods
2. Contribute to the economic stability of PLWHA and families, especially refugees, affected by the epidemic.

The IRC will build on its experience in community awareness-raising in Côte d'Ivoire to promote HIV prevention. Because the political situation continues to change and may produce further population movements, specific project locations in the Tabou area will be selected when project activities are ready to begin. Activities will include:

1. Pre- and post-intervention surveys to assess awareness of HIV/AIDS prevention behaviors, including abstinence, fidelity, and condom use. The first survey will set a baseline for knowledge, attitudes, and behaviors related to use of HIV/AIDS prevention methods, and the second survey will allow the IRC to measure change caused by its awareness-raising efforts.
2. Promotion of HIV counseling and testing, PMTCT services, and prevention of sexually transmitted infections.
3. A media campaign, in consultation with JHU/CCP, promoting HIV/AIDS prevention.

To contribute to the economic stability of PLWHA and families affected by HIV/AIDS, the IRC will identify people (especially refugee/IDP women and orphaned adolescents living with or affected by HIV/AIDS) in need of economic support in and around Tabou and then engage them in individual income generating activities (IGAs). IGAs receiving support will depend on participant interest and market viability and may include agriculture and small-scale commercial ventures. In addition to supplies and materials to help establish the IGAs, IRC support will encompass life skills and livelihood lessons on literacy, numeracy, management, hygiene, nutrition, water and sanitation, reproductive health, gender-based violence, and HIV/AIDS prevention. This strategy will help fill a gap identified by the IRC: that IGAs in Côte d'Ivoire often lack sufficient life and livelihood lessons to accompany the direct economic development support.

The IRC will implement a monitoring and evaluation plan tracking project-specific as well as national and EP indicators. To help build a unified national M&E system, the IRC will participate in quarterly SI meetings and carry out decision made at these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	False

Target Populations

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Bas-Sassandra

Moyen Cavally

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8651.08

Mechanism: IQC AIDSTAR

Prime Partner: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19365.08

Planned Funds: \$574,000

Activity System ID: 19365

Activity Narrative: 3 Oct 08:

The Academy for Educational Development (AED) mechanism to which these were intended to be allocated is ending. We are reprogramming these funds for the same purpose (financial, programmatic, technical, and overall capacity building support to local AB prevention subpartners) to IQC AIDSTAR.

FY08 PEPFAR funds are being re-programmed to The Academy for Educational Development (AED) to support grants management and capacity building for multiple sub-partners conducting activities that promote Abstinence and Be Faithful (AB) strategies for HIV prevention. AED will apply processes and tools for organizational capacity assessment and strengthening currently in use as the NPI technical assistance implementing organization in Cote d'Ivoire. AED will have substantial involvement in working with grantee/sub partners to reach intended targets and achieve goals of delaying age of sexual debut among youth, reducing number of sexual partners and promoting mutual fidelity and knowledge of ones own and one's partner's serostatus.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	55,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	25,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	214	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Other

Religious Leaders

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$4,500,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

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

blood products through a regional network and hospital blood banks. In FY08, laboratory capacity will be strengthened at regional centers to reduce the testing burden at the NBTS lab in Abidjan, and improve the turn-around time between collection and transfusion.

It is estimated that Cote d'Ivoire would require at least 170,000 units per year (approx. 1% of pop.) to have an adequate supply of blood. Prior to FY04, the NBTS met only 40% of that need. This figure has steadily increased since the launch of the Emergency Plan-funded blood-safety initiative. By the end of FY05, approximately 95,000 blood units were available for distribution, covering 56% of the national need. In FY07, 121,506 units were available for distribution.

All of the blood units distributed by the NBTS are screened for HIV, hepatitis B (HBV), hepatitis C (HCV), and syphilis. In FY04 and FY05, prevalence rates for HIV and syphilis declined among all donors from 1.2% to 1.1% (HIV) and from 1.1% to 1.0% (syphilis). By the end of calendar year 2006, the prevalence rates among all donors were 0.86% for HIV; 0.97% for syphilis. Prevalence rates for HBV and HCV increased among all donors by the end of 2006, from 4.88% to 5.4% (HBV) and from 1.5% to 2.1% (HCV). These increases are attributed to the expanding pool of higher-risk new donors who have been recruited to meet blood-supply targets.

During this same time period, prevalence rates for HIV, HBV, HCV, and syphilis decreased among repeat donors (compared to new donors). In FY05, rates among repeat donors were 0.3% (HIV), 0.4% (syphilis), and 1.2% (HBV and HCV). By the end of calendar year 2006, repeat donors prevalence rates had declined to 0.25% (HIV), 0.94% (HCV), 1.03% for (HBV) and 0.76% (Syphilis).

All blood collected in Côte d'Ivoire is from voluntary, non-remunerated blood donors.

The political crisis in Côte d'Ivoire forced the closure of regional blood centers in Korhogo and Bouaké in the northern part of the country, which remains under rebel control. These closures during disrupted access to blood and blood products for people in the north and west of the country. The regional center in Daloa and the newly established center in Yamoussoukro were reinforced to meet the needs of the population displaced during the political crisis. Emergency Plan funds supported the gradual reopening of the centers in Bouaké and Korhogo in FY07. In FY07, NBTS began supplying blood to Bouake from Abidjan, and planned a similar supply mechanism for Korhogo. Rehabilitation plans for both sites have been phased in slowly due to continuing uncertainty about the peace process.

NBTS continues to receive technical assistance from Social & Scientific Systems, Inc. (SSSI), a Washington-based organization funded through a separate Track 1 CDC cooperative agreement. SSSI coordinates trainers and other advisors from its own staff and from subject-matter experts in Europe (e.g., Belgian Red Cross). SSSI technical assistance will continue in FY08.

Other continuing activities for FY08 include:

Infrastructure: In FY07, renovation plans for the NBTS headquarters in Abidjan were finalized, and work on the laboratory and blood-collection area was completed. The regional centers in Bouaké and Korhogo were formally reopened with blood supplied directly from Abidjan. Plans to complete the rehabilitation of these centers and re-start blood collection and testing activities were advanced in FY07. A site visit in April 2007 included high level meetings between NBTS officials and health officials from the Forces Nouvelle rebellion. Renovation plans for Centers of Aboisso, San Pedro, Abengourou, and Daloa were also finalized in FY07, and work will be completed by the end of the calendar year.

Equipment and supplies: Vehicles and equipment used at blood-collection centers and laboratories and in the production of blood products were procured in FY07, as was cold-chain equipment for 30 blood banks. Supplies and consumables required for all NBTS activities were purchased in FY07. This procurement included multiple blood bags for the production of pediatric-size units. NBTS has not requested assistance through SCMS since, to date national procurement procedures have been effective – there have been no stock-outs since FY04.

Donor-recruitment activities: The NBTS uses TV and radio spots and public service announcements to recruit donors. Other recruitment efforts include the opening of 42 donors clubs in schools; partnerships with private companies; and mobilization activities on World Blood Donor Day (June 14). These efforts also encourage new donors to become repeat donors. These activities will be supplemented by data collected through a Knowledge, Attitudes and Practices (KAP) survey of blood donors funded in FY07.

Blood collection, testing, distribution, and utilization: To increase the number of units collected, three forward collection sites have been opened in Abidjan. Five other collection sites have been identified outside of the capital. Automated blood screening and production equipment has reduced the proportion of blood distributed as whole blood in favor of blood products (e.g. platelets). The diversification of blood products and training in the rational use of blood – i.e. use of blood products instead of whole blood – will continue in FY08. The NBTS has reduced its reliance on whole blood from 73% in FY04 to 54% in FY05. Two conferences have been held in Cote d'Ivoire on the rational use of blood. The first, in FY06, focused on the use of blood to treat anemia. The second, in FY07, looked at the use of blood in cases of hemorrhage. Both conferences served to generate national guidelines on the clinical use of blood. The NBTS has published and distributed both sets of guidelines. A third conference on the clinical use of blood is planned for FY08, with additional guideline materials to follow. Two evaluations of the utilization and prescription of blood products were conducted to inform the recommendations formulated during the conference. A prescription and utilization guide of blood products was validated and will be printed and distributed in FY07. The distribution of blood products was reinforced at the NBTS, and an NBTS-staffed blood bank was opened at the university hospital of Yopougon. Planning is underway to open blood banks at the CHUs of Treichville and Cocody. As noted above, a KAP survey was funded in FY07. Other public health evaluations planned for FY07 included a NAT survey to determine the residual risk of window-period donations, and a survey of transfusion staff to identify strengths and weaknesses in transfusion monitoring. Note: These PHEs are planned for FY07, but may be pushed to FY08 if delays occur.

Capacity building/ training: More than 200 people (NBTS staff, blood-donor association representatives, and peer educators) have

been trained in topics including: good collection practices, the use of the Progesa software, the use of automated laboratory and other collection and preparation equipment, inventory and stock management, and quality assurance. Training in Abidjan and at the Daloa and Yamoussoukro regional centers has been complemented with advanced training for selected staff in Belgium and France. Training in FY08 will build on the work achieved in FY04-07, and will incorporate practical sessions for laboratory staff. These hands-on courses will complement classroom-based training.

Information systems: Progesa, a software tracking system for blood services, has been used by NBTS since the early 1990s. A major software overhaul was conducted in FY07, and additional training in the system's use and maintenance was conducted with technical support from the Belgian Red Cross. Automated serology machines have been linked to Progesa and the network was expanded. Training will continue in FY08, as will the expansion of Progesa capacity to the regional centers.

Quality assurance (QA) system: A QA policy, standard operating procedures, and general hygiene and safety procedures have been designed and are being implemented in most of the NBTS system. This process will continue in FY08. An internal audit is also planned.

All USG funded partners will report to the EP strategic information team with quarterly program results and ad hoc requests for program data. In an effort to participate in the building and strengthening of one national monitoring and evaluation system, all USG funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Sustainability: Strategies to sustain the project beyond PEPFAR were developed in FY06 and FY07 with plans to formalize the transfer of skills from PEPFAR-funded technical contractors to NBTS staff. The NBTS remains aware that additional governmental funding and external financial contributions will be required to sustain the increased volume of blood collections and testing made possible with PEPFAR assistance. A working group was established in FY07 to review the costs of blood products and to design strategies to reinforce the NBTS's autonomy. This group will make recommendations in FY08. CDC Atlanta and the CDC country office have also elevated the importance of ensuring the transfer of skills from contractors to NBTS staff.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	79
3.2 Number of individuals trained in blood safety	750

Custom Targets:

Number of blood units collected	145000
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Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7641.08	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: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 9708.08	Planned Funds: \$500,000
Activity System ID: 17083	

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

SSS objectives for FY08 are to provide TA to support the following NBTS activities:

1. The organization and management of the NBTS network of collection, testing, storage and distribution units.
2. The roll-out of a national Quality Assurance plan.
3. The development and deployment of a national hemovigilance system to trace transfusion outcomes and improve patient safety during transfusions.
4. Provide technical expertise in special study design and conception
5. Support IT integration among new centers and blood banks
6. Continue training and drafting of common policies, guidelines and procedures

Other core activities include the development of a laboratory automation strategy and the computerization of data collection and management activities. Emphasis areas include capacity development and training, needs assessment and targeted evaluations, and QA. Target audiences are host country government workers and health care providers, located in Abidjan and the regional centers managed by the NBTS.

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

The NBTS production target for FY08 is to have 145,000 units of blood available for distribution.

As detailed in the Program Area Context, SSS successfully completed activities in the areas of Information Systems, Quality Assurance and Sustainability in FY07.

These activities included:

- Evaluating and redesigning the configuration of several buildings identified as potential blood centers.
- Advising on the selection of 3 advanced collection sites.
- Advising the NBTS on logistics and cold chain needs.
- Reassessment of the blood center data management software PROGESA and identification of the need for an upgrade in order to meet the NBTS capacity and international blood safety standards.
- Advising on the planning, development and research of new donor mobilization strategies and partnerships to recruit new donors and increase the number of repeat donors. This activity led to the installation of 40 new donor clubs in Abidjan on the heels of the 44 previously installed in Yamoussoukro and Daloa at the end of 2006. SSS is also actively participating in the development of a KAP survey.
- Designing and implementing a quality control program, including organization and start-up of the quality control laboratory activities, to help monitor the production of the NBTS. It is one of the key elements of the hemovigilance system being developed.
- Developing a hemovigilance protocol focusing on the traceability of the blood products
- Advising on the development of Blood Transfusion Policies and Guidelines, which led to the validation of the first National Guide on Blood Transfusion during the 1st Expert conference on the use of blood held in Yamoussoukro in August 2006
- Advising and helping on the draft of an NBTS Reference manual.
- Training on the medical software PROGESA; stock management and logistics, monitoring and evaluation, collection and preparation (for technicians); blood donors selection (for physicians), use of blood products for prescribers, laboratory practices (lab technicians), and quality assurance.
- Strengthening and developing staff skills in the utilization of the blood center data management software through training in data management for monitoring and evaluation. The medical software PROGESA facilitated the accurate periodic evaluations of NBTS activities and helped produce a range of reports to inform training as well as operational and quality assurance decisions. Quarterly, semi-annual and annual activity reports were prepared and transmitted to the CDC.

Most program activities planned for FY08 will be a continuation of those undertaken in FY07.

Those activities are:

Activity 1: SSS will review renovation plans and provide technical assistance, where appropriate, to complete the rehabilitation of the blood transfusion centers in Aboisso, San Pedro, Yamoussoukro, Abidjan, Bouaké, Korhogo, Man, Abengourou, Bondoukou, and Odiénné. SSS will provide similar assistance to NBTS as it plans, designs, and establishes 5 new blood collection sites, and renovates the patient reception area at the NBTS headquarters. SSS support will advise NBTS on the type and quantity of equipment, materials and supplies needed at all of these locations.

Activity 2: In association with JHUCCP, SSS will help NBTS develop marketing materials for donor recruitment and public sensitization activities, particularly in low-risk communities. SSS will help NBTS to maximize the findings expected from the Knowledge, Attitudes and Practices (KAP) survey NBTS is undertaking in FY07. These findings will inform new strategies to recruit and retain low-risk blood donors who are willing to give blood more than once a year. SSS TA will also help NBTS to collect and manage indicator data required by PEPFAR, WHO and the Ministry of Health. SSS will actively participate in the elaboration of new protocol agreements between NBTS and new partners. In addition, SSS will support the public health evaluations detailed in the NBTS narrative.

Activity 3: SSS will continue its support for the diversification (operations, supplies, production) of blood

Activity Narrative: products based on the needs identified by the NBTS, the organization of an inter-laboratory quality control system, and in-house quality control for all biological activities. SSS will also monitor the implementation of hospital blood bank agreements with NBTS, and support the implementation of a tracking system of transfused blood products (hemovigilance). Finally, SSS will assist with the development of:

1. Procedures for storage and labeling of specimens in the serum archive.
2. Management procedures for hospital blood banks, including standard operating procedures
3. Uniform hygiene and safety protocols for the NBTS
4. Strategies to encourage donors to return for test results and protocols to ensure that more donors are linked to appropriate testing, care and treatment services.

Activity 4: SSS will support the drafting and dissemination of policies and guidelines on blood transfusion by providing expertise for the training curriculum of 500 physicians, in collaboration with JHPIEGO. Technical assistance will be provided for the elaboration of blood transfusion guides in anticipation of a third experts' conference in FY08 to continue consensus-building on the use of blood in Côte d'Ivoire. SSS will continue the development and roll-out of a blood products tracking system for the NBTS network of blood banks. SSS will provide technical review and input to support the NBTS and MoH with new framework legislation to strengthen NBTS autonomy and create a sustainable environment for safe blood activities.

Activity 5: SSS will provide training on the Progesa blood tracking software, stock management and logistics, and M&E, and QA. Training will also be offered to collection, laboratory and preparation technicians; physicians who conduct pre-donation interviews with donors; and prescribers and users of blood products. In FY08, SSS training methodology will focus on complementing the "class-room" training sessions, with "hands-on" skills training. Similar practical training will target Blood Bank Managers. SSS and the TA sub-contractors (T&D and Belgian Red Cross) will work with NBTS to identify instructors to lead the practical sessions and collaborate with classroom instructors. Specialized training in serology and immunohematology will be organized for a limited number of NBTS technicians in Belgium. Approximately 150 NBTS staff will be trained in FY08.

Activity 6: Monitoring and evaluation (M&E). SSS TA will focus largely on training in the use and maintenance of the Progesa blood tracking software system. Training will focus on data collection and management, as well as analytical evaluations. At NBTS's request, SSS will assist with the periodic evaluation of NBTS activities and assist with reporting requirements. Data from these evaluations will guide NBTS programs, such as the recruitment of donors with rare blood types activities. These reports will also support QA activities. QA activities for FY08 will focus on the roll-out of the quality system for the NBTS.

Activity 7: SSS will support the NBTS as it implements the recommendations from the sustainability working group and expands the process to transfer skills from PEPFAR-funded blood safety experts on the Equipe Projet to NBTS staff. SSS's work in these areas will include, where appropriate, mentoring for administrative and technical staff, and targeted evaluations of systems and policies.

All TA provided by will be based on international norms, but tailored to meet local requirements.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9708

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9708		HHS/Centers for Disease Control & Prevention	Social and Scientific Systems	4934	4934.07	MOH-Blood Safety TA	\$400,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	79	False
3.2 Number of individuals trained in blood safety	750	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4933.08	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: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 9707.08	Planned Funds: \$4,000,000
Activity System ID: 15137	

Activity Narrative: Program activities are designed to increase the supply of safe blood to meet national demand; build local capacity; and contribute to the prevention of 265,000 new HIV infections in Côte d'Ivoire. These objectives will be reached through an expansion of the National Blood Transfusion Service's (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. 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 and health care providers, low risk communities, and the general population.

In FY07 NBTS aims to have 145,000 units of blood and blood products available for distribution.

The NBTS is responsible for recruiting and retaining blood donors, and for collecting, testing, processing, storing and distributing blood nationwide. NBTS also coordinates training for donor recruiters and clinicians who prescribe blood. Training will be organized and conducted with Social & Scientific Systems, Inc. (SSS), the Track 1-funded technical assistance provider for blood safety in Cote d'Ivoire.

FY07 activities:

- Five blood transfusion centers and 22 blood banks have been reopened after renovations. Four satellite collection sites have been opened. A major upgrade to the blood tracking software and hardware will have been completed. Two blood collection vans and one supervisor's vehicle have been procured and put in service.
- Donor Mobilization. A Knowledge, Attitudes and Practices (KAP) survey will be completed and findings will be used to inform donor recruitment strategies. 170 new donor clubs were established with FY07 funds. Other public outreach activities included World Blood Donor Day, June 14.
- Strengthening laboratory testing and QA in all NBTS labs, and the development of a national hemovigilance system. Accomplishments include: The opening of a national QA lab; expansion of the blood products unit to reduce physicians' reliance on whole blood; the development of a hemovigilance system.
- Development and dissemination of national policies and guidelines. Work began to draft national policies on the appropriate use of blood to treat anemia. These guidelines were based, in part, on input from a conference on the use of blood in FY06. A follow-up conference on the use of blood for the treatment of hemorrhages was held; input from that meeting will also inform the policy. New blood service legislation was drafted to reinforce the legal position of NBTS within the Ivorian healthcare system. This step is essential to ensure continued government commitment to the NBTS budget. Lastly, a laboratory reference manual was validated and distributed.
- Training. Training from external TA providers (e.g., SSS and the Belgian Red Cross) included instruction on the operation and maintenance of the PROGESA blood tracking software; laboratory and other stock management best practices; M&E; blood collection and preparation; blood donor screening and selection; the appropriate use of blood products for prescribers; and laboratory practices for lab technicians. Training on PROGESA and other information technologies will facilitate the decentralization of activities and decision-making to the regional centers. It will also support the QA system. NBTS staff members attended international conferences, including the WHO Global Consultation on Access to Safe Blood in June 2007. 150 CNTS staff were trained in best practices in blood collection, donor selection, blood testing, production and storage, and 150 peer educators and 500 prescribers and users of blood products trained in the appropriate use of blood to treat anemia.
- M&E activities benefited from a strengthened IT network in FY07. The PROGESA blood tracking software facilitated periodic evaluations of NBTS activities and helped produce reports to inform training as well as operational and quality assurance decisions. Quarterly, semi-annual and annual reports were prepared and transmitted to the CDC.
- Sustainability. NBTS implemented the recommendations from a sustainability working group. These included initiating a process to ensure that technical skills are transferred from the PEPFAR-funded contract staff (Equipe Projet) to the full-time NBTS staff.

FY08

Most program activities planned for FY08 will be a continuation of those undertaken in FY07. The blood service's major partners will also remain the same, with the addition of several new blood donor associations.

Activity 1: Rehabilitation and renovation. Work will be completed or begun on the blood transfusion centers in Aboisso, San Pedro, Yamoussoukro, Abidjan, Bouaké, Korhogo, Man, Abengourou, Bondoukou, and Odiénné. (Please note that some renovation projects may be delayed due to continuing levels of political uncertainty.) Architectural studies will be completed to improve patient flow and access to the blood pick-up window during non-business hours at the NBTS headquarters. NBTS also plans to establish three new collection sites, for a total 9 collection sites opened since FY06. An equipment and materials needs assessment will be performed for each site. These materials will be procured through the standard MOH procurement system. The NBTS will also restore and equip 30 hospital blood banks in FY08. Key to this expansion is the procurement of cold chain equipment and the acquisition of information technology to link these centers to the NBTS network. Cold chain decisions may be informed by a proposed energy assessment by USAID in calendar year 2007.

Activity 2: Outreach activities will encourage repeat donations from low-risk donors. New strategies based on the results of a KAP survey will be developed to increase the pool of eligible blood donors and to encourage these donors to give blood more than once a year. Other recruitment efforts will include radio and television messages; blood donor clubs; public-private partnerships; and the NBTS website.

In addition, the CNTS will conduct the following public health evaluations:

- A Donor Satisfaction survey. These findings will allow the CNTS to improve customer service and increase the number of repeat donors.
- A study on "factors of seroconversion among donors". This will allow CNTS to understand donors' behavioral risk profiles.

Activity Narrative: Activity 3: Testing and quality control activities will include:

1. Develop a laboratory quality control system.
2. Manage the serum bank at the Abidjan center.
3. Diversify blood products according to demands from client hospitals.
4. Implement QA procedures for hospital blood banks.
5. Implement a hemovigilance system for transfused blood products.
6. Implement hygiene and safety protocols.
7. Increase the number of donors who receive their results and appropriate referrals (stigma and discrimination; increasing gender equity).

NBTS will collaborate with national VCT and treatment centers to establish a referral system for blood donors who test positive for HIV or other TTI. NBTS will ensure that adequate support is given to the Donor Follow-up Center.

Activity 4: Policies and guidelines will be disseminated on the prescription and use of blood products for hemorrhages. A second training program for 500 prescribers and users of blood products will be held. A third conference is planned to build consensus on national guidelines for the appropriate use of blood. NBTS will expand the blood products tracking system. New legislation will be finalized to ensure continued government support for NBTS and safe blood activities nationwide.

Activity 5: Training for FY08 includes:

1. Instruction on the Progesa blood tracking software
2. Stock management and logistics
3. M&E
4. Best practices in blood collection, testing, preparation, and storage
5. Appropriate use of blood for physicians
6. Laboratory practices for screening and the production of blood products

Training will be provided to blood bank staff as new centers become operational. Specialized training in serology and immunohematology will be organized for senior laboratory technicians in Belgium. A total of 250 CNTS employees and non-CNTS peer educators will be trained in FY08. 500 physicians and other clinicians will receive training in the use of blood to treat hemorrhage. Selected NBTS staff members will attend international conferences. In FY06 and FY07, training for laboratory staff has focused on classroom sessions, with an emphasis on principles. In FY08, NBTS training will include practical, "hands-on", modules to complement the classroom sessions. NBTS will work with SSS and the TA sub-contractors to identify instructors to work with classroom instructors and lead the practical sessions. NBTS will also procure materials needed for the practical sessions.

Activity 6: M&E activities will benefit from improvements to the information technology network. Internet-connected IT equipment at regional sites will improve communications and record keeping. Upgrades to the 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 audit of the project will be carried out by an approved auditor.

Activity 7: NBTS will continue to pursue the transfer of skills from TA consultants to NBTS staff. An analytical accounting system for the NBTS will be developed. NBTS will also continue efforts to diversify funding sources.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9707

Related Activity: 15134, 15135, 15136

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9707		HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	4933	4933.07	Track 1 MOH-CNTS (Blood Safety) #U62/CCU0236 49	\$2,813,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15134	12211.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$382,781
15135	5055.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$200,000
15136	5056.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	79	False
3.2 Number of individuals trained in blood safety	750	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Denguele-Bafing

Fromager

Moyen Cavally

HMIN - Injection Safety

Program Area:

Medical Transmission/Injection Safety

Budget Code:

HMIN

Program Area Code:

04

Program Area Context:

In 2001, the Ministry of Health (MOH) in Côte d'Ivoire convened a national technical working group (GERES-CI) to provide expert guidance for controlling and reducing occupational exposures to blood borne pathogens such as HIV, HBV, and HCV. As a result of their efforts, standard policies were developed around safe injection practices, safe disposal of medical waste, and other practices to prevent nosocomial transmission of infection through occupational exposure to blood.

Since 2004, the EP through JSI Making Medical Injections (MMIS) project is strengthening the Ministry of Health (MOH) in better documentation of Injection Safety and Waste Management (IS&WM) issues through 2 qualitative and quantitative assessments that showed high risk practices such as needle recapping (63% of health workers), lack of waste segregation in most of health facilities (81%), lack of training in ISWM (less than 10% of workers), use of auto-disable syringes and safety boxes only in immunization services.

The objective of the comprehensive implementation of the National Injection Safety and Waste Management Program in both the public and private sectors is to reduce a substantial part of nosocomial and occupational transmission to both patients and providers. This in turn will contribute significantly to the national goals for preventing the transmission of HIV infection.

From 2004 to 2006, JSI/MMIS implemented injection safety activities in 24 health districts in the south of the country (government zones), including support in drafting of IS&WM reference document (National Injection Safety Waste Management Policy and Guidelines). In addition, JSI supported districts in (1) developing micro-plans to effectively guide local ISWM activities, (2) capacity building through training and supervision for health providers in health facilities, (3) equipping of health facilities with safety supplies (auto disable/retractable syringes and safety boxes), (4) development and distribution of communication materials in order to support behavior change among health care providers and improve segregation systems for health care waste in two pilot health facilities and (4) promotion of good practices in waste management including incinerator operation, repair, and maintenance. FY06 interventions also included community sensitization and education to reduce the demand for injections through multimedia messages that were being developed as part of a strategy to reduce unnecessary injections (overuse of injections is believed to be widespread in Cote d'Ivoire).

In 2007 the political and social environments started to improve and JSI decided to begin integrating services into ten health districts including three districts situated in the Forces Nouvelles areas (North) and one Teaching hospital. Currently there are 35 districts covered by JSI MMIS activities. In 2007 the project went through a Mid Term Review. The results of the review guided the implementation of the project and provided perspectives for future activities.

In FY 08 Injection Safety activities will continue expanding services by:

- (1) Supporting the integration of safety and security concepts for the management of safe injections and medical waste in the "Institut National de Formation des agents de santé "(INFAS)
- (2) Providing individual equipment for protection to waste handlers in 24 health districts
- (3) Implementing BCC and sensitization strategies to change behaviour regarding the overuse of injections. This includes organizing forums between prescribers, healthcare workers, and trainers of health workers to discuss unnecessary injections and the means of reducing them in the 35 districts
- (4) Supporting the MOH and the Ministry of Environment to adapt and finalize the Waste Management Action Plan in 2007
- (5) Ensuring the procurement of injection safety supplies at the central level through coordination with PATH and PSP in all 35 health districts
- (6) Coordinating activities with key ISWM partners at the national, district and local levels
- (7) Integrating safe injection indicators in the national health data management systems in coordination with DIPE and JSI Measure Evaluation
- (8) Promoting waste handlers' protection by providing personal protective equipment
- (9) Collaborating with the MOH and national stakeholders involved in health care waste management activities to build appropriate incinerators (with 2 chambers) in health districts.

JSI/MMIS works with key actors and partners such as WHO, UNICEF, World Bank and the Global Alliance for Vaccines and Immunizations (GAVI), and other EP partners to assist the MOH in improving ISWM activities in Côte d'Ivoire.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 1250

Custom Targets:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 4932.08	Mechanism: JSI Injection Safety
Prime Partner: John Snow, Inc.	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Activity ID: 10194.08

Planned Funds: \$2,412,646

Activity System ID: 15132

Activity Narrative: The goal of the Making Medical Injections Safer (MMIS) project is to provide a rapid response to prevent the transmission of HIV and other blood borne diseases by improving the safety of medical injections. In Côte d'Ivoire, the MMIS implementation environment is marked by a political crisis dating back to September 2002 and the resulting disruption of the national health system with a sometimes precarious security situation. Despite these security concerns, the program is expanding in scope. In 2007, the political and social environments became more favorable for national implementation since the signing of the "Ouaga Settlement" in Burkina Faso. To date (July 2007) 34 districts representing 40% of the country's total districts are covered by MMIS activities. The program benefits from a collaborative work environment with local partners and responsive technical support from MMIS/Washington as well as USG technical staff in country. MMIS works with WHO, UNICEF, and other partners to complement safe injection activities implemented by the Ministry of Health. Project achievements from 2004 are as follows:

Capacity Building: 5225 health workers and waste handlers were trained in injection safety and waste management (ISWM) from October 2004 to July 2007 representing 74.4% (5225/7027) of HCWs and waste handlers in the 816 MMIS covered public sector health facilities in 34 districts and 1 Teaching Hospital.

Logistics Management: To date 34 districts have been supplied with safety syringes (auto-disable and retractable types) and safety boxes. The program works through the MOH supply distribution network which is managed by the Pharmacie de la Santé Publique (PSP).

Behavior Change and Communication: Job aides and other communication aides for healthcare workers were produced, tested and disseminated in all program intervention districts. Field visits were conducted in districts to promote behavior change among HCWs and to advocate for the allocation of resources for building incinerators. Discussions and sensitization sessions were organized for media professional and leaders of health workers associations. Radio/TV messages for behaviour change in communities were drafted and tested.

Waste Management: MMIS assisted MOH in updating the National Waste Management Strategic Plan 2008-2010. The Project also supplied waste handlers with personal protective equipment in 24 districts (68.5%) and supported 3 districts in repairing incinerators.

Monitoring and Evaluation: Supervision visits were conducted with district supervisors in covered districts, focusing on key indicators.

NB: in 2007 MMIS started activities in 2 districts of the country's areas controlled by "Forces Nouvelles" in the North.

The COP08 is consistent with MMIS' 2005-2009 strategic plan. With expected funding for the period from March 2008 to September 2008, MMIS will expand to nationwide coverage, build on the project's successes, and implement interventions that will continue beyond the life of the project. The project will continue to focus on coordinating activities with key IS partners at the national, district and local levels. Collaboration with the USG and other PEPFAR partners remains a priority and will be achieved through regular meetings. MMIS strategies and major activities for the funding period are:

Expanding project coverage

Ongoing progress in Injection safety, waste management, and infection prevention will be expanded to one additional district and one university teaching hospital with PEPFAR support. In these 2 additional areas, MMIS will support the development of injection safety and waste management microplans.

Training and capacity building

MMIS expects to train at least 150 health care workers in the target district and 500 individuals in the university teaching hospital (health care facilities managers, prescribers, frontline health care service providers, supply managers and level logistics officers, facility waste handlers). Training sessions will continue addressing phlebotomy issues. Capacity building activities will also include supervision of individuals who were trained at districts and facilities levels since 2004.

Logistics and procurement

MMIS will continue to ensure the procurement of injection safety supplies at the central level through coordination with PATH and PSP. MMIS, jointly with PSP will organize the distribution of safe injection equipment and supplies at service delivery points (health districts and facilities).

In order to contribute to the sustainability of safe injection commodity procurement and distribution, MMIS will liaise with injection safety partners including private sector distributors to sensitize and advocate quality control and appropriateness of products imported in regards to international norms and guidelines.

MMIS will also work with partners (DIPE, JSI/R&T-MEASURE, PSP) to integrate safe injection indicators in national health data management systems. This includes consumption data. Advocacy meetings targeting private sector distributors will be held for the procurement and distribution of safety boxes and safety syringes (AD, retractables) in private health facilities.

Behavior change communication and advocacy (for reduction of unnecessary injections)

JSI/R&T-MMIS Behavior change and advocacy activities will focus on the organization of field visits to sensitize local authorities on ISWM issues in order to expand project activities in one additional health district, one university teaching hospital. Sensitization of communities started with the production of TV/radio messages will be reinforced by MMIS through the development of specific BCC materials such as "boîte à images" which is an important tool used for sensitization sessions in health facilities and communities (homes and workplaces visits).

Waste management

MMIS will support the MOH to bring partners (Ministry of Environment, WHO, the World Bank, GAVI and others) together to discuss and update the National Health Care Waste Management Plan developed in 2005.

MMIS plans to continue working to improve a segregation system for health care waste in two pilot health facilities where the project has successfully introduced safety boxes and waste management training. The results of this pilot will serve as a model for other health facilities for the sustainability of good practices in health care waste management.

MMIS will also support districts in the promotion of good practices in waste management including incinerator operation, repair, and maintenance. In order to reinforce waste management activities started in Treichville University Teaching Hospital, MMIS will promote waste handlers' protection by providing personal protective equipment. In collaboration with the MOH and national partners involved in health care waste management activities, JSI will advocate for the building of incinerators (with 2 chambers) in health districts.

Activity Narrative: MMIS monitoring and evaluation activities will consist of:

Monitoring of procurement activities and availability of commodities in MMIS districts, supporting periodic (quarterly) meetings of the Injection Safety Technical Task Forces (BCC, WM, Logistic task forces). M&E will also include writing of quarterly, semi-annual and annual reports to document project implementation, working sessions to prepare for prescription record reviews to document the behavior changes among prescribers, and project participation in meetings for national PEPFAR activities coordinated by the local CDC office.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10194

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22391	10194.2239 1.09	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	9658	4932.09	JSI Injection Safety	\$596,851
10194	10194.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4932	4932.07	JSI Injection Safety	\$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	1,250	False

Indirect Targets

Target Populations

Other

Business Community

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Denguele-Bafing

Fromager

Moyen Cavally

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$4,200,300

Amount of total Other Prevention funding which is used to work with IDUs \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Background

The 2005 AIDS Indicator Survey (AIS) 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 have HIV (6.4% vs. 2.9%). Male prevalence may be mitigated by near-universal (96%) circumcision. Geographic differences included marginally higher HIV prevalence in urban settings and marked regional differences, from 1.7% in the Northwest to 5.5% or more in the South and East and 6.1% in Abidjan.

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

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

FY07 Response

The USG-CI team pursues a comprehensive ABC prevention approach in collaboration with national and local government. For Cote d'Ivoire, just beginning to emerge from a military and sociopolitical crisis and still limited in donor resources, large-scale but targeted prevention interventions are critical to mitigate the epidemic's impact on vulnerable subpopulations at high risk of acquiring and transmitting HIV, including the uniformed services and those engaging in transactional sex.

The national prevention and BCC strategies call for a sequenced and targeted ABC approach. Individual, couple, and family HIV counseling and testing is seen as a key primary- and secondary-prevention tool with linkages to care and treatment. Promotion of couple testing is intrinsically linked to promotion of mutual faithfulness and of condom use within sero-discordant couples. Promotion of abstinence and fidelity among youth is complemented by condom education for those at high risk.

The program continues to build on the success of targeted prevention campaigns. PEPFAR-supported interventions target the uniformed services and ex-combatants, truckers, displaced and mobile populations, transactional sex workers and their clients, sexually active in- and out-of-school youth, and health- and education-sector workers. Cooperative agreements launched in September 2005 have expanded ABC activities and promotion of HIV testing and STI management among underserved populations (e.g. in rural areas, in the North, and for uniformed services). For transactional sex workers and truckers, the USG continues to support services (including static 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 USAID 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 is expanding nationally, and population size estimates are being systematically undertaken. National media campaigns have begun, with billboards in urban areas.

FY08 Priorities in Condoms and Other Prevention

FY08 objectives are 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 integration and scale-up, 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 key policy barrier to address is access to counseling and testing for adolescents below age 18. The most notable strategic shift in the FY08 prevention program is a focus on the role of lay counselors in health facilities. The USG team will fund treatment and PMTCT partners to provide training and compensation for lay counselors dedicated to providing prevention interventions for all clients, with appropriate and accurate information, guidance, support, and follow-up for discordant couples and prevention for positives as well as effective referral to community-based palliative and OVC care. 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.

In FY08 the USG program will focus on the following interventions:

1. Continuation and expansion of community-based interventions targeting the general population in both rural and urban areas with BCC activities, mobilization for counseling and testing, and specific youth driven campaigns.
2. A national mapping of community-level interventions, their proposed and actual content, and the proportion of the target population reached.
3. An evidence-based intervention for increasing parent-child communication and HIV awareness among parents and pre-adolescent children will be implemented and evaluated by one prime partner and, if found successful, will be implemented more widely by multiple partners.
4. A "Men as Partners" program will be translated, adapted, implemented, and evaluated by one partner and, if found successful, will be scaled up by multiple partners.
5. The capacity-building tools used by all prime partners with their sub-partners will be collated and evaluated. Based on the findings, 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 Initiative “Prevention with Positives” and other prevention programs will be translated, adapted, and implemented via lay counselors in HIV care and treatment settings in both faith-based organizations and the public sector, with an emphasis on abstinence, fidelity, correct and consistent condom use for those engaged in high-risk behaviors, and partner testing.

7. A formative evaluation of women with recent infections will provide a better understanding of behaviors leading to new infections among women ages 20-34 years, who likely represent multiple socio-economic and demographic groups. 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 dramatic increase in HIV prevalence 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. An assessment of the population size, location, and risk behaviors of men who have sex with men will be conducted, with the goal of creating specific interventions for this potential high-risk group.

Coordination

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

All USG funded partners will report to the EP strategic information team with quarterly program results and ad hoc requests for program data. In an effort to participate in the building and strengthening of one national monitoring and evaluation system, all USG funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Sustainability

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

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	2072
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	906792
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6872

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5304.08	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: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 10505.08	Planned Funds: \$400,000
Activity System ID: 15139	

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

This Other Prevention strategy complements the AB components of the MEN HIV prevention program. With EP support a multi-grade Life Skills curricula with A & B messages targeting students and health clubs members has been created, piloted and is being revised based on experiences, input from other country programs via the EP, and an internal evaluation in 2007. In addition, the MEN implements activities in OVC referral services and HIV in the workplace programs (prevention, testing, care, and stigma reduction) for HIV-positive teachers and other personnel of the MEN. This integrated program was piloted in 10 sites with EP assistance in FY 2007 and will be strengthened during FY 08 – including the addition of 1 new highly affected demographic area in Abidjan. This will be expanded nationally as the MEN finalizes HIV/Life Skills teacher training content based on results of their evaluation in 2007. It will be extended nationally via teacher training centers with a special focus on approaches to reach secondary level students. The MEN has worked in close partnership with the Cote d'Ivoire EP team to enhance collaborations between the Ministries of the fight against AIDS, Health and social services as well as other donors (UNICEF, UNESCO, Japan Aid) and organizations financed by the EP, including FHI, HIV/AIDS Alliance, EGPAF, ANADER (rural areas) and REPMASCI (artists and media-radio). This collaboration provides a platform to address HIV/AIDS prevention from several directions for both students and personnel in the education sector.

With FY2007 funds and technical assistance from partners (Abt Associates and FHI), the MEN developed an expertise and competence in HIV prevention and care in the education sector. Demographic studies have established that students on average are sexually active as of 15 years of age and therefore condoms are available to students over the age of 15. In the CAFOP (pre-service teacher training centers) where training modules on Life Skills are being finalized the MEN promotes condom use and behavior change among teacher-trainees because future teachers have a tremendous impact as role models on students and colleagues, in addition to protecting themselves from infection. The importance of trade union leaders is significant and the MEN continues to support QUITUS, an NGO with branch sections for teachers and other staff living with HIV/AIDS, as HIV peer educators. These activities include promoting a supportive environment for teachers to seek testing and encourage HIV infected and affected married or co-habiting staff to know their HIV status and plan for positive living. Teachers are trained to be "Community development agents" by ANADER to help link school-based and broader community initiatives in HIV prevention and care.

In FY 08 the MEN intends to strengthen these activities as a strategy for HIV prevention, care and treatment referrals in the workplace for the teachers, students and staff in the 10 sites and the new focus area of Abidjan. Parents will be more actively engaged through meetings with the COGES (parent-led school management board). Parents are also members of the management board of the student health clubs in secondary schools. The MEN will continue to coordinate with and support QUITUS and other partners in training teachers and COGES members in order to improve communication and reinforce prevention and behavior change among the entire secondary school community. Furthermore, since 79% of primary public school teachers and 86% of secondary school teachers are men, prevention efforts to address male norms and encourage role model behavior in remaining faithful in relationships, reducing the number of casual partners, and correct and consistent use of condoms are particularly relevant in the education sector. The MEN supports initiating a pilot program of awareness raising, peer support and staff training in violence reduction and positive male norms using a proven curriculum effective in other PEPFAR supported countries (Great Guy program in Uganda or Men as Partners from South Africa). These approaches will be adapted to the Ivorian context and then piloted in the 11 sites including the main teacher training institute. Based on an evaluation of these activities, a national roll out strategy will be planned for 2009.

More specifically, in FY08 the MEN will:

1. Continue its collaboration with ANADER, ACONDA-VS, and other partners to reinforce HIV-in-the-workplace programs. Condoms will be distributed to the personnel on the various sites. Rapid evaluations of STI/HIV/AIDS knowledge will be conducted among teachers and other MEN personnel at the 11 sites. The MEN intends to train 2,000 people and to reach 48,000 teachers and other personnel with comprehensive ABC prevention messages.
2. Focus on scaling up (based on the 2007 pilot program) 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 responsible for teacher training throughout the country (APFC).
3. Pilot a male norms, violence reduction and adult male Life Skills peer education program in collaboration with EP technical assistance and other implementing NGOs (EngenderHealth or PSI) in the existing 10 pilot sites, the additional Abidjan site, and the main teacher training institute. This will include training 25 peer educators at each site (275). Lead trainers will develop a training strategy to integrate this approach in future teacher training through the department of pedagogy.
4. Continue to implement an M&E plan based on the EP requirements and national tools. This contributes to the implementation of an integrated system of M&E in collaboration with the national and international stakeholders.

The MEN 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, the MEN will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10505**Related Activity:** 15138, 15140, 15141**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22377	10505.2237 7.09	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	9651	5304.09	CoAg Ministry of Education #U62/CCU2422 3	\$200,000
10505	10505.07	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	5304	5304.07	CoAg Ministry of Education #U62/CCU2422 3	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15138	4557.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$1,300,000
15140	5039.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$200,000
15141	10059.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	48,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,750	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Teachers

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5314.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4558.08

Activity System ID: 15117

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$1,386,529

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's OP funds reprogrammed to FHI to provide financial, programmatic, technical and overall capacity building support to subpartners who received grants in FY 07 to continue providing uninterrupted OP services in the zones FHI is working. FHI will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

In FY07, FHI's Highly Vulnerable Populations Project (PAPO-HV) supported the strengthening and expansion of sexual risk-reduction interventions as part of a comprehensive prevention, CT, and care package of services targeting transactional sex workers (SW) and their partners. These interventions have been carried out in 18 sites delivering behaviour change communication interventions targeting highly vulnerable populations (HVP). The key results achieved at the 18 HVP prevention sites were:

- The distribution of 1,500,000 male and female condoms
- 40,000 individuals (mostly made up of SW and their partners) were reached through community-based sensitization and HIV/AIDS prevention through behaviour change messages focusing on correct and consistent use of condoms.
- 150 people were trained to promote prevention of HIV/AIDS 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 in the 18 HVP BCC sites and training 150 service providers on the use of the tools. In addition, management and resources mobilization tools were disseminated at the national level in collaboration with MLS. Extension and sustainability plans were revised and updated at the existing HVP BCC sites to document progress achieved by the NGOs.

PAPO-HV Project continued to collaborate with other PEPFAR partners such as Alliance-CI for Capacity Building and Assistance to NGOs and technical management of the VCT mobile units in order to provide prevention and care services for difficult to reach SW in Abidjan and San Pédro.

With COP 08 funds, FHI will build on ongoing programs with technical and financial support while continuing to provide sub-grants to the 18 existing implementing NGOs/sites. In addition, FHI will expand PAPO-HV to seven (7) new communities through strategically selected sub-partners. The technical support FHI will provide to new partners includes strengthening new service providers and reviewing progress and providing supportive supervision in the implementation at each HVP site of the minimum package of services (MPS) including BCC/prevention through peer education, CT, STI management, PC and ART.

PAPO-HV leveraged additional funding for this program from the Belgian Development Cooperation (BC) for 2008. This funding will support operational research and scale up evaluation activities.

Technical support provided by FHI and its partners (ITM and Espace Confiance) to implementing partners includes training of new service providers, dissemination and use of QA and M&E standardized tools, regular participatory program reviews and supervision. To this effect, Espace Confiance (EC) 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-HV project will establish links with other PEPFAR partners such as Alliance, CARE and EGPAF for the training of clinic service providers to expand beyond the 18 HVP BCC sites. PAPO-HV will conduct studies related to condom use and STI prevalence as well as capture-recapture techniques for the SW size estimation at the various sites. At the regional level, PAPO-HV will collaborate with the Institute of Tropical Medicine (ITM) to exchange the project experiences achieved in Côte d'Ivoire with similar ones implemented in Kisumu (Kenya) and Kinshasa (DRC).

More specifically, in FY08 FHI will:

1. Having completed the data collection and analysis on SW size estimation, FHI will support the increase of BCC services coverage by 25%. This increase will be made through the selection of at least seven (7) new BCC sites and/or the strengthening of existing sites according to pre established criteria, in collaboration with MLS, MSHP/PNPEC, and other partners. In the selected sites, FHI will support BCC activities through sub grants awarded in 2007 to newly identified NGOs/sites. The selection of new NGOs/sites is part of the replication of HVP(SW) intervention models including the CdC model;
2. Continue to provide technical support to the 18 existing prevention sites implementing sexual risk-reduction interventions towards HVP, especially SW and their partners;
3. Continue to improve the mapping of SW. Through the use of GPS tools and the « capture and 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 EC in Abidjan and APROSAM in San Pedro to sex workers living in difficult-to-reach areas. FHI will also support availability of condoms in venues such as hotels and bars;
5. Improve coverage and quality of clinic-based and outreach prevention and CT-promotion activities conducted by peer health educators and community workers. Specifically, FHI in collaboration with MLS and MSHP, will support the standardization of BCC services for SW in the project sites, through the dissemination of standardized tools (reference manual); strengthen the referral system to PMTCT, OVC and ART programs (for HVP sites which do not currently have integrated ART). Prevention activities will address stigma and sexual violence by providing HVP-friendly services, staff with nonjudgmental attitudes, and conducting BCC activities for other HVP (partners, clients, bar owners);
6. Continue to strengthen the operational management of NGOs and existing associations through the strengthening of administrative and financial management, budgeting, leadership, monitoring and evaluation, and mobilization of resources. More specifically, FHI will continue to support the revision,

Activity Narrative: update, and dissemination of the quality-assurance tools developed in 2006 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;

7. Continue support (started in 2006) to EC, in collaboration with JHPIEGO, EGPAF, RETRO-CI and the regional AWARE project, to create a national and regional training center for health care providers working in settings dedicated to the prevention and care of STI/HIV among sex workers. The training centre -CdC- will be linked to similar network service centres at the national and regional levels. More specifically, in 2008, EC will be responsible for implementing prevention and care activities at the centres for SW within PAPO-HV, under FHI support, to begin to transfer primary responsibility to EC;

8. Continue to increase coordination among NGOs and associations by strengthening efforts and providing technical assistance to the national government's working groups, particularly the Sex Work and HIV/AIDS working group within the MLS, and the Technical Working Group on STI (GTT/IST);

9. Support the revision, after evaluation, of the extension plan of the project PAPO-HV. This plan was elaborated in 2006, in collaboration with all key partners, and includes geographic extension to zones under control of the New Forces as well as broadening the target population to occasional sex workers. A revised plan will allow for reoriented interventions, including primary health services for HIV infected people, and by expanding services throughout the country;

10. Support an annual evaluation of the sustainability plan of project activities. PAPO-HV is guided by a sustainability strategy aimed at reaching the goals of the project while preparing local partners to assume organizational and technical management functions and continue interventions at the end of the CDC/Belgian Cooperation funding period;

11. 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;

12. Support MLS and MSHP, in collaboration with key partners (PSI, Alliance, RIP+) to develop and implement innovative prevention and care strategies for MSM;

13. 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 networks and the revision of tools (elaborated in 2006) for the management and mobilization of funds

14. 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;

15. Conduct a baseline assessment of HIV prevalence among a representative sample of 500 SW visiting new service sites in FY08

16. Conduct an assessment of the HIV prevalence among 600 SW coming for the first time to the 25 different prevention and care sites;

17. Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10050

Related Activity: 17079, 15118, 17128, 15119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22412	4558.22412.09	HHS/Centers for Disease Control & Prevention	Family Health International	9667	5314.09	CoAg FHI/ITM (HVP) #U62/CCU324473	\$1,880,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15118	5038.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$415,000
17128	5042.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$900,000
15119	5046.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$300,000
17079	9924.08	7036	5320.08	Private Sector Partnership One (PSP One)	Abt Associates	\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	33	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	65,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	171	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Lacs

Lagunes

Vallée du Bandama

Fromager

Moyen Cavally

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5315.08

Prime Partner: National Agency of Rural
Development

Funding Source: GHCS (State)

Budget Code: HVOP

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Activity ID: 5477.08

Planned Funds: \$200,000

Activity System ID: 15144

Activity 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

In Condoms and Other Prevention, FY08 funds will be used to continue and strengthen FY07 activities in six districts (Dabou, San Pedro, Abengourou, Bondoukou, and, starting in FY07, Soubre and Daloa). These activities, implemented through village HIV/AIDS action committees in 24 village sites per region, draw on ANADER's risk-mapping approach. Traditional and religious leaders will be empowered through tools such as the HIV/AIDS lexicon in local languages and use of participatory approaches to lead their communities to address HIV/AIDS, including addressing intergenerational sex, gender inequity, and HIV-related stigma and discrimination. Local HIV/AIDS action committees and community counselors will be 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. 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. ANADER works with teachers to reach youth in primary and secondary schools, drawing on Ministry of Education (MEN) life-skills materials and approaches.

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

The project trains action committee members and community counselors to provide information to adults about the correct and consistent use of male and female condoms 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.

Discordant couples are a target population for prevention counseling, CT promotion, and free condoms; it is estimated that 20,740 male condoms will be distributed in FY08 to discordant 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 palliative care services, OVC care and support, and ART adherence support. Activities conducted with FY07 funds include:

1. Identification of 48 more village sites (each with multiple surrounding villages) in Soubre and Daloa for intervention
2. A situation analysis in three departments
3. Training of 60 ANADER staff in ABC-targeted prevention
4. Training of 10 trainers and 144 community counselors in use of the local-language HIV/AIDS lexicon and ABC-targeted prevention
5. Community outreach reaching at least 52,292 people with Other Prevention messages
6. Broadcast of 922 spots and 248 educational programs with ABC prevention messages on local radio
7. 144 video campaigns (one village site)
8. Initiation of at least one support group for PLWHA in each village
9. Training of four local radio announcers (two per new departments) in ABC prevention, with REPMASCI and using IRIN/JHU/CCP materials
10. Distribution of 71,720 male condoms

Activity Narrative: 11. Strengthening of linkages between village action committees and agricultural cooperatives by involving one to two members of cooperatives in each action committee

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 will be selected by community members and implemented with ANADER agricultural technical assistance.

FY08 OP activities will be informed by assessments in FY06 and the 2005 AIDS Indicator Survey. The project will reach 40,550 people through community outreach that promotes HIV prevention through condoms and other prevention methods beyond AB and will train 720 people (five community leaders per village) to promote such prevention.

Activities with FY08 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 at least 288 theatrical presentations
2. Delivery of at least 144 video campaigns with community mobilization and discussion (one per village)
3. Broadcast of 612 ABC prevention spots on local radio
4. Broadcast of 156 radio programs with ABC prevention messages
5. Competition (e.g. on local radio) with an HIV prevention theme to generate attention and interest
6. Strengthening of linkages between village action committees and agricultural cooperatives
7. Expand income-generating activities to 48 villages in Soubre and Daloa

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.

Project activities will strive to mobilize and build capacity among CBOs and village and district HIV/AIDS action committees to achieve local ownership and sustainability. Training of community counselors and peer educators, creation of support groups, and involvement of agricultural cooperatives are designed to enhance sustainability.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10051

Related Activity: 15143, 15145, 15146, 15147, 15148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22369	5477.22369.09	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	9648	5315.09	U62/CCU02512 0-01 ANADER	\$250,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15143	5475.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$562,401
15145	5479.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$360,000
15146	5480.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$1,050,000
15147	5482.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$350,750
15148	5485.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$100,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	144	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,550	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	720	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5313.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11056.08

Planned Funds: \$225,000

Activity System ID: 15154

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

Cote d'Ivoire remains the major hub of the West African region, characterized by high mobility of people, due mostly to economic integration and opened borders, while at the same time suffering a period of political, military, and economic instability. 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.

"Prevention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest et du Centre" (PSAMAO) was started under the previously under USAID and covered four countries and was subsequently expanded into 17 countries.

PSAMAO is a best-practice program designed to encourage the adoption of safe and responsible sexual behaviors among truckers, sex workers, customs and uniformed officials, and other high-risk and mobile populations. The program includes behavior change communication (BCC) activities, social marketing of condoms, treatment for sexually transmitted infections (STI), and voluntary counseling and testing (VCT) promotion and referrals. Recent studies conducted by the PSAMAO regional project showed that from March 2005 to November 2006 the consistent use of condoms by commercial sex workers with paying clients rose from 44% to 53%. Among truckers, the rate of consistent condom use was 36% in March 2005, and by November 2006 this had risen to 77% with occasional partners and 66% when paying for sex. The survey 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.

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

PSI received USAID funding through the SFPS and WARP projects from October 2003 to September 2006 to implement the PSAMAO regional project in Côte d'Ivoire. Two local NGOs, Croix Rouge de Cote d'Ivoire (targeting truck drivers) and SidAlerte Cote d'Ivoire (targeting sex workers), benefited from capacity building to carry out activities at eight sites identified by the project: two in Abidjan and one each in Bouaké, Korhogo, Ouangolodougou, Pogo, Man, and Danané. Within these organizations, two focal points, 14 ground supervisors, and 28 community-based educators were trained in behavioral change communication based on a participatory approach. As of November 2006, it was estimated that there were a total of 1,075 commercial sex workers and 1,702 truckers being reached with communications activities across the 8 PSAMAO sites. Along with exposure to HIV/AIDS behaviour change communications activities, these populations also are referred to institutions providing CT and STI services. The PSI project also ensures access to affordable condoms in and around these PSAMAO sites, with over 87% of commercial sex workers and truckers at these sites claiming to have been exposed the PSAMAO communications activities. An estimated 5,000 truck drivers and sex workers a month were educated about partner reduction and correct and consistent use of condoms and given access to CT, STI, and family-planning services (included in this figure are many individuals receiving multiple exposures to messages and activities). Two health centers in Abidjan participated in a training program on STI syndrome management and were provided with STI syndromic treatment kits.

With FY07 EP funds, PSI 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.

With FY08 funding, PSI will continue to implement the range of PSAMAO behavior change communication interventions including gender-based training focusing on sexual violence, alcohol, vulnerability, and condom negotiation activities by community-based educators, and these activities are being expanded to customs and other officials (formal and informal) at 14 border crossing zones.

Specific activities that will be undertaken in FY08 include :

- Ensuring the 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 ambulatory sellers). These peer and community educators will conduct interpersonal communications activities (IPC) as well as mass media events at bus stations, border crossing points, associated bars and restaurants and other areas where large numbers of 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-trafficked areas by community educators.
- Delivering the project's behavior change communications messages via interpersonal communication activities and public demonstrations using the project's mobile video unit in all existing 22 PSAMAO project sites.
- Ensuring the continued availability and re-supply of condoms across all condom access points that have been created in conjunction with the condom social marketing project implemented by AIMAS.
- Supervising and reinforcing the diagnosis and testing for STIs in the 14 sites identified in FY07
- Supervising and reinforcing local NGOs sub-contracted to implement PSAMAO activities across the various project sites.
- Reproducing and distributing a wide variety of communications materials developed in FY07, in collaboration with JHU/CCP and the national BCC technical working group.

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 implicated in the monthly and quarterly 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.

Activity Narrative:

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

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

PSI 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11056

Related Activity: 15153, 15155, 16776, 15156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11056		HHS/Centers for Disease Control & Prevention	Population Services International	5313	5313.07	PSI CI Uniformed services VCT Promotion	\$225,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15153	4582.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$600,000
15155	10049.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$325,000
16776	5036.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$120,000
15156	4580.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$450,000

Emphasis Areas

Construction/Renovation

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	84	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	28,160	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5313.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 10049.08

Activity System ID: 15155

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$325,000

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 is undergoing a prolonged political and military crisis, the USG team has targeted uniformed services and their sexual partners for special attention. Since 2002, the country has seen 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 are likely to contribute to heightened sexual risk behaviors among these populations. Access to information, counseling and HIV testing, and health care is limited for uniformed services on active deployment.

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

The campaign is designed to increase correct and consistent condom use among those engaged in high-risk behaviors as part of a comprehensive ABC prevention strategy; to reduce high-risk behavior and stigma; and to improve perception of personal risk, including the negative effects of alcohol consumption on HIV-infection risk and ART adherence. Activities 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.

To implement the project, 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 works to reduce stigma through PLWHA testimonials and peer education. PSI and its partners work to link activities with other HIV prevention, care and treatment, and social services in the area.

Project activities complement and build on other EP-funded efforts, including Ministry of Health and FHI development of a palliative-care policy and guidelines for clinic- and home-based care as part of a continuum of care, as well as prevention, care, and treatment activities by other ministries (AIDS, Education, Social Affairs), ANADER (in rural areas), CARE International (in underserved northern and western areas), Alliance CI, and EGPAF. Activities are coordinated with the Ministry of Defense. All communications materials are developed and validated with the involvement of the government as well as international organizations (UNFPA, ONUCI, PNDDR, CDC/PEPFAR) and key implementing partners such as JHU/CCP, FHI, REPMASCI, ARSI, COCCI, RIP+, CARE, ANADER, and Alliance. PSI also collaborates with CARE, Alliance, EGPAF, and ACONDA and other partners to ensure a continuum of care for those testing HIV-positive.

For FY08, the project proposes to continue and reinforce the current activities. In particular, FY08 activities will include:

- BCC activities via interpersonal communication (IPC) techniques as well as mass media promoting other means of HIV/AIDS 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 of PLWHA, sexual violence and coercion. These tools will be augmented by efforts to involve key community leaders and influential members of the target groups to further shift social norms. 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 include small group sessions led by a peer educator, with each session touching on key issues such as risk perception, partner reduction, correct condom use, stigma, the negative affects of drug and alcohol use in relation to HIV, and the promotion of VCT. Peer educators 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 and will reach a total of 317,440 individuals with messages on other means of prevention.
- Refresher training of the project's peer educators and supervisors charged with conducting communications activities promoting correct and consistent condom use and other means of HIV/AIDS prevention among the 50 project sites. 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 issues of rape and sexual coercion with relation to HIV/AIDS.
- Management and re-supply of the 1,680 condoms sales points created during the previous years of the project.
- Distribute 566,560 male condoms during IPC sessions, group events and CT sessions, including correct condom use demonstrations
- Distribute 600,000 male condoms via these condom sales points
- Distribution of male condoms to new recruits and to uniformed personnel departing on peacekeeping missions
- Production of radio spots based on these mini-films for diffusion via local radio stations. These spots will address four key themes: correct and consistent condom use; the negative effects of stigma of PLWHA; the benefits of VCT services for couples, and prevention measures for sero-discordant couples; and how alcohol and drug use can increase risk of exposure to HIV.
- Promoting "positive prevention" among PLWHA. These activities will include assisting people with HIV/AIDS to protect their sexual health, avoid newly acquiring STIs, delaying the progression of the disease, and avoiding transmission of HIV to others. This will be achieved via self-help groups that will promote couples counseling and testing, the adoption of healthy and safe behaviors, and will provide assistance with announcing one's sero-status to partners and family members.
- Provision of training and technical support to HIV/AIDS "cellules focales" within the uniformed services

Activity Narrative: (military, police, gendarmes, customs, water and forests) to assist them with carrying out awareness and behavior change activities promoting other prevention methods.
 - Continued coordination with important national and local authorities. PSI has held coordination meetings regarding prevention and CT activities with UNFPA, ONUCI, PDDR, and the UNDP post-crisis unit. PSI will make available its trained peer educators for conducting sensibilization activities within the DDR sites. Similarly, PSI will continue to involve the district and regional health departments (DD and DR) as well as the military hierarchy in monthly planning of activities, as well as involving them in external supervisory activities. In addition, PSI's site supervisors will participate in meetings of the decentralized health committees organized by the DD and DR, and all research data and program results will be shared with these institutions.

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 early FY07, PSI will conduct the baseline study in mid-FY07, with follow-up TRaC studies each year to measure progress.

The project promotes sustainability through the creation of a pool of trainers, peer educators, community animators and military supervisors able to carry out activities well after the completion of the project. The project will also work with the Ministry of Defense to further decentralize project management through the creation of local and regional focal points in the fight against HIV/AIDS. /AIDS. The project will ensure monitoring of the execution of the Ministry of Defense consolidated HIV plan as well as the sustainability plan developed in 2006. These efforts include ensuring that all project activities are included in the military's future budget and work plans so that project activities can continue into the future.

PSI will continue to implement an M&E plan 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10049

Related Activity: 15153, 15154, 16776, 15156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10049		HHS/Centers for Disease Control & Prevention	Population Services International	5313	5313.07	PSI CI Uniformed services VCT Promotion	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15153	4582.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$600,000
15154	11056.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$225,000
16776	5036.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$120,000
15156	4580.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$450,000

Emphasis Areas

Gender

* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	1,680	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	317,440	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	132	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5309.08

Mechanism: ACONDA CoAg

Prime Partner: ACONDA

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 16767.08

Planned Funds: \$30,000

Activity System ID: 16767

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 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.

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.

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. ACONDA will ensure that community-based services capable of meeting these needs are identified and will be responsible for monitoring and reporting on referrals.

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.

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.

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 larger effect on disease spread than comparable efforts aimed at people who are not infected. 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.

ACONDA 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, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16759, 16522, 15089, 15090,
17114, 15091, 15092, 15093

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lagunes

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16770.08

Activity System ID: 16770

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$10,000

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 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.

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.

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.

ICAP 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.

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.

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 larger effect on disease spread than comparable efforts aimed at people who are not infected. 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.

ICAP 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, ICAP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16768, 16525, 16777, 16778, 17122, 17080, 16992, 17299

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Fromager

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 16771.08

Activity System ID: 16771

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

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 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.

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.

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. 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. 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.

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.

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 larger effect on disease spread than comparable efforts aimed at people who are not infected. 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.

EGPAF 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, EGPAF will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15110, 16524, 15111, 15112, 15113, 15114, 15115, 15109

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	105,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	550	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Pregnant women

Discordant Couples

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Fromager

Moyen Cavally

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5314.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19136.08

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$254,621

Activity Narrative: 3 Oct 08:

The USG team intends to support this activity, a study by Family Health International on condom use and STIs among sex workers, at the level originally proposed in the COP08 (\$254,621). This change reverses the effect of a reprogramming action in April 2008 that had reduced the funding level by \$200,000.

Title: Consistent Condom Use and STI/HIV Prevalence Among Sex Workers Attending Project Clinics in Cote d'Ivoire

Time and money summary:

This eight-month study will cost \$254,621.

Local Principal Investigators:

Bea Vuylsteke, Charles Zouzoua, Mathurin Dodo, Michel Guella, Virginie Ettiègne-Traore, Alexandre Ekra, Marie Laga

Project Description:

The PAPO-HV project goal is to reduce HIV/STI prevalence rates in highly vulnerable populations (HVP) in Cote d'Ivoire by: expanding the reach and increasing the quality of HVP services; building technical and management capacity of NGOs and associations to provide services; and increasing coordination among NGOs and other associations. PAPO-HV will expand services over 5 years. In Phase 1 (Year 1), service delivery at three existing sites for transactional sex workers was supported. In Phase 2 (Years 2-5), the project will establish additional service delivery sites, expanding the geographical reach of interventions and increasing the capacity of local NGOs to provide services.

Evaluation Question:

Key program performance targets of PAPO-HV are to foster a 15% increase in condom use and a 50% decrease of ulcerative and non-ulcerative sexually transmitted infections (STIs) among the target population for the life of the project. Population-based surveys one of the best ways to obtain this information. However, conducting a nationwide survey among sex workers in Côte d'Ivoire is not feasible at this moment given the political and social instabilities. For this reason, we propose to conduct a survey among sex workers who seek services at specialized PAPO-HV clinics. Previous studies at one sex worker clinic in Abidjan, Clinique de Confiance, demonstrated the efficacy of a similar intervention by monitoring behaviour and STI/HIV prevalence among female sex workers attending the clinic for the first time .

The aim of the proposed survey is to measure consistent condom use and STI/HIV prevalence among sex workers attending the different service delivery locations supported by the PAPO-HV project.

Methodology:

A baseline survey will be conducted among a representative sample of sex workers attending seven (7) new PAPO-HV service delivery centers selected in 2007.

The same methodology will be used for all surveys. Sex workers attending the center for the first time as well as routine clients will be invited to participate in the survey. Informed consent will be obtained from the participants, and a face-to-face interview will be conducted by a research assistant using a short standardized questionnaire. The questionnaire will include questions about socio-demographic characteristics, number of sex partners and condom use. Participants will then be invited to provide a saliva sample and self-administer a vaginal swab (women) or provide a urine sample (men). A medical check-up including a genital examination will be offered to participants. The completed questionnaires and samples will be collected anonymously but linked using a numbering system, so that test results can be linked with the results of the questionnaires. HIV testing on the saliva sample will be done at the local laboratory using the OraQuick HIV-1/2 Rapid HIV-1/2 Antibody Test (Orasure Technologies). The vaginal and urine samples will be shipped to the laboratory of microbiology at the Institute of Tropical Medicine (ITM), Antwerp, Belgium, where PCR testing will be done for N. gonorrhoeae, C.trachomatis (Amplicor, Roche) and T.vaginalis (in-house).

In addition to the evaluation survey methods described above, counseling on safe sex methods will be provided to all participants and they will also be offered routine STI services and HIV counseling and testing. Free treatment for STI will be provided according to routine clinical STI algorithms. A trained counsellor of the clinic will perform the pre-test counselling on an individual basis insisting on the benefits of doing a HIV test. The HIV test and post-test counselling will be done according normal clinic procedures. The results will be given to the patient during the post-test counselling, but are not linked with the forms of the evaluation survey.

Population of Interest:

Female sex workers who attend the clinics will be invited to participate in the survey.

To demonstrate a significant increase of 15% condom use and 50% decrease in STI prevalence between data collected at baseline and the end of the project survey, the sample size should be sufficiently large. The formula for comparing the minimum sample size for two proportions has been used to calculate a minimum sample size per center.

The sample size will be 210 female sex workers per center.

We expected the prevalence of consistent condom use in the baseline to be 70%. We aim to show a significant increase in condom use (15% to 85%) at end of project. Using the formula, we calculate that the sample size should be at least 210 participants in both the baseline and the evaluation survey at the end of the project.

We expected STI prevalence in the baseline to be 30%. We aim to show a significant decrease in STI prevalence (30% to 15%) at end of project. Using the formula, the sample size should be at least 208 participants in both surveys.

Activity Narrative:**Budget Justification:**

The budget proposed will support the implementation of the baseline evaluation survey at seven new PAPO-HV centers which are operational in 2008. The data collection part of the survey will last an estimated 3 months.

The budget for human resources needed to carry out the survey is \$38,115, which covers allowances for:

- ? 1 Field Coordinator
- ? 7 Physicians
- ? 14 Research Assistants
- ? 7 Laboratory Assistants
- ? 1 Data Entry Clerk

Participants will not be remunerated for transport cost or time, as the evaluation will take place during normal consultation hours with clients from the clinic. Moreover, the procedure per client will not take more than 30 minutes. Participants will receive extra free male condoms as incentives.

Training and supervision of the research staff will cost an additional \$9,112, including travel costs.

Operational costs amount to a total of US\$ 11,473 and include questionnaires, stationary, urine containers, condoms and the cost of transporting the samples from the centers to the reference laboratory where samples will be kept at -20°.

International shipping of the urine and vaginal samples to ITM in Belgium will cost US \$31,991.

The budget for STI and HIV testing (PCR tests for N.gonorrhoeae and C.trachomatis, PCR for T.vaginalis, HIV Elisa tests), including tests, laboratory disposables, manpower, is a total of US\$ 63,869.

Human resources\$ 38,115
Training and supervision\$ 9,112
Operational costs\$ 11,473
International Shipping\$ 12,464
STI and HIV testing\$ 163,930
TOTAL BUDGET\$ 254,621

Primary Expected Outcome:

The rigorous evaluation study described in this document is needed to: measure the outcome of the interventions supported by PAPO-HV; estimate the potential impact of targeted interventions; and provide evidence-based information to help mobilize an increased response to HIV and inform future adjustments to intervention strategies. The proposed evaluation which is part of a more comprehensive Monitoring and Evaluation plan is designed to accomplish these tasks as well as simultaneously respond to CDC and PEPFAR information needs.

Performance targets for key program elements include a 15% increase in condom use and a 50% decrease of STI prevalence among the target population for the life of the PAPO-HV project. This survey will provide the baseline data needed for evaluating the behavioral changes encouraged by the 3 current health centers supported by the PHV project.

Following outcome indicators will be obtained and stratified by center and by type of client (first visit or routine visit):

- Consistent condom use with clients during last working day
- Consistent condom use with boyfriends during the last week
- Condom use during last sexual act
- Prevalence of HIV
- Prevalence of N. gonorrhoeae
- Prevalence of C. trachomatis
- Prevalence of T.vaginalis
- Prevalence of genital ulcerations

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 19137, 15117, 15118, 17128, 15119

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
19137	19137.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$58,850
15117	4558.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$1,386,529
15118	5038.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$415,000
17128	5042.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$900,000
15119	5046.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$300,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5314.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19137.08

Activity System ID: 19137

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$58,850

Activity Narrative: Title: Estimation of the Size of Sex Worker Populations

Project Description:

The PAPO-HV project goal is to reduce HIV/STI prevalence rates in highly vulnerable populations (HVP) in Cote d'Ivoire by: expanding the reach and increasing the quality of HVP services; building technical and management capacity of NGOs and associations to provide services; and increasing coordination among NGOs and other associations. PAPO-HV will expand services over five years. In Phase 1 (Year 1), service delivery at three existing sites for transactional sex workers was supported. In Phase 2 (Years 2-5), the project will establish additional service delivery sites, expanding the geographical reach of interventions and increasing the capacity of local NGOs to provide services.

Money summary:

The budget for this study is \$58,850.

Local Co-Investigators:

Lazare Sika, Mathurin Dodo, Charles Zouzoua, Solange Koné, Marie Laga, Ivan Yorot, Solange Koné, Camille Anoma.

Evaluation Question:

Performance targets for key program elements include a 15% increase in condom use and a 50% decrease of STI prevalence among the target population, and coverage of 50% and 75%, in and out of Abidjan respectively. In order to measure coverage as an outcome indicator of the project, the denominator should be known, i.e. the size of the target population. The proposed study aims to assess the sex worker population size in at least five of the project sites in Côte d'Ivoire.

Methodology:

The very nature of sex work ("hidden" population) means that there are difficulties in applying the social survey methodology to obtain information on the prevalence of sex work. Therefore, alternative methods are needed, such as capture-recapture, which has been successfully implemented in different countries, including Madagascar, Bangladesh, Vietnam and Ireland. [6-8].

The study method will be the same in the five sites and consists in each site of the following 2 study components in chronological order:

- A. Mapping and census
- B. Capture-recapture method

First, a research team will conduct a mapping of locations where FSW can be found (where they find their clients) and estimating the numbers of FSW who usually work at these locations. The exact locations will be marked with the help of Global Positioning Software (GPS) and a small information form of the location will be filled in, including type of the site (lodging, hotel, etc), time of the day/week/month that is most busy time. In bars and hotels they will contact the manager/bar owner and explain the purpose of the survey. They will ask for his assistance to get in touch with the leader of the sex workers operating in that place. If the location is a lodging place or an area where several women work, they will identify the leader with assistance of the peer health educator and make contact with her. GPS data will be transferred on a digital map using Arc View software program.

The team will apply the capture-recapture method (CR method). Brochure. A few days later, in the same places and at the same time, a second sample is "re-captured", which comprises of a certain number of SW who were captured in the first round. Under the assumption that the proportion of marked persons found in the second round (R/C) is a reasonable estimate of the marked proportion in the unknown population, an estimate of the size of the entire population (N) can be made using the following formula:

$$N = \frac{M \cdot C}{R}$$

The study will have a total duration of one (1) month for mapping, capture and recapture per site.

Population of Interest:

Female sex workers and places where they can be found.

No sample size was calculated because all sex workers found at the sites during capture and recapture will be approached.

Budget Justification:

The budget proposed will support the implementation of mapping, capture and recapture at 5 PAPO-HV sites which are operational in 2008.

The budget for human resources needed to carry out the survey is US\$ 13,550 which covers allowances for:

- ? 1 Field Coordinator
- ? 2 Research assistants
- ? 60 Field assistants (12 per site)
- ? 1 Data Entry Clerk

Participants will not be remunerated, as participation only involves answering 2 or 3 questions. Participants will receive extra free male condoms as incentives.

Training and supervision of the research staff will cost an additional US\$ 21,100, including travel costs.

Operational costs amount to a total of US\$ 24,200 and include capture and recapture leaflets, and other stationary.

Human resources\$ 13,550

Activity Narrative: Training and supervision\$ 21,100
Operational costs\$ 24,200
TOTAL BUDGET\$ 58,850

Primary Expected Outcome:

It is expected that this estimate is more accurate than the estimate obtained from the mapping and census exercise, as it takes into account mobility of sex workers and short term variations in the size of the FSW population.

Reliable estimates of the size of sex worker populations are needed mainly for programming reasons, including guiding the selection of new sites for expanding the project geographically and calculating coverage obtained during and at the end of the programme. The results of this study however, will also be used by the Ministry of AIDS of Côte d'Ivoire for policy reasons.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 19136, 15117, 15118, 17128, 15119

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
19136	19136.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$254,621
15117	4558.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$1,386,529
15118	5038.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$415,000
17128	5042.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$900,000
15119	5046.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$300,000

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5554.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19361.08

Planned Funds: \$30,000

Activity System ID: 19361

Activity Narrative: This funding represents a percentage of Alliance CI 's OP funds reprogrammed to CDC HQ to support adaptation and translation of culturally appropriate HIV prevention for positive tools and materials which will be disseminated to all clinical facilities implementing a comprehensive care and treatment program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training

- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Malaria (PMI)

- * TB

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5554.08

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: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10345.08

Planned Funds: \$50,000

Activity System ID: 15168

Activity Narrative: With fiscal year 2008 funds, the USG CI team will provide direct technical assistance to the Government of Cote d'Ivoire and to our implementing partners, supplemented by targeted assistance from CDC headquarters, in support of the country program in the following areas: sexual prevention for positives, at risk, and highly vulnerable populations, such as professional and transactional sex workers, uniformed services and ex-combatants, truckers, and prisoners. USG CI will support the in-country travel and logistics for all USG CI TA and TA requested from HQ.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10345

Related Activity: 15159, 15160, 15167, 17297, 15169, 15162, 15170, 15171, 15163, 15172, 15173, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22339	10345.2233 9.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$300,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

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

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5343.08

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: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9931.08

Planned Funds: \$0

Activity System ID: 16765

Activity Narrative: Noted April 16, 2008:

The USG interagency team conducted a thorough assessment of Alliance Cote d'Ivoire's performance in FY 07 and decided to reprogram the majority of funds due to critical concerns over Alliance's programmatic, financial, technical, and management capacity to implement activities to meet the USG standards and achieve the intended PEPFAR results. The USG continues to question the integrity of the organization and believes that protecting the PEPFAR investment is the highest priority. Therefore, the USG team will reprogram all of Alliance CI's Other Prevention funds to other partners to continue and improve support to subpartners providing OP services.

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

In FY07, Alliance is providing sub-grants and technical assistance to 15 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). Seventy-five individuals were trained to promote HIV/AIDS prevention through other behavior change, and it is expected that 21,000 people will be reached by such prevention services.

With FY08 funds, in collaboration with Hope Worldwide, JHU/CCP, ANADER, CARE International, PSI, and the ministries responsible for health, education, and orphans and vulnerable children (OVC), ANS-CI will build upon FY07-supported activities to expand the capacity of local communities nationwide to respond to HIV, particularly among hard-to-reach and highly vulnerable populations (HVP).

Depending on performance evaluations of FY07 activities, ANS-CI will continue providing grants to support the OVC NGOs Forums and MESAD to improve the lives of street children and children in prison in Abidjan, Dabou, Dimbokro, Gagnoa, and San Pedro, in addition to supporting advocacy to strengthen their legal protections.

ANS-CI will work to strengthen the capacity of NGOs and CBOs, including drug users' associations, to reach and work with marginalized HVPs. In addition, ANS-CI will support information exchanges regarding HIV risk and prevention for men who have sex with men, facilitating the learning of lessons from countries with successful programs, such as Senegal, Zambia, and South Africa. This activity will be implemented in close collaboration with FHI's sex worker project. ANS-CI will work with ANADER to reach rural populations.

Based on results achieved in FY07, ANS-CI will renew its 15 sub-grants, including 10 for community CT zones and "positive prevention" interventions and five for work to reduce stigma and discrimination against PLWHA. ANS-CI will work in close collaboration with the national network of PLWHA on all positive-prevention activities. ANS-CI's objective is to reach at least 20,000 HIV-positive people with positive-prevention interventions.

The ANS-CI will also continue to support two experienced Ivorian NGOs (among the 15 sub-grantees), Espace Confiance and APROSAM, to expand their geographic coverage through mobile clinic services. STI prevention and treatment activities funded under these grants are expected to reach 8,000 transactional sex workers and other HVPs in Abidjan and the San Pédro region. In addition, ANS-CI will provide three new sub-grants to CBO/FBO/NGOs to expand geographic coverage of these services and reach 3,000 more persons in coordination with Project PAPO led by FHI. These sub-grantees will draw on the technical expertise of Clinique de Confiance and the FHI-led PAPO project, including practical training at the Clinique de Confiance. ANS-CI will assist with organizational development and provide overall oversight. These prevention interventions will seek to reduce gender inequity and stigma/discrimination and will be provided within an ethical framework that protects the rights of PLWHA and does not place them at increased risk of stigma and discrimination.

With FY08 funds, 30 people will receive refresher courses in positive prevention and reduction of stigma and discrimination. These strategies will be implemented synergistically with other prevention, care, and treatment efforts in order to provide a continuum of care services. A comprehensive range of prevention services will be provided, including individually focused health education and support; STI prevention and management; CT; support for discordant couples and prevention for positives; community awareness and community mobilization; behavior change communication that addresses issues such as cross-generational sex and gender norms; and advocacy with links to care and treatment.

ANS-CI will continue its collaboration with PSI to extend the range of prevention activities at armed forces bases. Will the country moving toward full reunification, ANS-CI will work to strengthen its collaboration with CARE international and the Ivorian Red Cross Society in the underserved North, West, and Central parts of the country to increase the number of sub-grantees and sub-populations served.

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 discordant couples and positives in collaboration with care and treatment facilities supported by EGPAF, ACONDA, and ICAP-Columbia. Based on the success of the IRIS model of comprehensive, linked services in San Pedro, ANS-CI will work to replicate best practices and lessons learned through this district-based approach. ANS-CI will encourage sub-grantees to systematically establish linkages between prevention interventions and CT.

To support the growing number of sub-grantees across the country, ANS-CI will work with local coordination forums to select and train M&E officers at decentralized levels to promote data quality and data use at the district level. ANS-CI will carry out a behavior change survey during FY08 to evaluate the impact of prevention activity on youth and other HVP. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9931

Related Activity: 16523, 15095, 15096, 15097,
15098, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22454	9931.22454.09	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	9675	5343.09	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$67,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$311,000
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	False

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7217.08

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

Prime Partner: Le Soutien

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 16904.08

Planned Funds: \$0

Activity System ID: 16904

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 offered by Medecins Sans Frontieres (MSF) and the Mano River Project. A cooperative agreement has been signed with the two CT service providers, and another partnership agreement is being finalized with PSI for the use of a mobile CT unit.

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 MSF in Danane for medical care. Children on ART are monitored and supported by counselors in collaboration with MSF. 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 MSF and Mano River Project health facilities or other medical structures 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), traditional authorities, and with MSF and the Mano River Project.

With first-year funding, Le Soutien accomplished start-up activities in 2007, including completing a work plan and budget, opening a new office, recruiting project personnel in Abidjan and Danane, buying a vehicle and computers, and training 31 community agents (including 25 counselors from Le Soutien and six health workers) in monitoring and evaluation and in OVC care.

The project selected 10 villages in the Danané department for intervention, established a local HIV/AIDS committee in each, trained 100 committee members in OVC care and HIV prevention, and sensitized 7,030 people (women, youth, men, and OVC host families) from 10 villages on HIV/AIDS and its impact on children.

In addition, Le Soutien elaborated a monitoring and evaluation plan to support reporting and quality improvement, as well as a communications plan designed to promote project activities and develop partnerships with other organizations working to improve the living conditions of OVC and their families.

In FY08, Le Soutien will continue and extend its HIV prevention, testing promotion, and OVC care activities in the district of Abidjan and the Danané department. FY08 project activities will include:

- Extending HIV/AIDS prevention activities in the Danané department. Ten additional villages will be selected for intervention. A local HIV/AIDS committee will be installed in each village (for a total of 20), and 100 committee members will be trained in HIV prevention and OVC care and support. HIV/AIDS prevention outreach in the 20 villages is expected to reach at least half the adult population, or 9,642 people.
- Promotion of HIV/AIDS counseling and testing in the 20 villages.
- OVC care and support. Based on assessments of the needs of identified OVC, at least 660 OVC from the Danané department and 250 OVC from the Abidjan district will benefit from psychosocial, educational, medical, nutritional, and clothing support, with vocational training for out-of-school children and rehabilitation of 200 host families' homes.
- 200 needy OVC host families from the 20 villages will be trained in micro-project design and management of income-generating activities, such as selling of charcoal and fish, cultivation of fruits and vegetables, and formation of agricultural cooperatives.
- Trainers from the national trainer pool will provide refresher training in monitoring and evaluation and OVC

Activity Narrative: care to 31 community agents trained in 2007, who will provide training restitution to 200 members of the 20 village committees.

- Le Soutien will conduct a capacity analysis of CBO partners in order to establish a technical support plan for them.
- Staff capacities will be built through participation in meetings and seminars at the national and international levels.
- An audit will check compliance with USG procedures and help strengthen financial management.
- For greater fieldwork efficiency, the acquisition of a second vehicle, computers, and loudspeakers is planned.
- Le Soutien will recruit a monitoring and evaluation assistant. Based on an assessment of M&E needs, Le Soutien will work with the Ministry of the Fight Against AIDS, Measure Evaluation, and Alliance CI in developing data collection, training, and supervision tools that are adapted for community use. Le Soutien will send timely, complete reports to national authorities and the USG strategic information team and respond to ad hoc requests for program data. To help build a unified national M&E system, Le Soutien will participate in quarterly SI meetings and will implement decisions taken during these meetings.
- Le Soutien will inform the population about the results of its activities through monthly meetings with written and audio press and through information updates on its Web site. The production of audiovisuals will continue to enrich the organization's archives. The NGO's communications policy will be facilitated by REPMASCI (the national network of journalists and artists to fight against AIDS).

Le Soutien will help build sustainability through income-generating activities that will allow OVC families to become more autonomous and through implementation of a technical support plan for CBOs that will provide them with the necessary skills to continue project activities after project funding ends.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16905, 17126

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16905	16905.08	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	Le Soutien	\$0
17126	17126.08	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	Le Soutien	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	9,642	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	135	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Lagunes

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7078.08

Prime Partner: Network of People Living with HIV/AIDS

Funding Source: Central GHCS (State)

Budget Code: HVOP

Activity ID: 17293.08

Activity System ID: 17293

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

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$0

Activity Narrative: RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHA 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 43 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS) and the Ministry of Health (MOH), 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 (at least \$603,922 in FY07) as 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 testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based palliative care to those in need.

In FY08, RIP+ will train and support affiliate organizations to provide a comprehensive package of community-based HIV prevention services, including counseling and psychosocial support for positive living, instruction in correct and consistent condom use, support for disclosure and partner/family testing, and referral to health care as needed (including ART with treatment monitoring and TB screening and care) as well as OVC and other services. In coordination with the ministries and other EP partners, RIP+ will develop and implement a plan to increase access to HIV prevention technologies for highly vulnerable populations by procuring condoms and lubricants and distributing them to people living with HIV and AIDS, men who have sex with men, and people in prostitution, as part of a comprehensive HIV/AIDS prevention approach. Prevention activities will be linked with with promotion of CT as well as care and treatment services by integrating PLWHA into outreach activities.

FY08 prevention activities are expected to reach at least 15,000 people with Other Prevention interventions and to train at least 300 people to provide such prevention interventions.

RIP+ will provide technical assistance and share its experience to assist national authorities and key stakeholders, including its affiliate members, to define a simplified monitoring and evaluation plan for community-based prevention and care activities. 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.

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 and identify lessons for future prevention activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16779, 17292, 17082, 17295

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16779	16779.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17292	17292.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17082	17082.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17295	17295.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	50	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7218.08

Prime Partner: Geneva Global

Funding Source: Central GHCS (State)

Budget Code: HVOP

Activity ID: 17365.08

Activity System ID: 17365

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

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

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; 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 \$2,000,000 for 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 11 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; HIV counseling and testing; palliative care; and OVC services.

In FY07, GG 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. GG invited and trained 19 potential CBO/FBO sub-partners 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.

In the program area of Condoms and Other Prevention, GG will provide sub-grants, training, and mentoring to 11 local organizations working in Abidjan and surroundings, Yamoussoukro, Alepe, Bloléquin, Gagnoa, and Guiglo: Alliance Biblique de Cote d'Ivoire (ABCI), AMEPOUH, Africa Christian Television (ACT), Group 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, and GBUAF will focus on life-skills education for behavior change, while the others will support condom-distribution sites combined with prevention education. FY08 funds will support 100 condom outlets, training in Other Prevention for 350 people, and community-outreach interventions reaching at least 40,000 people.

GG will set up project management teams and will elaborate and implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. GG'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, fidelity with knowledge of sero-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, gender-based violence) and seek to reduce HIV-related stigma and discrimination.

GG 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. GG 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 mass-media broadcasts (expected to reach more than 5 million people) with follow-up calls for one-on-one counseling 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, using drugs or alcohol in the context of sexual interactions, and using intravenous drugs.

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 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, work places, and church groups.

GG partners will use appropriate HIV prevention education methodologies that may include mass media, theater, picture sheets and cards, role modeling and role play, debates, films, and prevention education during home-based palliative care and OVC. 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.

Prevention programs will be tailored to specific groups to obtain a higher degree of effectiveness. GG 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 of CSWs, outreach to those who use CSW services, and support for CBOs that seek to prevent entry into the trade through education and income-generation activities.

GG will work in coordination with JHU/CCP and other PEPFAR partners 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 project activities will be coordinated with the Ministry for the Fight Against AIDS and will follow and support the National HIV/AIDS Strategic Plan. GG 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.

GG 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, GG will participate in quarterly SI meetings and will implement

Activity Narrative: decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17369, 17372, 17362, 17367

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17369	17369.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17372	17372.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17362	17362.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17367	17367.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	100	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Coverage Areas

Bas-Sassandra

Lacs

Lagunes

Table 3.3.05: Activities by Funding Mechanism**Mechanism ID:** 8651.08**Mechanism:** IQC AIDSTAR**Prime Partner:** IQC AIDSTAR**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Condoms and Other Prevention Activities**Budget Code:** HVOP**Program Area Code:** 05**Activity ID:** 19362.08**Planned Funds:** \$300,000**Activity System ID:** 19362**Activity Narrative:** 3 Oct 08:

The Academy for Educational Development (AED) mechanism to which these were intended to be allocated is ending. We are reprogramming these funds for the same purpose (financial, programmatic, technical, and overall capacity building support to local Other Prevention subpartners) to IQC AIDSTAR.

FY08 PEPFAR funds are being re-programmed to The Academy for Educational Development (AED) to support grants management and capacity building for multiple sub-partners conducting activities that promote Abstinence and Be Faithful (AB) and Other methods of HIV prevention (OP). AED will apply processes and tools for organizational capacity assessment and strengthening currently in use as the NPI technical assistance implementing organization in Cote d'Ivoire. AED will have substantial involvement in working with grantee/sub partners to reach intended targets and achieve goals of delaying age of sexual debut among youth, reducing number of sexual partners, promoting mutual fidelity and knowledge of ones own and one's partner's serostatus, correct, consistent use of condoms, and increased knowledge of HIV prevention strategies for people living with HIV or AIDS.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	23,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	54	False

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5386.08

Mechanism: State

Prime Partner: International Rescue Committee

USG Agency: Department of State / Population, Refugees, and Migration

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19364.08

Planned Funds: \$50,000

Activity System ID: 19364

Activity Narrative: Côte d'Ivoire's extended political-military crisis created massive population displacements, with about 2 million internally displaced persons (IDPs) moving primarily from the North to the South of the country. This difficult situation was exacerbated by the influx of about 40,000 refugees fleeing neighboring countries, many arriving in refugee reception zones (ZAR) in the Guiglo/Moyen Cavally and Tabou/Bas Sassandra areas. These displacements have weakened and overloaded health, education, and other services in affected areas, including those related to HIV/AIDS prevention and treatment, while community security networks became dysfunctional due to the breakdown of family and other local structures.

HIV/AIDS and tuberculosis are leading causes of death in Côte d'Ivoire. Women's health is particularly threatened by HIV/AIDS, as well as by intense and early reproductive-health activity and limited access to preventive and curative obstetric care. In a crisis setting, women and children are the most vulnerable to sexual and gender-based violence and poverty, which in turn puts them at greater risk of contracting HIV/AIDS. While adult HIV prevalence is 4.7% in Cote d'Ivoire, 14% of women ages 30-34 are HIV-positive. Prevailing socio-economic conditions also put women and children at greater risk of being destitute if they or family members fall victim to the disease.

To help mitigate the synergistic effects of HIV/AIDS and displacement, the USG in FY08 will fund the International Rescue Committee to conduct HIV prevention activities targeting refugees, IDPs, and the general population and economic-strengthening activities for people living with HIV/AIDS (PLWHA) and refugees/IDPs.

The IRC recently completed a project funded by the U.S. Department of State Bureau for Population, Refugees, and Migration that included awareness-raising among Liberian refugee youth about HIV/AIDS prevention. An IRC study in August 2007 found that 98% of those who had participated in IRC awareness-raising were familiar with the basics of HIV/AIDS transmission, compared to 90% of a non-intervention population.

With FY08 USG funds, IRC will work toward two specific objectives:

1. Increase awareness of HIV/AIDS prevention methods
2. Contribute to the economic stability of PLWHA and families, especially refugees, affected by the epidemic.

The IRC will build on its experience in community awareness-raising in Côte d'Ivoire to promote HIV prevention. Because the political situation continues to change and may produce further population movements, specific project locations in the Tabou area will be selected when project activities are ready to begin. Activities will include:

1. Pre- and post-intervention surveys to assess awareness of HIV/AIDS prevention behaviors, including abstinence, fidelity, and condom use. The first survey will set a baseline for knowledge, attitudes, and behaviors related to use of HIV/AIDS prevention methods, and the second survey will allow the IRC to measure change caused by its awareness-raising efforts.
2. Promotion of HIV counseling and testing, PMTCT services, and prevention of sexually transmitted infections.
3. A media campaign, in consultation with JHU/CCP, promoting HIV/AIDS prevention.

To contribute to the economic stability of PLWHA and families affected by HIV/AIDS, the IRC will identify people (especially refugee/IDP women and orphaned adolescents living with or affected by HIV/AIDS) in need of economic support in and around Tabou and then engage them in individual income generating activities (IGAs). IGAs receiving support will depend on participant interest and market viability and may include agriculture and small-scale commercial ventures. In addition to supplies and materials to help establish the IGAs, IRC support will encompass life skills and livelihood lessons on literacy, numeracy, management, hygiene, nutrition, water and sanitation, reproductive health, gender-based violence, and HIV/AIDS prevention. This strategy will help fill a gap identified by the IRC: that IGAs in Côte d'Ivoire often lack sufficient life and livelihood lessons to accompany the direct economic development support.

The IRC will implement a monitoring and evaluation plan tracking project-specific as well as national and EP indicators. To help build a unified national M&E system, the IRC will participate in quarterly SI meetings and carry out decision made at these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7640.08

Mechanism: CDC TBD

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17141.08

Planned Funds: \$75,000

Activity System ID: 17141

Activity Narrative: While the USG Cote d'Ivoire supports a wide range of HIV/AIDS prevention activities for the general population as well as many highly vulnerable sub-populations, little is known about the number of Ivorian men who have sex with men (MSM), their HIV prevalence rates, or their HIV-related risk behaviors.

Limited research from other countries suggests that anal sex, a very high-risk behavior for HIV transmission (Vittinghoff et al, 1999), may be more prevalent in Africa than commonly assumed (Brody & Potterat, 2003). There is also evidence that some African men have sex with both men and women (Brody & Potterat, 2003), suggesting potentially complex networks of HIV transmission. Findings from recent studies in Kenya, Senegal, Uganda, and South Africa suggest an urgent need to implement targeted prevention and treatment programs for MSM populations. Obtaining information on HIV prevalence and related risk behaviors among Ivorian MSM and their male and female sex partners is an essential first step toward designing and implementing effective and targeted prevention and care programs for this vulnerable and underserved sub-group.

In FY08, PEPFAR will fund a partner to conduct an assessment of HIV prevalence and risk behaviors among MSM in Abidjan, including MSM who engage in transactional sex. An initial qualitative assessment through desk review, key informant interviews, and focus-group discussions will help determine the scope and objectives of the main assessment. Potential key informants and focus-group participants will include MSM, bar/hotel owners, law enforcement officers, and health officials.

Based on the initial formative assessment, a study using the respondent-driven sampling method will examine the demographic and socio-economic characteristics of MSM in Abidjan, their HIV prevalence, HIV risk behaviors, access to health care, and health care-seeking behaviors. Biological and behavioral data will be collected from at least 300 MSM in Abidjan, with special emphasis on ensuring confidentiality and anonymity of study participants. As part of the data-collection process, participants will receive educational information and discuss their personal risk behaviors and how to keep themselves from becoming HIV-infected or transmitting HIV to their partners. Participants will also be referred to counseling and testing programs and, if necessary, care and treatment programs available in their area.

Study results will help determine how HIV prevention and care programs should target this population.

The partner will work in collaboration with the Ministry of Health, RIP + (the national network of PLWHA organizations), and the Ministry of the Fight against AIDS, which will provide official support for this assessment.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

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

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan
Denguele-Bafing
Fromager
Moyen Cavally

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7640.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17144.08

Activity System ID: 17144

Mechanism: CDC TBD

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$25,000

Activity Narrative: 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.

Primary HIV prevention priorities include behavior change to delay sexual debut and promote life skills with positive gender roles for in- and out-of-school children and youth; a decrease in cross-generational and coerced sexual relationships; the promotion of fidelity coupled with HIV testing within sexual partnerships; decreased hospital-related infection through expanded blood-safety and injection-safety programs; and risk reduction among high-risk populations.

In FY07, PEPFAR is reinforcing and expanding effective programs and introducing new interventions to affect pervasive behaviors and attitudes in the general population and high-risk behaviors among identified groups. Targeting of interventions responds to available data, with continued concentrations in the urban South (Abidjan, San Pedro) and prioritizing of other high-prevalence areas through local sub-grants and coordinated site selection.

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.

Based on lessons learned, available data, and the new National Strategic HIV/AIDS Plan 2006-2010, the USG focuses on the following prevention priorities: (1) locally appropriate responses to address major sources of new infections, (2) expanded reach of behavior change communication (BCC) messages through mass-media and community-level outreach campaigns, (3) support of local religious, professional, and other networks that influence community values, (4) research to assess and refine prevention approaches, (5) innovative strategies for promoting delay of sexual debut and partner reduction, and (6) secondary HIV prevention for HIV-infected individuals and sero-discordant couples.

The USG currently funds 12 prime partners in prevention, of which 10 have multiple sub-partners (NGO/CBO/FBOs). Among the prime partners are two government agencies, six international NGOs, and three local NGOs. Sub-partners work at the community level to promote delayed sexual debut, partner reduction, correct and consistent condom use, increased HIV knowledge and awareness, decreased HIV stigma, and greater uptake of HIV testing and counseling, including couples and family testing.

In FY08, these priority areas will continue with an added focus on improving the overall quality of activities and assessing the impact of programs. To achieve this goal, the USG will use Condoms and Other Prevention and AB funds to support a partner to address prevention program quality and coordination by determining and promoting best practices, assuring coverage and eliminating duplication among partners and sub-partners, and strengthening capacity of partners and sub-partners through a standardized system of capacity building. The partner will work with the Ministry of the Fight Against AIDS (MLS) to map where community-level interventions coordinated by PEPFAR prime partners are being conducted, the proposed content and fidelity to content of those interventions, and the proportion of target populations reached.

Interventions determined to be best practices from this exercise and from new programs evaluated as noted in AB activities #17138 (parent/child) and #16526 (Men as Partners) will be standardized, and all sub-partners working with relevant populations will be trained and funded to implement them.

In addition, the partner carrying out the present activity will work with the MLS to collate and evaluate the capacity-building tools used by all PEPFAR prime partners with their sub-partners. Based on the findings, the partner will develop a national system for sub-partner capacity development, supervision, data collection, monitoring, and evaluation, which all prime partners will then adopt as a standardized national approach.

The partner 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, the partner will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17143, 17138, 16526

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17143	17143.08	7640	7640.08	CDC TBD	US Centers for Disease Control and Prevention	\$75,000
17138	17138.08	7640	7640.08	CDC TBD	US Centers for Disease Control and Prevention	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Coverage Areas

Bas-Sassandra

Lagunes

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5316.08

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: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 5016.08

Planned Funds: \$435,000

Activity System ID: 15104

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's OP funds reprogrammed to CARE International to provide financial, programmatic, technical and overall capacity building support to subpartners who received grants in FY 07 to continue providing uninterrupted OP services in the zones CARE is working. Care will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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, FY08 will see the increased presence of government actors and health-care workers returning to the "CNO" zone.

With FY08 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 three "hub" sites of Bouake, Korhogo, and Man as well as in nine satellite sites and rural areas targeted by the project.

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

OP interventions with FY08 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 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 debate/discussions) will take place in community settings, schools, mosques, and churches, reinforced by radio messages in local languages. To reach rural populations, CARE will ask partners to identify and train community health workers to deliver BCC interventions. CARE will work with ANADER to reach 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 PEPFAR-supported prevention interventions for students, CARE will continue to collaborate with the MEN to implement the life-skills curriculum, which delivers age-appropriate prevention messages to children and youth, including instruction in the use of condoms for older, sexually active youth 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).

Prevention will take a family approach, targeting not only PLWHA but also those in their immediate environment with prevention education and counseling, access to condoms, and referral CT sites.

CARE will also begin 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 that is responsible for conducting appropriate prevention activities within the company. Prevention activities will also focus on areas surrounding large factories, mines, etc., where transactional sex is frequent.

CARE will also expand economic support activities put in place in FY07. Target populations include sex workers. Village savings and loan activities, once functional, will be coupled with 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.

CARE will also develop a plan with FHI to train all local prevention partners to provide prevention services (with psychosocial support and counseling) adapted to sex workers and will facilitate exchange visits for RSB, the CARE sub-partner in Bouake selected in FY07 to model sex worker-focused services. CARE staff will visit all peer educators (including sex workers) on a monthly basis to provide psychosocial support and supervision. 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 supported by PEPFAR partners.

Project activities will be coordinated through relevant national, regional, and district forums. They will also be coordinated with other CARE projects, including the Global Fund-supported PREMA and HIV Round 2 projects. A joint work plan will be developed to avoid duplication and enhance synergies. The PEPFAR-funded CARA project will expand into PREMA sites, with partners that are already operational, in preparation for the end of the PREMA and Phase 2 projects in 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 FY08 funds to consolidate activities in satellite sites around Bouake, Korhogo, Man, and extending to the Bondoukou/Bouna zone, the project will:

Activity Narrative:

1. Provide sub-grants to at least four local NGOs to support school-based ABC activities in 10 new schools per zone (40 schools). Five teachers per school (200 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.
2. Provide sub-grants to four local NGOs to support prevention activities that focus on highly vulnerable populations.
3. Train 80 traditional leaders (in urban, rural, and migrant communities) to conduct community-based BCC sessions/sensitizations that promote OP messages. This activity will also be conducted (with training for 50 community health agents) in 45 villages in the Duekoue/Bangolo area in western Cote d'Ivoire, where CARE is doing health promotion work through the EU-funded R&R Project (working to facilitate the return of IDPs).
4. Support 20 PLWHA peer-support groups with training and materials to continue positive-prevention activities.
5. Support at least 25 sex workers / peer educators per zone to conduct community-based BCC sessions/sensitizations that promote OP messages.
6. Translate and disseminate OP messages in local languages in collaboration with REPMASCI (network of journalists and artists) to ensure the visibility and cultural appropriateness of messages in each project site. A minimum of 1,000 radio spots will be broadcast.
7. Train at least 30 new groups (each with 20-30 members) on the village savings and loan methodology and simple accounting, followed by training in developing small income-generating activities.
8. Assist three companies per zone with HIV prevention in the workplace.
9. Continue follow-up for 15 condom kiosks and open 20 new condom kiosks, with training for at least one vendor per kiosk.
10. 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 and follow its M&E plan based on national and PEPFAR requirements and tools. Basic questionnaires and focus-group discussions will be conducted each quarter to assess client satisfaction and community response to prevention activities. 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.

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 instructive supervision so that necessary technical and management skills are transferred to partner staff. CARE is also emphasizing the development of project-writing and financial-management skills so that partners can apply directly for and manage funding in the future. Institutional capacity is being supported through infrastructure rehabilitation and equipment purchases to increase the long-term capabilities of partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9944

Related Activity: 15103, 15105, 15106

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22445	5016.22445.09	HHS/Centers for Disease Control & Prevention	CARE International	9672	5316.09	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$900,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15103	4995.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$720,000
15105	5040.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$470,000
15106	5044.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$1,233,000

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

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	35	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,050	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes
Lagunes
Savanes
Vallée du Bandama
Zanzan
Moyen Cavally

HBHC - Basic Health Care and Support

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

Total Planned Funding for Program Area: \$6,243,750

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$300,000
Estimation of other dollars leveraged in FY 2008 for food	\$15,000

Program Area Context:

Background

Côte d'Ivoire's adult HIV prevalence is estimated at 4.7% (National AIDS Indicator Survey, 2005), with females in all age groups far more likely than males to be infected (6.4% vs. 2.9% overall, 14.9% vs. 5.6% among ages 30-34). Geographic differences include marginally higher HIV prevalence in urban vs. rural settings and marked regional differences, with a low of 1.7% in the Northwest and rates of 5.5% or higher in the South and East. About 750,000 people with HIV live in Cote d'Ivoire: 400,000 women, 276,000 men, and 74,000 children.

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, treatment, and care.

Palliative care services are delivered at approximately 100 health facilities (June 2007), as well as through community- and home-based caregivers, mobile services, and several organizations targeting high-risk populations, such as teachers, the uniformed services, and commercial sex workers. Services in Ministry of Health facilities in the East and in the densely populated South are supported by two large USG partners (EGPAF and ACONDA); facilities in the lower-prevalence and conflict-affected North and West have received support through the Global Fund, although implementation of treatment services in this region has been weak. More than 42,900 people had received palliative care services with direct USG support as of June 2007 (5.7% coverage).

FY06-07 Response

In FY06, with substantial support from USG agencies and partners, the National HIV/AIDS Care and Treatment Program (PNPEC) and a national technical working group finalized a national palliative-care policy, followed by training and other implementation materials. The policy defines minimum standards of care for clinic, community, and home settings, and an implementation plan outlines training and supervision approaches. These guidelines incorporate existing guidance on cotrimoxazole prophylaxis (recommended for all HIV-infected persons with CD4 counts <350 as well as children with CD4 <25%; children at stages 2, 3, and 4 of the WHO classification; and HIV-exposed infants after 6 weeks of age), 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, PEPFAR continues to support the PNPEC in developing a comprehensive palliative care program and integrating it within the continuum of care as defined by the national standards of care. About 82,000 people are expected to receive care with

direct USG support. Although there have been important accomplishments, the number of adults and children 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 and OVC care) and to expand integration of preventive services into care programs.

Priorities for FY08

To serve an expected client base of 60,000 ART patients and 162,800 non-ART-eligible PLWHA (including 20,800 patients at TB treatment sites), the USG strategy in FY08 will focus on evidence-based, lifesaving preventive interventions; training and supervision for care providers; and strengthening of support and links through trained, full-time counselors at all sites. Key goals in FY08 will include:

1. Systematic provision of cotrimoxazole as the most important evidence-based means of decreasing morbidity and mortality, delaying disease progression, and improving quality of life. CTX will be provided for all adult patients with CD4 <500 and for all children according to WHO guidelines (in syrup form for infants). This will be facilitated by central procurement of commodities and by on-site counselors who will help ensure that patients receive a steady supply of this medication. ITNs will be provided through palliative care and OVC programs in regions not covered by the Global Fund Malaria Project, prioritizing high-risk groups (children under 5, pregnant women). Clean-water kits (container and chemical) will be provided to patients in regions with low water quality.

2. Improved linkages between facility- and community-based services and between palliative-care and other services to 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 (using prevention and OVC funds as well as palliative care funds) 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 palliative and OVC care services for HIV-positive clients. All PEPFAR partners providing community- and home-based palliative care will be funded to cross-train their community counselors to provide OVC care services, and vice versa. For maximum effectiveness, partners will be encouraged to engage PLWHA in these positions.

3. Improved reach and quality of palliative care services. The impact of adding an experienced international partner is expected to be felt in 2008, with a geographic extension of services and a modest increase in the number of persons receiving HIV care. PEPFAR-supported programs will reach an estimated 192,000 people, including at least 19,200 children, with palliative care. Specific efforts to reach children will include efforts to identify and refer OVC, screening in health facilities in high-prevalence areas, and strengthening of specific referral systems between PMTCT and care services. Quality improvements will include specific 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; 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.

4. Ensure that supportive policies and practices for HIV-related palliative care are in place. Several partners will continue to work with the PNPEC and stakeholders to develop supportive policies related to opioid availability, a simplification of the national HIV rapid-testing algorithm, 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 begin to be addressed in topical meetings and through technical assistance to partners.

A number of international and Ivorian partners will support specific aspects of the program. EGPAF, ACONDA, and ICAP will support facility-based care services in conjunction with ART programs. These 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 and assisting with partner coordination.

Most commodities will be procured through the Partnership for Supply Chain Management. SCMS will also provide technical support to the Public Health Pharmacy (PSP) to quantify and track stock and distribute commodities to facilities and community-based programs, which will be responsible for distribution to families/individuals and re-supply as needed.

APCA will twin with Hope Worldwide to support continued advocacy for an opioids policy and implementation of palliative care standards. FANTA will continue to assist the PNPEC to develop nutrition policy guidance and to improve the effectiveness of collaborations with the WFP, PATH, Helen Keller International, the national nutrition program, and key partners supporting food security and food supplementation.

USG support will complement resources from several other sources. The Ivorian government will continue to support staff, infrastructure, and basic supplies to health facilities. GF resources will support care and ART programs in the North and West; in 2008, this support will move through several partners that are also supported by the USG, including CARE, EGPAF, and ACONDA, which should help ensure consistency of integrated care services.

The USG continues to promote sustainability by transferring technical, financial, and M&E skills to local N/F/CBOs and ministries. This transfer is reinforced by USG emphasis on a district model of service delivery, on linking services (e.g. prevention, PMTCT, ART, and care), on public-private partnerships (e.g. PEPFAR-supported ART and care in rubber plantation health facilities), and on support for religious and PLWHA networks.

All USG funded partners will report to the EP strategic information team with quarterly program results and ad hoc requests for program data. In an effort to participate in the building and strengthening of one national monitoring and evaluation system, all USG funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

direct USG support. Although there have been important accomplishments, the number of adults and children receiving quality car

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	611
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	192000
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2187

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5316.08	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: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 5040.08	Planned Funds: \$470,000
Activity System ID: 15105	

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's palliative care funds reprogrammed to CARE International to provide financial, programmatic, technical and overall capacity building support to subpartners who received grants in FY 07 to continue providing uninterrupted palliative care services in the zones CARE is working. CARE will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre la SIDA.

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 palliative care services in three hub cities (Bouake, Korhogo, and Man) and nine satellite sites. Palliative-care 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 PC clients by ensuring effective linkages between project PC 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.

Health workers are trained to provide home-based care, including the diagnosis and treatment of OIs, psychosocial support for patients and family members, pain alleviation, ART referral and monitoring, and provision of a preventive-care package that includes counseling for prevention for positives, cotrimoxazole, safe-water products, and insecticide-treated bed nets. Wraparound nutritional support, complemented by nutrition education, is provided in partnership with the World Food Program.

In FY07, CARE is using PEPFAR funds to support PC services for a target of 4,800 PLWHA through:

1. Sub-grants to 12 local NGOs
2. Training of 87 health workers and supervision of 120 health personnel and trainers trained in FY05-06
3. Provision of OI medicines to NGOs, rural health centers, and outpatient hospitals
4. A workshop to facilitate the sharing of best practices
5. Pilot village savings-and-loan and income-generating activities for 200 PLWHA and their families
6. A "maison de passage" (transit house) in Bouake to provide refuge, psychosocial support, and referral for PLWHA traveling to town for care or support-group meetings

In FY08, CARE will continue to support its NGO partners to provide PC services and will help them sub-grant to other partners, ensuring the strengthening of care activities in the three hub and nine satellite sites as well as extension to two new sites in the underserved northeast (Bondoukou and Bouna). CARE will continue to reinforce regional HIV/AIDS NGO coordination networks to ensure a continuum of care and facilitate the northward extension of services and coordination by the Ministry of AIDS, the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), and the social centers and National OVC Program of the Ministry of Family, Women, and Social Affairs.

PC activities will complement and build on other PEPFAR-funded work, including new PC 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). Regular sharing and coordination will be pursued with Alliance CI. District health management teams will continue to be involved in planning and supervision to maximize capacity building and coordination.

CARE, the new PR for the Global Fund Round 2 Phase 2 HIV project, expects to increase its PC caseload by linking with new ART sites to be established with GF and PEPFAR support. In addition, CARE will begin to train staff at private clinics in how to receive and refer HIV+ patients. 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.

In all, FY08-funded PC activities will support PC services to 6,000 people and train 52 people to provide quality palliative care. Activities will include:

1. Sub-grants to ensure that 23 health structures and NGOs provide PC services (3 main partners and 3 day hospitals in hub cities, 9 partners in satellite sites, 6 new rural sites, 2 new partners in Bouna/Bondoukou)
2. Provision of medicines for OI treatment to all 23 health structures and NGOs
3. Training in PC service provision for health workers: 12 at six new rural health centers, 20 in Duekoue and Bangolo hospitals, and 20 in Bouna/Bondoukou
4. Cross-training and use of all local partners' home-based care providers in identification and care of OVC, and vice versa.
5. Regular supervisions by JHPIEGO for CARE staff and health personnel trained in CT, PC, and OVC support in FY06/07.
6. Wraparound nutritional support in partnership with WFP, complemented by nutrition education for and by food distributors and care providers
7. Village savings-and-loan and income-generating activities for 30 peer support groups for PLWHA
8. Three "exchange visits" with NGO partners and organizations working in other zones to facilitate sharing of best practices
9. Opening of two more "maisons de passage" (in Man and Korhogo) that will benefit 600 PLWHA per year
10. Participation in a coordinated advocacy effort with PNPEC and Hope WW to promote the harmonization of PC tools and the availability of appropriate PC 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.

Activity Narrative:

To support sustainability, CARE incorporates flexibility into its partnerships with local NGOs so as to avoid dependency and encourage autonomy. A strong accent is placed on training, training of trainers, supportive supervision, and the development of project-writing and financial-management skills. Institutional capacity is being supported through infrastructure rehabilitation and equipment purchases. CARE works closely with ministries to help with the redeployment of staff in conflict-affected zones, including joint supervisory visits and support for district-level statistical staff (CSE) (Internet, USB, etc.) to ensure the collection and transfer of monthly reports. After initial intensive training and support and one year of follow-up, village S&L groups will become self-sustainable.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9945

Related Activity: 15103, 15104, 15106, 15107

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22446	5040.22446.09	HHS/Centers for Disease Control & Prevention	CARE International	9672	5316.09	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$350,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15103	4995.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$720,000
15104	5016.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$435,000
15106	5044.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$1,233,000
15107	5047.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$15,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	72	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Zanzan

Lacs

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7218.08

Prime Partner: Geneva Global

Funding Source: Central GHCS (State)

Budget Code: HBHC

Activity ID: 17372.08

Activity System ID: 17372

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

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

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; 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 \$2,000,000 for 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 11 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods, and provide HIV counseling and testing, palliative care, and OVC services.

In FY07, GG 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. GG invited and trained 19 potential CBO/FBO sub-partners 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.

In FY08, in the program area of palliative care, GG will provide sub-grants, training, and mentoring to seven local organizations working in Abidjan, Yamoussoukro, Blolequin, San Pedro, Gagnoa, and Guiglo: AMEPOUH, Cote d'Ivoire Prosperite (CIP), Group Biblique Hospitalier (GBH), Lumiere Action, CMA, Femme Action Development (FEMAD), and Renaissance Sante Bouake (RSB). FY08 funds will support training in palliative care for 250 people and direct palliative care services for at least 3,500 people.

GG will set up project management teams and will elaborate and implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. GG will train and support sub-partners to provide or ensure provision of a full range of community- and home-based palliative-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 palliative-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 from the onset of HIV diagnosis through death. GG 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. GG 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.

GG 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. GG 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.

GG 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, GG will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17369, 17365, 17362, 17367

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17369	17369.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17365	17365.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17362	17362.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17367	17367.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Bas-Sassandra

Lacs

Lagunes

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8806.08

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 19799.08

Activity System ID: 19799

Mechanism: TBD-GH 02-2008, FANTA
follow-on completed
agreement

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$300,000

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 for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team used FY07 plus-up funds to finance detailed evaluations and nutritional assessments to define and develop appropriate protocols for PLWHA receiving palliative-care and treatment services, as well as for OVC. The evaluation and planning work is being done by a two-partner team consisting of AED/FANTA and PATH/ICYN, with PEPFAR technical support.

While the AED/FANTA project ends in 2008, the AED/FANTA follow-on project will use reprogrammed FY08 funding, if approved, to build on FY07 work and support the continued development and evaluation and the implementation of strategies for improving the quality and targeted provision of nutrition support to patients receiving ART and palliative care.

Strategies will include, as appropriate, nutritional assessment, counseling, and support as an integrated part of clinical care and treatment of PLWHA, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished patients; linkages to food aid and social services that can assist in the assessment and support of household food security; training for health workers and community-based caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care.

Continuing its collaboration with IYCN/PATH, the AED/FANTA follow-on project will use FY08 funding to provide technical assistance to PEPFAR-supported facility- and community-based palliative-care providers as well as to the World Food Program (WFP) to develop and implement nutrition activities. Technical assistance will also support development of a national policy on nutrition for persons living with or affected by HIV/AIDS.

The partner 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, the partner will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5309.08

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10053.08

Activity System ID: 15089

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$510,000

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's palliative care funds reprogrammed to ACONDA to provide financial, programmatic, technical and overall capacity building support to subpartners who received grants in FY 07 to continue providing uninterrupted palliative care services in the zones ACONDA is working. ACONDA will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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 and will provide ART to about 20,000 patients, including at least 2,000 children, by March 2009.

With FY08 funding, ACONDA will provide and support palliative-care services at the health facility and community levels.

Clinic-based care:

ACONDA provides palliative care at its 74 ART sites and at community-level service points around each site. With PEPFAR support, ACONDA has provided palliative-care services for 49,310 people. In FY08, ACONDA will support 75 sites (excluding TB/HIV sites) providing palliative care to at least 50,000 patients (including about 7,500 (15%) children). ACONDA will train 397 physicians, paramedics, social workers, and community advisers in prevention and treatment of OIs, adherence to ARVT, and provision of psychosocial support.

ACONDA ensures that people 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 are followed up after three months and then every six months to monitor side-effects and assess adherence and efficiency of treatment (based on CD4 count increase).

Symptomatic patients are cared for according to symptom type: Pain is treated with opiates or non-opiates (according to WHO guidelines); patients with fever, diarrhea, or anemia are managed using pre-defined algorithms with specific and appropriate drugs (anti-diarrhea, antipyretic, blood transfusion, and intravenous solutions). Asymptomatic patients are assessed every six months for clinical staging and ART eligibility. All patients with a CD4 count <500 (symptomatic or not, on ART or not) receive cotrimoxazole free. Cotrimoxazole (20mg/kg daily) is given to all HIV-exposed children (born to HIV-infected mother) from 2 weeks to 18 months (or until the confirmation of non-infection) and to all HIV-infected children with CD4<25%.

Infants diagnosed with HIV infection are assessed for ART initiation and are provided with a complete package of care. ACONDA works to identify local foods that can be substituted in the diets of pediatric patients who are being weaned off breast milk, and counselors provide information to patients on diet changes.

Nutritional support is provided through non-USG support, 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 are distributed by counselors at the health centers and during home visits. ACONDA provides malnourished patients with targeted nutritional support. A series of trainings on this care will be given to care providers and will comply with OGAC policy.

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 ensure 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. 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. 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.

Community-based care:

In addition to counselors based at all facilities, CBOs and other organizations providing specific

Activity Narrative: interventions will be identified and given sub-grants, in conjunction with Alliance CI, to help ACONDA support patients in their communities. Sub-grantees will make home visits to provide palliative care, psychological support, adherence support, nutritional counseling, bed nets, and even some micro financial support through income-generating activities. Sub-partner organizations will help develop community-mobilization activities, work to promote CT and to reduce HIV-related stigma and discrimination, and network with health-center teams to provide linkages among clinical HIV care, community support, and wraparound services.

ACONDA will train these community counselors and supervise their activities in the community. Monthly meetings will be organized by the district team, and monthly reports will be required from sub-partners. ACONDA, the CBO/NGOs, and the district team will quarterly meetings to evaluate community-based activities.

ACONDA's district approach involves the district team in each health district (the operational unit of the country's health system) in the global care of PLWHA to support integration of HIV/AIDS care in the routine activity of the health center. In collaboration with the district director, ACONDA will train and support all members of the district team to supervise all health center activities, with timely evaluation missions. This strategy aims to facilitate effective integration and sustainability of HIV/AIDS activities in the districts.

ACONDA 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, ACONDA will participate in quarterly SI meetings and will implement decisions taken during these meetings. ACONDA will adhere to national palliative-care standards and contribute to the national dialogue on policy issues, drug lists, and a minimum package of palliative-care services as part of the palliative-care and other technical consultative forums. All activities will be planned with the National HIV/AIDS Care and Treatment Program (PNPEC), and trainings will use nationally approved trainers and materials. Monthly reports will be sent to the PNPEC and shared with all other actors in HIV/AIDS care. ACONDA will remain an active member of the national coordination committee for HIV-related commodities.

Cotrimoxazole (adult and pediatric formulation), condoms, and other strategic inputs will be provided by SCMS and the Public Health Pharmacy (PSP). ACONDA will provide some medical equipment and supplies.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10053

Related Activity: 16759, 16522, 16767, 15090, 17114, 15091, 15092, 15093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22464	10053.22464.09	HHS/Centers for Disease Control & Prevention	ACONDA	9676	5309.09	ACONDA CoAg	\$300,000
10053	10053.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood

Food Support

Estimated PEPFAR dollars spent on food \$150,000

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	96	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	56,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Bas-Sassandra

Lagunes

18 Montagnes

Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5343.08

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: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 9935.08

Planned Funds: \$0

Activity System ID: 15095

Activity Narrative: Noted April 16, 2008:

The USG interagency team conducted a thorough assessment of Alliance Cote d'Ivoire's performance in FY 07 and decided to reprogram the majority of funds due to critical concerns over Alliance's programmatic, financial, technical, and management capacity to implement activities to meet the USG standards and achieve the intended PEPFAR results. The USG continues to question the integrity of the organization and believes that protecting the PEPFAR investment is the highest priority. Therefore, the USG team will reprogram all of Alliance CI 's AB funds to other partners to continue and improve support to subpartners providing AB services.

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

In FY07, ANS-CI is collaborating with national authorities and other stakeholders, including PEPFAR partners, in the implementation of the National Policy Framework on Palliative Care. Alliance will award at least 22 sub-grants and is providing technical capacity-building for community- and home-based palliative care services linked to health facilities (counselling and testing sites, ART sites) and provided by non-health professionals. As of June 2007, 10,815 PLWHA (including 7,943 women) had received palliative care, and 104 caregivers had been trained.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9935

Related Activity: 16523, 16765, 15096, 15097, 15098, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22455	9935.22455.09	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	9675	5343.09	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$150,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$311,000
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0

Emphasis Areas

Food Support

Estimated PEPFAR dollars spent on food	\$150,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5554.08

Prime Partner: US Centers for Disease Control and Prevention

Mechanism: CDC-RETRO-CI GHAI

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 17297.08

Planned Funds: \$75,000

Activity System ID: 17297

Activity Narrative: With FY08 funds, the USG CI team will provide direct technical assistance to the government of Cote d'Ivoire and to our implementing partners, supplemented by targeted assistance from CDC headquarters, in support of the country's palliative care program. USG CI will support in-country travel and logistics for all USG CI TA and TA requested from HQ.

In the area of palliative care, the country team will provide ongoing technical assistance, augmented by technical assistance from CDC HQ staff, to support the integration and scale-up of prevention, diagnosis and treatment for OIs, including TB, malaria, and STIs; provision and distribution of cotrimoxazole for all HIV-positive patients who qualify according to national guidelines; basic pain management; insecticide-treated bed nets; interventions to improve hygiene and water safety; and psychosocial support.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15159, 15160, 15167, 15168, 15169, 15162, 15170, 15171, 15163, 15172, 15173, 15166

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5312.08

Prime Partner: American International Health
Alliance Twinning Center

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10054.08

Activity System ID: 15101

Mechanism: Twinning Center-American
Health Alliance APCA
TWINNING Project

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$250,000

Activity Narrative: This activity continues a twinning partnership between the African Palliative Care Association (APCA) in Uganda and Hope Worldwide Cote d'Ivoire (HWCI) designed to strengthen quality HIV-related palliative care services in Cote d'Ivoire.

Palliative care is a relatively new and less developed form of health care in Cote d'Ivoire. In order to begin partnership activities, the American International Health Alliance (AIHA) Twinning Center facilitated an assessment exchange by APCA partners in April 2007 to visit and assess HWCI, meet with local stakeholders, and discuss focus areas for the partnership.

HWCI was established in 1991 in order to bridge the gap in service provision, especially in rural areas, to reduce the impact of HIV/AIDS in Cote d'Ivoire. With a current staff of 15 full-time employees and a number of volunteers, HWCI has established partnerships with USAID, CDC, Tulane University, Coca-Cola Africa Foundation, the United Nations Development Program (UNDP), and the Global Fund and has been instrumental in the formation of the National Palliative Care Steering Committee in Cote d'Ivoire.

Through partnerships with organizations including the National HIV/AIDS Care and Treatment Program (PNPEC), the UNDP, the Ministry of Health, and the university hospital system, HWCI opened the Centre D'Assistance Socio-Medicale (CASM), a clinic providing outpatient medical assistance to thousands of AIDS patients in Abidjan and the Grand Bassam regions. Begun in the South, the program is extending geographically and in program breadth, with PEPFAR funding. Services provided to clients/patients include community education on HIV/AIDS, CT, OVC services, and the provision of ART.

After the initial assessment, AIHA facilitated the development of a partnership work plan and budget that identify specific activities the partners will undertake together in FY07 and FY08:

1. Strengthen HWCI's technical capacity in palliative care. In FY07, APCA is developing a technical assistance plan to be implemented over the course of the partnership to improve HWCI's capacity, including training the 15 full-time staff who are involved in palliative care service delivery and relevant community volunteers in technical service-delivery skills.

In FY08, APCA will review the competencies and skills of HWCI and provide assistance in the development of job descriptions and other systems and the development and implementation of a holistic palliative care package, including training in fund raising to finance such a package. The partners will work closely with the Ministry of Health and other stakeholders to ensure that the palliative care package and all technical trainings comply with Cote d'Ivoire's national palliative care guidelines.

2. Facilitate a country-specific advocacy program for palliative care. In FY07, the partners are working to identify stakeholders to establish a National Advocacy Task Force (NATF) with the aim of advocating for the availability of appropriate palliative care drugs. The task force will review the advocacy work plans developed by six West African countries at APCA's palliative care conference in Ghana in April 2007 and identify key areas to address in a similar national plan in Cote d'Ivoire. The task force will comprise palliative care stakeholders from the MOH, the National HIV/AIDS Care and Treatment Program (PNPEC), and other relevant organizations.

In FY08, the partners will continue to work closely with the NATF in developing an advocacy implementation plan for Cote d'Ivoire, conducting a national workshop to build consensus on the availability of drugs, and conducting advocacy activities with relevant stakeholders with the intent to develop a National Commission for Palliative Care in Cote d'Ivoire. The commission will ensure the sustainability of partnership activities, as it will continue to advocate for palliative care services after the completion of the partnership.

3. Support the scaling up of palliative care through training. In FY07, the partners are working to identify target groups of providers of palliative care services, including both medical and non-medical services based at the facility, community, and home levels. Based on an assessment of their capacities and needs, and in coordination with the PNPEC in support of Cote d'Ivoire's National Palliative Care Guidelines, the partners are developing training modules focusing on direct skills related to the delivery of quality palliative care services, including modules on living positively with HIV and income-generation activities for people living with HIV.

In FY08, after the training has been conducted, the partners will review and revise the training and training materials with the intent to roll out the trainings nationally. The partners will also compile a document of best practices and lessons learned in the field in the delivery of quality palliative care services, to be disseminated to all palliative care stakeholders. This activity will ensure the development of a national strategy on palliative care trainings approved by all stakeholders and in compliance with national guidelines.

4. Strengthen the quality of palliative care services through the development and implementation of palliative care standards. In collaboration with the PNPEC, MOH, and other stakeholders, the partners are conducting a review of existing palliative care standards, frameworks, and national M&E tools and indicators, and they will provide recommendations for strengthening palliative care standards within the national guidelines in FY07. The partners and stakeholders are working together to revise the guidelines in a participatory approach using evidence-based best practices and lessons learned from APCA's experience revising national palliative care guidelines in other African countries.

In FY08, the partners will work with the National Advocacy Task Force to implement the revised National Palliative Care Guidelines. The partners will conduct trainings with all stakeholders on the application of palliative care standards and the new guidelines to ensure their proper implementation. The partners will also conduct a quality-of-care assessment of palliative care services based on APCA's palliative care outcome scale. This assessment will help the partners evaluate the implementation of the new guidelines. Recommendations will be made to the NATF based on the assessment.

5. Strengthen networks and linkages to improve the provision of palliative care through the development of a holistic palliative care package to be implemented throughout Cote d'Ivoire. In FY08, the partners will focus activities on establishing linkages with other programs, including facility- and community-based home-based care centers, OVC programs, counseling and testing centers, PMTCT programs, ARV treatment services, nutritional support programs, TB screening and treatment services, and associations of people

Activity Narrative: living with HIV/AIDS, including the national network RIP+. Partners will conduct a mapping exercise of community-based organizations working within these domains and the types of services they provide. Based on the mapping, the partners will review and strengthen the referral systems among organizations (both up- and down-referral systems), including the development of M&E tools for monitoring referrals. All stakeholders will be invited to a national workshop to work together in establishing a national referral system for community-based projects that ensures that PLWHA have access to the entire continuum of care available.

In collaboration with the NATF, the partners will also work to establish a task group that will support national advocacy campaigns in communities throughout the country. In addition, the partners will work with all stakeholders to develop and implement a holistic palliative care package that includes nutritional support programs, prevention programs, testing services, and ART monitoring for PLWHA. The partners will work closely with the MOH and other stakeholders to ensure that the palliative care package is in compliance with the National Palliative Care Guidelines and will serve as a model for palliative care service delivery throughout the country. The partners will conduct training and mentoring visits to facilitate the implementation of the holistic care package throughout Cote d'Ivoire in coordination with the referral networks.

6. Increase the use of evidence-based practices by establishing a Learning Resource Center for palliative care. In consultation with HWCI and the PNPEC, a Learning Resource Center will be established in FY08 that will provide Internet connectivity and computer training to palliative care stakeholders and increase the use of evidence-based best practices in palliative care. AIHA has already established a LRC with APCA in Uganda, so this will increase communication between partners and contribute to sustainability. The LRC will also serve as a clearinghouse for palliative care resources, information lists, tools, etc. that can be easily accessed and disseminated to other care associations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10054

Related Activity: 17019

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22451	10054.2245 1.09	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	9674	5312.09	Twinning Center -American Health Alliance APCA TWINNING Project	\$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17019	10066.08	7040	5312.08	Twinning Center-American Health Alliance APCA TWINNING Project	American International Health Alliance Twinning Center	\$170,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

- * Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	250	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5414.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10189.08

Activity System ID: 16781

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$2,493,750

Activity Narrative: Since FY06, SCMS has been the primary procurement agent for PEPFAR-funded commodities and the principal provider of technical assistance for the commodities supply chain, especially for forecasting and management, in Cote d'Ivoire. In the FY07 program year, SCMS procured ARVs for 49,280 patients and OI drugs for 34,000 patients on behalf of PEPFAR. The growth of the National HIV/AIDS Care and Treatment Program in Cote d'Ivoire has been impressive, with an increase of almost 70% in the number of adults on ART over the past 12 months. About 70% of all adult ARV patients are enrolled at PEPFAR-supported sites. By March 2009, at least 60,000 patients will be on ART at one of 234 PEPFAR-supported sites.

Similarly, SCMS procured OI drugs and HIV-related commodities in 2006-07 to support the expansion of palliative care programs from 7,228 patients to more than 52,750 patients (in June 2007). The SCMS project also procured and delivered a basic package of support materials for 2,465 OVC as part of an integrated care and support program for vulnerable children.

Following directives from the Ministry of Health (MOH), all incoming commodities are delivered to the Public Health Pharmacy (PSP) for distribution to service sites. Following MOH policy to coordinate procurement, and in an effort to improve efficiency, both PEPFAR and the Global Fund (GF) have 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. The interdependent nature of the national program promotes the collaboration desired by the USG, but it also greatly increases the vulnerability of the PEPFAR program to under-performance of GF counterparts. To succeed, this approach requires aggressive and regular data collection from all service sites and pro-active, transparent information sharing among all stakeholders.

The Global Fund program experienced recurring difficulties in 2006 and 2007 and was unable to deliver critical products on time. This caused commodities-dependent services at many GF sites to virtually shut down for many months and placed all PEPFAR-supported patients and sites at risk of stock-out of GF-provided supplies. Throughout this period, it was also extremely difficult to obtain reliable data on GF-supported site and patient numbers, stocks, and expected delivery dates of pending orders of critical commodities, either from the GF principal recipient (UNDP) or from the MOH. This lack of critical partner information rendered the coordinated procurement and management approach virtually impossible and made national service and commodities forecasting extremely difficult. As a result, SCMS and other PEPFAR partners procured these products through several emergency orders throughout the year, incurring millions of dollars in unforeseen program costs. These emergency measures were disruptive to services and damaged the credibility of the national program and key implementing partners.

Several things have happened as a result of this: 1) GF has replaced UNDP with CARE International as the principal recipient of its HIV grant; 2) CARE is in the process of placing its first ARV order with SCMS as its GF procurement agent; 3) SCMS has become the official primary TA provider for supply chain management for both the PEPFAR and GF programs; 4) SCMS will procure most drugs, lab supplies, and palliative care and other commodities for PEPFAR implementing partners; and 5) PEPFAR will fund and require additional regular situation reports from more aggressive data gathering and analysis systems supported by SCMS, even while basic MOH systems are being strengthened. A critical component of SCMS support is strengthening the data management and leadership capacity of the MOH 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.

FY08 Activities

In addition to procuring most HIV-related drugs and consumables for PEPFAR/Cote d'Ivoire, SCMS will continue strong technical and management support to the PSP leadership and coordination role in the national HIV/AIDS program. SCMS will be held accountable for specific performance results and will adjust its operational plan together with the USG team and PSP as the situation in Cote d'Ivoire evolves. (SCMS becoming the principal procurement agent for CARE International as PR of the Global Fund HIV grant, for example, is expected to cause fundamental changes in the availability of dispensing and patient information for joint forecasting and monitoring.) 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.

SCMS will provide (non-procurement) technical assistance, training, and systems/infrastructure development to the MOH and key PEPFAR partners for ARV management as described below. This total is distributed among the COP program areas of ARV Drugs, Lab Infrastructure, and Strategic Information. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

• 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. In FY08, SCMS will procure cotrimoxazole for 126,000 adults and children (in syrup form for infants), covering all identified PLWHA (both ART patients and non-ART patients) who should receive cotrimoxazole prophylaxis according to pre-established guidelines (adults with CD4 counts <500 and children according to WHO guidelines). In addition, SCMS will procure insecticide-treated bed nets for 90,000 patients and clean-water kits (container and chemical products) for 36,000 patients, for targeted distribution to those at highest risk (children under age 5, pregnant women, areas with poor water quality).

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 Global Fund, Clinton Foundation, and others through support to the PSP Cellule ARV. These systems-strengthening costs are included under the Strategic Information, ARV Drugs, and Lab Infrastructure sections of the COP08. The same systems that track and manage ARVs will be expanded to include these other commodities.

Wraparound Programs

Activity Narrative: The PEPFAR/Cote d'Ivoire team will collaborate 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 will 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10189

Related Activity: 15149, 17125, 15150, 15151, 15152

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22358	10189.22358.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9646	5414.09	Supply Chain Management System	\$2,400,000
10189	10189.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$1,100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15149	11155.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$300,000
17125	17125.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$506,200
15150	4572.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$26,864,486
15151	10191.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$6,672,050
15152	5846.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

Other

Orphans and vulnerable children
Pregnant women
Discordant Couples
People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7078.08

Prime Partner: Network of People Living with HIV/AIDS

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

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16779.08

Planned Funds: \$0

Activity System ID: 16779

Activity Narrative: RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHA 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 43 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS) and the Ministry of Health (MOH), 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 (at least \$603,922 in FY07) as 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 testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based palliative care to those in need.

RIP+ will manage the project and provide sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, will be delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing 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 NPI funds, RIP+ is partnering with Alliance Cote d'Ivoire, a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees, to build the capacity of RIP+'s headquarters staff to manage a large number of sub-grants and provide management and technical assistance to sub-grantees.

RIP+ is also working to strengthen affiliate PLWHA organizations to improve their management, transparent governance, communication, and coordination and to promote continuum-of-care services. RIP+ is working with the Ministry of Health, the Ministry for the Fight Against AIDS, and key stakeholders to develop a national pool of trainers, develop tools, and develop and implement a training plan in support of home- and community-based palliative care.

In FY08, in coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and the National TB Treatment Program (PNLT), RIP+ will provide sub-grants of about \$5,000-\$10,000 to at least 25 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 6,500 PLWHA and their family members in six geographic regions (North, South, West, East, Center, Abidjan). 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 OVC care.

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.

RIP+ will provide technical assistance and share its experience to assist national authorities and key stakeholders, including its affiliate members, to define a simplified monitoring and evaluation plan for community-based palliative care activities and to update guidelines for community palliative care as well as treatment literacy. 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 the creation of a simplified national referral system for community-based palliative care to address the high rate of loss to follow-up within the care and treatment program.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17293, 17292, 17082, 17295

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17293	17293.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17292	17292.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17082	17082.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17295	17295.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7223.08

Prime Partner: Academy for Educational Development

Funding Source: GHCS (State)

Budget Code: HBHC

Mechanism: FANTA

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Activity ID: 12207.08

Planned Funds: \$0

Activity System ID: 16780

Activity Narrative: Noted April 16, 2008: The AED/FANTA project is ending in 2008. FY08 funds allocated to AED/FANTA are being reprogrammed to TBD-GH-02-2008, FANTA follow-on competed agreement.

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 for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team used FY07 plus-up funds to finance detailed evaluations and nutritional assessments to define and develop appropriate protocols for PLWHA receiving palliative-care and treatment services, as well as for OVC. The evaluation and planning work was done by a three-partner team consisting of AED/FANTA, PATH/ICYN, and Population Council/Horizon, with PEPFAR technical support.

Building on this FY07 work, FY08 funding will be used to support the continued development and evaluation and the implementation of strategies for improving the quality and targeted provision of nutrition support to patients receiving ART and palliative care as well as to OVC, pregnant women, and infants of sero-positive mothers.

Strategies will include, as appropriate, infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services; nutritional assessment, counseling, and support as an integrated part of clinical care and treatment of PLWHA, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished patients; linkages to food aid and social services that can assist in the assessment and support of household food security; training for health workers and OVC caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care.

Continuing its collaboration with PATH and Population Council, the AED/FANTA project will use FY08 funding to provide technical assistance to PEPFAR-supported facility- and community-based palliative-care providers as well as to the World Food Program (WFP) to develop and implement nutrition activities. Technical assistance will also support development of a national policy on nutrition for persons living with or affected by HIV/AIDS.

AED/FANTA 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, AED/FANTA will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12207

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22471	12207.22471.09	U.S. Agency for International Development	Academy for Educational Development	9678	7223.09	FANTA-2 GHN-A-00-08-00001-00	\$300,000
12207	12207.07	U.S. Agency for International Development	Academy for Educational Development	7312	7312.07	FANTA	\$100,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16777.08

Activity System ID: 16777

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$350,000

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's palliative care funds reprogrammed to ICAP Columbia University to provide financial, programmatic, technical and overall capacity building support to subpartners who received grants in FY 07 to continue providing uninterrupted palliative care services in the zones ICAP Columbia University is working. ICAP will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

ICAP-Columbia University, a new PEPFAR partner in Cote d'Ivoire, received FY07 plus-up funds to help the Ivorian Ministry of Health to expand provision of a basic package of HIV/AIDS services at health facilities in the midwestern part of the country. By the end of FY07, ICAP anticipates initiating HIV counseling and testing, PMTCT, palliative care, and ART services at five sites and conducting baseline assessments and training at five more sites. In FY08, ICAP will support this package of services at all 10 FY07 sites and expand to an additional 34 sites, for a total of 44 sites.

Palliative care 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, PMTCT, and ARV services, as well as identification and referral to appropriate services for orphans and vulnerable children (OVC). By February 2009, the 44 facilities will have enrolled 15,500 HIV-infected individuals into palliative care services.

ICAP's capacity-building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring, will ensure long-term sustainability.

In FY08, palliative care interventions will include:

- Support sites to recruit and retain staff for palliative care service provision. ICAP will work with districts and facilities to identify staff needs and find creative solutions for augmenting staff. This may include hiring staff directly and placing them at the site for positions such as data clerks, or paying for clinical staff for short periods of time while the district advocates for additional funding for needed positions from the MOH. Providing the necessary training, resources, and tools needed for staff to provide quality palliative care services will help motivate staff and increase retention.
- Train at least 170 doctors, nurses, social workers, counselors, and outreach workers to deliver palliative care. ICAP will conduct 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 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 palliative care services in the communities they serve.
- Support 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).
- Support the formation and functioning of Multidisciplinary Team Meetings to discuss complicated cases, including those failing treatment, and to coordinate individual patient care.
- Promote OI prophylaxis and treatment in accordance with MOH/National HIV/AIDS Care and Treatment Program (PNPEC) guidelines. Similarly, TB screening and isoniazid prophylaxis will be promoted for HIV-infected adults and children. Attention will be given to the issue of HIV/malaria co-infection, and the use of bednets (and IPT if part of revised national guidelines) will be included in the standard operating procedures of HIV clinics.
- Ensure strong linkages between palliative care services and other services within the facility, such as in-patient 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. 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 palliative care services, to provide information and emotional support to palliative care patients, and to conduct home visits to patients who are 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 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 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 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 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 sites to develop formal agreements and referral systems with relevant organizations.

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 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.

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, 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 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, ICAP will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16768, 16525, 16770, 16778, 17122, 17080, 16992, 17299

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	47	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	18,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	190	False

Target Populations

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5313.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HBHC

Mechanism: PSI CI Uniformed services
VCT Promotion

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Activity ID: 5036.08

Planned Funds: \$120,000

Activity System ID: 16776

Activity Narrative: PEPFAR continues to target populations most at risk of HIV acquisition and transmission in order to affect HIV transmission dynamics and provide care to those in greatest need. In Cote d'Ivoire, with the prolonged political and military crisis, the PEPFAR team has targeted uniformed services and their sexual partners for special attention. In 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) applied successfully to implement a PEPFAR-funded project to expand HIV prevention, counseling and HIV testing, and care interventions targeting the uniformed services, ex-combatants, and their partners in Cote d'Ivoire.

In the program area of palliative care, the project aims to provide comprehensive care, including health care, psychosocial support, and appropriate referrals to 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 palliative care 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, sexual violence, and coercion. Peer educators stress the importance of knowing one's sero-status, and people interested in getting 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 include needs assessments and selection of 40 intervention sites for adult soldiers (20 military camps in the North and 20 in the South) and 15 transit and orientation centers (CTO) for child soldiers. (In line with a national disarmament, demobilization, and reinsertion program planned for both child and adult soldiers and rebel forces, UNICEF has announced that all CTO sites will close down by December 2007, with all child soldiers being reintegrated into their communities, so the project will shift its target group from child soldiers to children of uniformed personnel.) 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 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 sites in the North, RIP+ will help PSI identify two local northern NGOs of PLWHA, whose members will be trained to provide palliative care to members of the non-government armed forces in the northern zone. Counselors in 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, a positive-living guide, and, starting in FY08, cotrimoxazole. Counselors promote HIV prevention for PLWHA through use of the kit, such as teaching correct and consistent condom use. For each kit distributed, the project provides social support for at least three people (the PLWHA, a partner, and a child).

The project encourages systematic testing of PLWHA partners and families. This is done beginning with the post-test counseling sessions 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 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.

In FY07, the project is expanding to a total of 50 adult sites, as well as 22 sites of PSI's PSAMAO project (HIV/AIDS interventions targeting truckers and commercial sex workers), and is expanding project activities (prevention communication, CT, palliative care) to other uniformed services (police, customs, and forest rangers). This expansion will involve meeting with the leadership of these services to present the strategy, identify appropriate intervention sites, and identify individuals to be trained as peer counselors and educators.

The number of PC clients identified by the project has been low, with a total of 140 PLWHA at the end of June 2007, due in part to delays in launching the project and training partner NGOs. In FY07, PSI is adding measures to reinforce its PC strategy, including training health-care providers at the project's integrated testing sites to provide PC services and "positive living" kits. In FY07, the project expects to provide PC services for 1,682 PLWHA.

FY08 funding is requested to continue and reinforce the project's palliative care activities, including providing PC services to 2,000 PLWHA. Other activities will include:

1. Award 11 sub-contracts to regional HIV/AIDS committees of the uniformed services (military, gendarmes, police, customs, water, and forests) to contribute to decentralization of prevention and care activities of the uniformed services. The activities of counselors and supervisors at the sites will be integrated into the annual work plan of the regional uniformed services committee (which PSI will help to develop and implement) to help build sustainability.
2. Conduct refresher training for counselors providing palliative care services.
3. Train all counselors to identify OVC and refer them to specified OVC service providers at the site.
4. Conduct ongoing supervision of each partner NGO implementing palliative care activities.
5. Constitute and distribute 2,000 palliative care kits with products procured by SCMS.

- Activity Narrative:** 6. Renew contracts for delivery of palliative care packages with 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.
7. Refer PLWHA to health centers for additional care and treatment as needed.
8. Supervise counselors providing CT and PC activities. The project sites will have 20 trained supervisors to monitor the work of peer counselors, which will be complemented by two mobile supervisory teams staffed by experienced PSI supervisors, who will visit all project sites on a rotating basis.

In FY08, it is expected that the country will continue to move toward full political reconciliation. The process of disarmament, demobilization, and reinsertion of military forces began in FY07, and PSI has held coordination meetings with the UNDP post-crisis unit regarding HIV prevention and CT activities. Once reunification occurs, 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 the district and regional health departments as well as the 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.

The project promotes sustainability through the creation of a pool of trainers, peer educators, community animators, and military supervisors able to carry out activities after the completion of the project. The project will also work with the Ministry of Defense to further decentralize project management through the creation of local and regional focal points in the fight against HIV/AIDS. The project will ensure monitoring of the execution of the Ministry of Defense consolidated HIV plan as well as the sustainability plan developed in 2006. These efforts include ensuring that all project activities are included in the military's future budget and work plans.

PSI 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, PSI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10055

Related Activity: 15153, 15154, 15155, 15156

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22353	5036.22353.09	HHS/Centers for Disease Control & Prevention	Population Services International	9643	5313.09	PSI CI Uniformed services VCT Promotion	\$150,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15153	4582.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$600,000
15154	11056.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$225,000
15155	10049.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$325,000
15156	4580.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

* Malaria (PMI)

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5315.08

Prime Partner: National Agency of Rural
Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5479.08

Activity System ID: 15145

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$360,000

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's palliative care funds reprogrammed to ANADER to conduct needed training and supervision activities in support of palliative care services in rural areas.

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

In the program area of Basic Health Care and Support, FY08 funds will be used to continue and strengthen FY07 palliative-care activities in six districts (San Pedro, Dabou, Tanda, Abengourou, and, starting in FY07, Soubre and Daloa). Palliative-care activities are led by ACONDA at rural health centers and by ANADER at the community level. Building on ANADER's structure of HIV/AIDS action committees in 24 village sites per region, the project uses nationally approved approaches and materials to train 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 palliative-care services, including psychosocial support, prevention-for-positives counseling (including referral to 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.

These community actors distribute palliative-care kits containing a 20-liter jerry can, two long-duration pesticide-impregnated bed nets, and products replenished on a monthly basis, including male condoms (20), rehydration salt, 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 palliative-care services and other health care (including HIV, TB, and STI treatment), CT, HIV prevention, and OVC services.

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, EGPAP). Activities are coordinated through local, national, and district forums, with involvement of the district health management teams to maximize capacity-building and coordination with the MOH.

In 2007, ANADER has a target of providing palliative care for 5,574 PLWHA. Activities include:

1. Identification of 48 new village sites in the districts of Soubre and Daloa for intervention, bringing the project total to 144 villages (each serving multiple surrounding villages) in six districts
2. Identification of 10 additional rural health centers (five in each new district) where palliative-care activities are aligned with fixed-site CT services
3. Training of 54 ANADER agents to provide palliative-care services
4. Supply of palliative-care services and kits for identified PLWHA

FY08-funded activities will support 147 service outlets (one per rural health center or village, plus three mobile CT units) and provide HIV-related palliative care services for at least 6,000 PLWHA.

Emphasis will be placed on strengthening linkages among CT, health care, palliative care, and OVC care services. To improve effectiveness and efficiency, community counselors will be cross-trained to provide both palliative care and OVC care at the home level.

Activities with FY08 funds will include:

1. Provision of home-based palliative care, including kits, psychosocial support, and referral to district health centers, social services, and OVC services
2. Supply of palliative-care services and kits for identified PLWHA
3. Support for the establishment and operation of 30 PLWHA support groups
4. 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, and will take into account lessons learned in the FY07 pilot. Part of the income will help fund operations of the support group.
5. Distribution of 1,000 posters and 20,000 brochures with messages designed to reduce stigma and discrimination against PLWHA.

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), 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.

Activity Narrative: ANADER has a broad rural development mandate with initiatives to address poverty, gender inequities, and food insecurity and seeks to maximize opportunities for wraparound activities. The World Bank, UNICEF, WFP, AfriJapan and others have offered or do offer ANADER such opportunities.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9930

Related Activity: 15143, 15144, 15146, 15147, 15148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22370	5479.22370.09	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	9648	5315.09	U62/CCU02512 0-01 ANADER	\$300,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15143	5475.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$562,401
15144	5477.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$200,000
15146	5480.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$1,050,000
15147	5482.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$350,750
15148	5485.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$100,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	147	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	288	False

Target Populations

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5314.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5038.08

Activity System ID: 15118

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$415,000

Activity Narrative: FHI has two main roles in PEPFAR Cote d'Ivoire's palliative care (PC) program:

1. Implementing partner of PC interventions targeting sex workers (SW) and other highly vulnerable populations (HVP).
2. Technical-assistance provider to the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC) and other partners to improve access to and quality of PC services.

Highly Vulnerable Populations:

Through its PAPO-HV project, FHI and its partners support the strengthening and expansion of services targeting SW and their partners at 14 sites in Abidjan, San Pedro, Gagnoa, Yamoussoukro, Guiglo, Bouaké, and seven other sites to be selected in FY07. Activities in FY07 include training of 40 PC service providers and delivering care for 3,500 SW and their partners.

In FY2008, FHI will build on current programs with technical and financial support through sub-grants to NGOs managing the 14 PAPO-HV implementing sites and will expand to two new sites. Technical support to new partners will include training and supportive supervision for the implementation of a minimum package of services. In all, direct care will be provided for 11,500 PLWHA. Additional funding leveraged from the Belgian Development Cooperation will support operational research and evaluation of scale-up activities.

PAPO-HV will collaborate with Alliance CI to strengthen the NGOs Espace Confiance and APROSAM in managing mobile PC services, and with EGPAF to train health-care providers in ART. FHI will conduct research to measure condom use and STI prevalence and to evaluate techniques for SW size estimation. PAPO-HV will remain abreast of advances in PC service delivery for highly vulnerable groups, including collaboration with the Institute of Tropical Medicine (ITM) to share experiences and learn from achievements in similar programs implemented in Kenya and the DRC.

More specifically, in FY08, FHI will:

1. Continue technical and financial support to the 14 existing HVP health centers implementing PC activities, including screening and treatment for STIs, primary health care, and prevention and treatment of opportunistic infections. In addition, FHI will continue to support HIV support groups at all sites to provide psychosocial support and adherence counseling.
2. Provide technical assistance in the implementation of the PC minimum package of services for HVP, in line with MOH/PNPEC guidelines.
3. Support selection of two new sites for the implementation of PC services for SW, in collaboration with the MOH/PNPEC and other partners.
4. In collaboration with Alliance CI, continue to provide technical assistance for the implementation of mobile PC services for hard-to-reach SW in Abidjan and San Pedro.
5. 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 elaboration of a quality assurance system (QAS), started in 2006 in collaboration with PEPFAR and other partners (PNPEC, PSI, JHPIEGO). The QAS will become part of the current program management system. In 2008, FHI will train health staff and M&E focal points at the two new sites in the use of these QAS tools. Quality evaluation activities will be performed periodically at the existing 14 sites according to national guidelines.
6. Continue support (started in 2006) for Espace Confiance as a national and regional training center for health-care providers for SW, including revision of its training plan.
7. Improve coordination by providing technical assistance to national working groups, particularly the STI Technical Working Group (GTT/IST) and the Sex Work and HIV/AIDS working group within the Ministry of the Fight Against AIDS (MLS).
8. Conduct a baseline assessment of STIs among a representative sample of SW visiting new HVP service sites in FY08.
9. Support revision of PAPO-HV's extension plan. This plan was elaborated in 2006, in collaboration with all key partners, and includes geographical extension to zones previously under control of the non-government New Forces as well as broadening of the target population to include those who engage in transactional sex.
10. Support annual evaluation of a sustainability plan. PAPO-HV is guided by a sustainability strategy aimed at reaching the goals of the project while preparing local partners to assume organizational and technical management gradually over the life of the project. The annual evaluation of that plan (by all key partners) aims at measuring progress made toward ensuring that interventions can continue at the end of the funding period.

Technical Assistance to the MOH and Other PEPFAR Partners:

FHI provides technical assistance to strengthen assessment, quality, delivery, and coordination of PC services by the MOH/PNPEC and other PEPFAR partners (MLS, National OVC Program, Alliance CI, ACONDA, ANADER, PSI, CARE, EGPAF, Hope WW, RIP+, and COSCI) in accordance with the national PC policy and the 2006-2010 national PC strategic plan. With FY07 funds, FHI is supporting advocacy activities and reinforcing service providers' capacities. FHI is supporting the establishment of a national pool of 44 trainers in PC and the training of 200 PC service providers. FHI is also supporting direct PC services for at least 10,000 people in FY07 at 40 existing sites (the San Pedro pilot site, the PC sites in the seven IRIS model departments, the 12 social center OVC platforms, and the 14 HVP health centers) and 20 additional sites (seven new HVP health centers, two departments implementing the IRIS model, and six departments with new OVC platforms).

With FY08 funds, FHI will continue to collaborate with other PEPFAR partners to achieve broader access to

Activity Narrative: PC services through advocacy, capacity building for service providers and community workers, and collaboration among PEPFAR partners to harmonize and improve the quality of PC interventions. FHI will support the extension of services by introducing PC into the package of services offered to outpatients, including symptomatic pain relief; evaluation of social, psychological, and spiritual needs; and elaboration of a reference system based on a family-centered approach. Extension of PC services to new sites will include training for health-care providers.

In FY08, FHI will:

1. Continue its technical assistance to the national PC technical working group, in collaboration with Hope Worldwide Cote d'Ivoire and its twinning with the African PC Association (APCA) and other partners (ACONDA/ANADER, PSI, Alliance CI, CARE International), to conduct sensitization sessions for stakeholders and to disseminate PC policy documents in 10 newly selected regions, to promote integration of PC services in the national health system.
2. Provide support to the MOH/PNPEC and MLS to extend implementation of PC services in 20 new sites (approximately 200 PC service-delivery facilities, including 14 HVP health centers, 12 OVC platforms, and seven IRIS sites).
3. Continue to strengthen the collaborative framework among partners supporting or implementing PC. This collaboration includes updating of a standardized PC and home-based care kit and a dissemination plan for policy, norms, and procedures documents, including palliative and home-based care guides developed in FY06 and FY07.
4. Assist the MOH, in collaboration with JHPIEGO, to integrate PC into pre-service curricula (UFR/SM, INFAS, INFS, and Centre Technique Féminin) and continuing-education programs. FHI will also support efforts of other partners to integrate OVC assessment and care into pre-service and continuing-education curricula.
5. Improve the quality of PC services by developing a dissemination plan for quality assurance tools and PC guides and by training 25 PC trainers, 100 PC service providers, 25 M&E focal points, and 25 QA focal points. In collaboration with PC partners and CODINORM, FHI will support the implementation by the MOH and MLS of a PC accreditation system as part of a PC quality assurance system.
6. Support the MOH and MLS, in collaboration with RIP+ and COSCI, to revise and update the community-based care regulation framework developed in 2007 in order to define the status of community-based care providers.
7. Support the MOH/PNPEC, MLS, and the PNOEV in revising the PC extension plan developed in 2006.
8. Assist national agencies in developing a sustainability plan and advocating with local governments and international institutions (World Bank, Global Fund, UNDP, UNICEF, ILO, and bilateral cooperation agencies) in order to engage their support for the national PC process, including support for access to essential drugs.

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 SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10056

Related Activity: 17079, 15117, 17128, 15119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22415	5038.22415.09	HHS/Centers for Disease Control & Prevention	Family Health International	9667	5314.09	CoAg FHI/ITM (HVP) #U62/CCU324473	\$500,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15117	4558.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$1,386,529
17128	5042.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$900,000
15119	5046.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$300,000
17079	9924.08	7036	5320.08	Private Sector Partnership One (PSP One)	Abt Associates	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	65	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11,500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	135	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10336.08

Activity System ID: 15111

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$700,000

Activity Narrative: Noted April 16, 2008:

This funding represents a percentage of Alliance CI 's palliative care funds reprogrammed to EGPAF to provide financial, programmatic, technical and overall capacity building support to subpartners who received grants in FY 07 to continue providing uninterrupted palliative care services in the zones EGPAF is working. EGPAF will also provide subgrant and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds through Project HEART to provide comprehensive, family-centered HIV/AIDS care and treatment services. By March 2009, EGPAF expects to be supporting 100 sites providing ART for 35,000 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 FY08, 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 (either with Clinton Foundation support or through SCMS). 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.

The current standard of cotrimoxazole and nutritional support will be supplemented by an aggressive attempt to bring in more donated fluconazole (working with BI and MAP International) to reach underserved populations in the interior of the country (starting in Bouaké, with progressive expansion to other regional hospitals). The current fluconazole donation program through Pfizer is limited to large hospitals in Abidjan.

To date, the specific basic-care package that most of EGPAF's implementing partners are providing includes free OI prophylaxis with cotrimoxazole, fluconazole (where available), food assessment and support through a partnership with HKI, condoms provided by USAID, and oral rehydration salts. Provision of Vitamin A is systematic twice a year for infants between 6 and 59 months and for women postpartum as part of the national policy supported by UNICEF. It is expected that the program will receive safe-water products and impregnated bed nets through SCMS, to be distributed to targeted high-risk groups (young children, pregnant women, areas with poor water quality, etc.). At heavily subsidized prices, EGPAF partners will also provide care for infections such as malaria, toxoplasmosis, and septicemias.

As part of its wraparound activities, EGPAF (assisted by PATH) has signed a memorandum of understanding with the World Food Program to provide food supplementation to HIV-positive malnourished pregnant women and their exposed children. Due to WFP's stringent criteria, fewer than 400 people (June 2007) have been receiving food supplementation at four pilot sites in Abengourou, San Pedro, and Abidjan. Two EGPAF sub-grantees in Yamoussoukro and Bouake benefit directly from WFP food aid and have instituted cooking workshops integrating local high-calorie and high-protein products into the diets of HIV-positive patients.

Other palliative-care activities to be supported with FY08 funding include:

- Reinforce partnership with RIP+ (network of PLWHA organizations) to empower nascent PLWHA support groups in the interior of the country, progressively expanding to at least one-third of EGPAF-supported sites
- 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. Existing English tools and curricula will be translated into French, adapted, and implemented gradually in close collaboration with PEPFAR partners.
- 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 200 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 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.

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, 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 work closely with SCMS to forecast and develop a procurement plan that will ensure uninterrupted supplies of commodities.

EGPAF will work to improve sustainability by involving the national HIV and TB programs and district health teams in joint planning, staff training, and establishment of efficient commodities management and M&E systems. In collaboration with other PEPFAR partners, EGPAF will support advocacy and sensitization campaigns targeting decision-makers, community leaders, health professionals, CBOs, and FBOs to mobilize more resources for HIV/AIDS.

EGPAF 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, EGPAF will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10336

Related Activity: 15110, 16524, 16771, 15112, 15113, 15114, 15115, 15109, 17119, 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22422	10336.2242 2.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$750,000
10336	10336.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	104	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	80,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Agnebi
Bas-Sassandra
Lagunes
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Comoé
Vallée du Bandama
Zanzan

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5304.08

Prime Partner: Ministry of National Education,
Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5039.08

Activity System ID: 15140

Mechanism: CoAg Ministry of Education
#U62/CCU24223

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$200,000

Activity Narrative: The MEN has launched a 4.5-year project (2005-2009) with PEPFAR support that is designed to improve HIV prevention and palliative care for students, teachers, and other personnel from the MEN throughout Cote d'Ivoire. As part of a comprehensive multisectoral response consistent with the Cote d'Ivoire HIV/AIDS National Strategic Plan 2006-2010, and in collaboration with relevant ministries and NGO/CBO/FBO networks, the MEN is building on FY04-07 achievements to improve the quality and coverage of HIV prevention and care services; to strengthen links to HIV treatment and other health, social, and education services; and to address negative gender and discriminatory attitudes conducive to HIV infection.

To complement the Life Skills curricula and HIV prevention activities for youth in the classroom, along with reinforcing activities through school social clubs and services for OVC in school, the MEN has developed an HIV-in-the-workplace program of behavior change communication, peer education, stigma reduction, and treatment referrals for teachers and staff with PEPFAR support. These approaches were piloted in FY06 and expanded to include 10 sous-prefectures in FY2007. In the program area of Basic Health Care and Support, the MEN is continuing 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 Ministry of Health's PMTCT and HIV treatment programs. The MEN advocates a holistic approach to palliative care (PC) and seeks to provide a complete and integrated package of quality services that includes prevention (CT, PMTCT, secondary sexual prevention); adult, child, and family care (ART provision, OI prevention and treatment, and promotion of "positive living"); and psychosocial support and a continuum of care through links with QUITUS (an NGO of teachers living with HIV/AIDS), the MEN's health service centers (SSSU), other ministries, and community organizations. The MEN's approach relies on linking the clinical palliative care provided by its medical staff (or referrals to other providers) to the home-based palliative care provided by QUITUS members, AB peer educators from student health clubs, and other NGO service providers.

HIV-related teacher absenteeism is a major problem undermining quality and continuity of education. The MEN has created a national committee and an action plan to provide a framework for addressing this problem. Practical steps have included assistance to create psychosocial support groups for teachers living with or affected by HIV/AIDS and attempts to improve access to HIV-related prevention, care, and treatment services, especially for staff based in rural areas. The MEN works extensively with its sub-partner QUITUS, which provides advocacy to mobilize resources, fight stigma and discrimination, and offer peer support in the workplace to staff and family members while creating functional referral links to social, spiritual, and health services. QUITUS has more than 500 HIV-affected members (including teachers' families).

Teachers and other MEN personnel in need of services are identified through CT centers and other caretaking centers (maternities, hospitals, NGO, and others). Subsequently, these affected or infected personnel are provided follow-up care, home visits, and on-going support through partners ACONDA and QUITUS. The MEN supports QUITUS in caretaking and mobilization against stigmatization in schools; in 2007, QUITUS has a target of providing 500 PLWHA with palliative care services. Three sections of QUITUS have been installed in Daloa, Agboville, and Yamoussoukro. In addition to the interventions of QUITUS, the MEN set up a technical working group to identify further opportunities to address HIV in the workplace, with the technical support of FHI. Modules of BCC that are specific to the MEN were adapted, and all activities have been coordinated by the National HIV/AIDS Care and Treatment Program (PNPEC), within the framework developed by the MEN and partners (ministries and national and international NGOs). To assist with medical care, the MEN acquired HIV tracking, laboratory, and office materials for its health centers (PNSSUs), which serve teachers, school administrators, and students at the 10 pilot sites in 2007. Capacity-strengthening workshops in STI treatment and caretaking were conducted. Seven PNSSU health centers were supplied with STI kits. In addition, 20 PNSSU medical doctors were trained in new ARV prescription methods, in tracking and care of STI symptoms, and in working with QUITUS and peer educators in the 10 pilot sites.

In FY08, the MEN intends to further develop and promote support groups involving spouses and children of teachers living with HIV and to create a reference network with strong involvement of parents' associations (Coges). MEN representatives will meet with these associations to mobilize their members on this topic and to provide training in psychosocial caretaking, CT promotion, and ART adherence support to enable participants to support their children (students) and teachers in remaining healthy and productive in the classroom. These activities will involve as-yet untrained QUITUS members and will also create opportunities for QUITUS to apply new skills and raise its visibility since they have already taken part in several trainings.

The organizational and technical capacities of QUITUS will be further reinforced to enable the organization to more effectively plan relevant activities and extend the impact of its efforts. In FY08, it is anticipated that 130 people will be trained to provide psychosocial support and other palliative care and that services will be provided to 1,000 people, including 500 newly identified PLWHA at the 10 sites. Furthermore, the MEN will continue to acquire and distribute condoms to teachers and other personnel, sensitize teachers and administrative staff on the importance of CT (knowing one's status), and provide information about where and how to access services in coordination with other organizations. To facilitate testing and care referrals, the MEN will train doctors at all 30 SSSU in CT promotion and HIV/STI care.

More specifically, the MEN will:

1. Identify 300 more teachers and other personnel living with HIV
2. Provide palliative care to 1,000 teachers and other personnel
3. Establish new sections of QUITUS at the 10 sites
4. Make 1,000 home visits to HIV-infected and/or -affected MEN personnel
5. Train 30 HIV-positive peer educators (three per site) in psychosocial support, community caretaking, and ART adherence support
6. Train 100 members of student health clubs in psychosocial support, community caretaking, and ART adherence support as part of youth service learning and applied leadership training
6. Organize 120 meetings or training sessions on HIV/AIDS-related topics (12 per site)
7. Sensitize 2,500 teachers regarding HIV testing (250 teachers per site)
8. Acquire and dispatch 50,000 condoms to teachers and other personnel at all sites
9. Strengthen the skills of 90 doctors in CT promotion and care of HIV-infected teachers and students

The MEN will monitor activities at sites where QUITUS sections are installed while implementing a monitoring and evaluation plan in conformance with guidance on national indicators. The MEN 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, the MEN will participate in

Activity Narrative: quarterly SI meetings and will implement decisions taken during these meetings. By building institutional capacity and mobilizing parent associations (Coges) and student and teacher support groups, the MEN is advancing a strategy for sustainable palliative care in the largest government workforce and its families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10052

Related Activity: 15138, 15139, 15141

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22378	5039.22378.09	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	9651	5304.09	CoAg Ministry of Education #U62/CCU24223	\$40,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15138	4557.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$1,300,000
15139	10505.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$400,000
15141	10059.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	220	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Teachers

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$3,642,781

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$50,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Background

Cote d'Ivoire faces a dual epidemic of TB and HIV, with an adult HIV prevalence rate of 4.7% (AIDS Indicator Survey, 2005) and a TB incidence rate of 382 per 100,000 population (WHO, 2007). 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 27% for all TB cases and 42% for sputum smear positive cases. In 2006, the TB case-notification rate was 108 per 100,000 population, with a total of 21,000 TB cases reported, of which 12,000 were sputum smear positive. The treatment success rate for patients registered in 2004 was 71%.

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 July 2007, with support from the Global Fund, the Emergency Plan (EP), and other international NGOs, 92 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 16 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 showed that 36% of TB patients tested were co-infected with HIV. TB remains the leading cause of mortality among HIV 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 HIV/TB co-infected patients by providers trained to manage both infections. INH prophylaxis is not currently part of the national policy in CI.

FY06 and FY07 Response

With EP support, the TB program piloted routine counseling and testing (CT) in place of an opt-in approach, with improved uptake, as well as expanded use of cotrimoxazole prophylaxis at several specialized centers. The program also developed training and monitoring tools on the management of HIV/TB co-infection. In coordination with the National HIV Care and Treatment Program (PNPEC), EP-funded ART was provided to five sites, with links to HIV treatment sites following completion of TB treatment. With FY07 EP funds complementing those from the Global Fund TB project, the national HIV care and TB programs have been able to implement routine CT at TB sites and provide onsite HIV treatment at existing TB sites. The EP is supporting free "opt out" testing programs at all nine national TB specialist centers and 31 large TB centers, resulting in 5,707 TB patients being tested for HIV and identification of 2,081 TB patients with HIV. EP-supported sites are on track to provide HIV tests and results to at least 14,000 TB patients with FY07 funds. EP partners are also expanding TB screening at HIV-care clinics, and with FY07 funds, intensified TB case-finding was conducted among approximately 16,000 HIV-infected patients. Wraparound linkages were created between the EP and the WFP to provide nutritional assistance to HIV/TB co-infected patients.

In FY07, the EP supported adaptation and roll-out of the CDC/WHO smear microscopy training package. The EP also supported the PNLT to improve the quality of sputum smear microscopy by strengthening the quality-assurance system through external quality assessment and on-site supervision. Rapid TB liquid culture capacity was established at four centers with MGIT technology. The EP supported the PNLT to establish a system for transport of specimens from all TB clinics to three of the central facilities with culture capacity, followed by communication of results to the referring facilities. EP funds also ensured availability of basic laboratory equipment and supplies, including tubes and reagents for liquid MGIT culture at central, regional, and peripheral laboratories.

Implementing partners worked 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 were adapted. EP partner Alliance-CI provided technical assistance and funding to CBO/FBOs linked to each major TB center to support DOTS with community and home outreach. This has improved CT uptake and treatment adherence and completion, in addition to 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

FY08 Priorities

During FY08, the EP will build on previous achievements and continue to prioritize TB/HIV integration and expansion of service coverage. The EP will directly support the PNLT to develop and finalize TB/HIV training materials as well as to develop a pool of trainers to train staff at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation. The EP

will support PNLT in scaling up provider-initiated CT to all TB clinics, with an ultimate goal of HIV testing for 100% of TB suspects as well as 100% of TB patients (~21,000). USG partners will work with the PNLT to finalize the TB screening tool and diagnostic algorithm for diagnosis of TB among HIV-infected persons. This tool will be incorporated in 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. USG partners will support the PNLT to finalize and implement the national policy on INH prophylaxis among HIV-infected persons.

The EP will support decentralization of rapid TB liquid culture capability using MGIT technology to an additional three or four regional TB clinics in the northern and western zones of the country to further improve diagnosis of TB among HIV-infected persons. The EP will begin supporting rapid TB liquid culture for the diagnosis of smear-negative TB, as well as culture and drug susceptibility testing for TB cases failing primary treatment. Substantial efforts will be made to prevent and manage drug-resistant TB among HIV-infected TB patients.

National TB recording and reporting tools revised by the PNLT to include HIV variables will be used by all EP-supported sites for TB/HIV surveillance. The EP will also support the PNLT and PNPEC to implement the national TB infection control policy at all TB and HIV care and treatment sites.

As part of a family-centered approach, children will be the focus of intensified case detection and household follow-up. Care for TB/HIV co-infected persons and their families will be linked with other prevention and palliative-care services. A range of individually focused health education and support, referrals, community interventions, and advocacy will be integrated. The EP will 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.

Implementing partners will provide technical assistance to incorporate relevant approaches into national policies and guidelines. To improve the quality of care, EP 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 adherence and TB treatment completion rates.

EP efforts in TB/HIV aim to strengthen the national HIV and TB programs to carry out collaborative activities. EP inputs serve to catalyze interactions between the two programs and among other key technical agencies. While government commitment for TB/HIV collaborative activities is high, the political crisis has limited its ability to maintain pre-conflict resource levels for the TB program. As stability returns, the CI government is expected to rebuild its capacity to sustain TB/HIV activities.

Coordination and Sustainability

Long-term technical assistance from USG/CDC, International Union Against Tuberculosis and Lung Disease (IUATLD), WHO, EP partners, and other experts is coordinated with the PNLT to promote a synergistic approach. To assure cooperative support, EP partners are identifiable by their comparative advantages, including service delivery (EGPAF, ACONDA, ICAP-Columbia), community support (Alliance-CI), laboratory (RETRO-CI) commodities management (SCMS), human capacity (Abt Associates), and training and performance standards (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; and Belgian Project FORESA, facilitating TB diagnostics in rural health facilities.

All USG-funded partners will report to the EP 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 made during these meetings.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	167
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10400
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	730
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	20800

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5301.08	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: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12211.08

Planned Funds: \$382,781

Activity System ID: 15134

Activity Narrative: Cote d'Ivoire is facing a dual epidemic of HIV and tuberculosis, with an HIV prevalence rate among adults of 4.7 % (AIDS Indicator Survey, 2005) and a TB prevalence of 108 cases per 100,000 residents (MOH/PNLT, 2006).

The Ministry of Health (MOH) has received \$3.8 million and €5.5 million under Global Fund Rounds 3 and 6 to strengthen its TB-control program. With Global Fund assistance, the National TB Program (PNLT) is decentralizing sputum smear microscopy by increasing the number of designated TB centers, improving human capacity by training health-care workers, developing and producing monitoring and evaluation tools, and strengthening supervision. The number of sputum smear microscopy centers will be increased from 92 (currently) to 105 centers by the end of FY08. Anti-TB drugs are provided by the Global Drug Facility.

With USG support, 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), the Institute Pasteur of Cote d'Ivoire, and others, working with EP implementing partners (EGPAF, ACONDA, and Alliance) to expand 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 an TB/HIV collaborative framework, improvement in diagnosis of TB among persons living with HIV/AIDS (PLWHA), provision of routine HIV counseling and testing of all TB patients, and integration of HIV care and support in all TB clinics.

PNLT used EP support in FY04 and FY05 to expand services and improve supervisory activities. With FY07 plus-up funds, the PNLT is working with the PNPEC to develop national TB infection-control guidance and a training curriculum to be used to promote better TB infection-control practices at all national TB and HIV care and treatment facilities. A TB screening tool is being developed that will be used in all nationally recognized HIV care and treatment facilities for systematic intensified TB case finding. With the FY07 EP support and technical assistance from the American Society of Microbiology (ASM), the PNLT is expanding availability of rapid liquid TB culture (using MGIT technology) at four facilities in and around Abidjan. The PNLT will support storage and transportation of sputum specimens from all national TB diagnosis and treatment facilities, including 11 CATs (stand-alone TB care and treatment facilities) and 81 CDTs (TB facilities integrated into general district hospitals), to three of the four culture facilities (Institute Pasteur-CI at the University of Cocody, Institute Pasteur-CI at Adiopodoume, and Cedres Lab in Treichville). This effort will include development of a manual of standard operating procedures as well as tools for collection, storage, and transportation of sputum specimens and procurement of storage (i.e. refrigerators) and transportation equipment for 10 of the nation's 11 regional TB clinics. The smear-microscopy package developed by CDC/WHO will be adapted and rolled out for training and retraining of lab technicians.

In FY08, the PNLT will work with all EP implementing partners to strive for HIV testing of 100% of TB suspects and 100% of TB patients (~21,000) at all nationally recognized TB clinics. The PNLT will strengthen referral systems and linkages between TB and HIV care sites to ensure that 100% of co-infected TB/HIV patients are given cotrimoxazole prophylaxis and are enrolled in HIV care. All patients receiving care at HIV care and treatment sites will be systematically screened for TB and referred to TB sites for treatment. Priorities for FY08 will include:

TB/HIV coordination

- Collaboration between the national TB (PNLT) and HIV (PNPEC) programs will be strengthened by developing a national TB/HIV coordination committee and ensuring joint planning of TB/HIV activities.
- Planning and implementation of TB/HIV activities will be promoted by establishing TB/HIV coordination mechanisms at the district level.
- Quarterly meetings will be organized with TB/HIV partners to plan and review progress of TB/HIV activities.
- The PNLT will support supervisory activities for monitoring of TB/HIV activities from the national level.

Expansion of provider-initiated HIV counseling and testing

- With support from CDC-CI, the PNLT will organize a training of trainers for rapid expansion of provider-initiated counseling and testing in all TB clinics. EP implementing partners will draw on this pool of trainers to scale up PITC in all EP-supported TB facilities.
- In collaboration with the PNPEC and EP implementing partners (EGPAF, ACONDA, and ICAP-CU), ARV services will be made available at all CATs so that co-infected TB patients can be enrolled into HIV care and treatment at the same facility.

Intensified TB case finding among HIV-infected persons

- With assistance from EGPAF, ICAP, and other EP partners, the PNLT will finalize the TB screening tool and algorithm for intensified TB case finding among HIV-infected persons. The PNLT will work with the PNPEC to incorporate the TB screening tool into the national HIV patient-encounter form.
- With assistance from USG partners, the PNLT will finalize its policy regarding INH prophylaxis among HIV-infected patients.

Strengthening of laboratory capacity

- The PNLT will continue to support the collection and transportation of sputum specimens from all national TB diagnosis and treatment centers, including the 11 CATs and 81 CDTs, to the three reference laboratories for rapid TB liquid culture.
- With technical and financial assistance from the ASM and EGPAF, the PNLT will provide 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.

In consultation with CDC-CI and other EP partners, the PNLT will use liquid culture for diagnosis of smear-negative TB. Cultures will be made available to all eligible patients free of cost.

With support from a national TB reference lab (Institute Pasteur-CI), the PNLT will continue to reinforce the quality-assurance system, including external QA and on-site supervision, to ensure the quality of sputum smear microscopy throughout the country.

Infection control

- Using the TB infection-control plan and a training curriculum developed with FY07 EP support, the PNLT will work with implementing partners to ensure that facility assessments are done and TB infection-control facility-level plans are developed and implemented by all EP partners.

Activity Narrative: 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 EP partners to ensure that these revised tools are available at all TB clinics throughout the country.
- The PNLT will support reproduction and dissemination of TB recording and reporting tools to all CATs and CDTs.

Other activities

- The PNLT will work with other EP partners to develop TB/HIV training materials to be used by all partners to train staff at TB and HIV care sites.
- The PNLT will establish or strengthen communication between central and regional TB centers through Internet and fax connectivity.
- The PNLT will enter into an agreement with REPMASCI (network of journalists and artists) to develop and broadcast 10 radio spots for sensitization on collaborative TB/HIV activities.
- The PNLT will support 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.
- In collaboration with Alliance and other partners, the PNLT will facilitate access of community-based NGOs to CATs and CDTs in order to strengthen community-based support for TB and HIV patients.
- The PNLT will support an M&E plan tracking project-specific as well as EP 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, the PNLT will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 12211**Related Activity:** 15135, 15136, 15137**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22380	12211.2238 0.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	9652	5301.09	MOH- CoAg #U2G PS000632-01	\$500,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15137	9707.08	7057	4933.08	Track 1 MOH-CNTS (Blood Safety) #U62/CCU023649	Ministry of Health, Côte d'Ivoire	\$4,000,000
15135	5055.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$200,000
15136	5056.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 5041.08

Activity System ID: 15112

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$1,895,000

Activity Narrative: Noted April 21, 2008: EGPAF will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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

Integration of TB and HIV services is an overarching goal for Project HEART and the whole EP 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 are 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 initiated an advocacy dialogue with the national TB control program to effectively and quickly implement aggressive routine, provider-initiated CT. This is being supported by technical assistance from both the CDC and ISPED/University of Bordeaux. An ongoing demonstration phase has started at the CAT d'Adjame and the PPH ward of the University Hospital of Cocody, with changes to patient flow and the systematic offering of HIV testing and early results to all patients attending the clinic. This new strategy has shown a dramatic increase in the number of patients tested and treated for TB/HIV at the two centers. At CAT d'Adjame the rate of HIV testing has moved from 34% to 80% and the average monthly rate of new patients enrolled into care from 57 to 120. The figures at CHU Cocody are quite similar with an HIV testing rate moving from 55% to 99% and the monthly average rate of new patients enrolled from 32 to 59. Preliminary analysis of the results at CHU Cocody has surprisingly revealed a higher HIV prevalence rate among non-TB related hospitalized patients. This demonstrates that the systematic offer of HIV testing in TB centers results in the detection of HIV-infected patients without TB.

Based upon these results, EGPAF in collaboration with the national TB control program and leading TB care providers have been taking the leadership to change national policy and are designing new training curriculum and materials to support a rapid scale-up of this new strategy across the country.

Simultaneously quality assessment and quality improvement activities undertaken at CAT d'Adjame have helped to identify weaknesses that are being addressed to improve the quality of services. Findings of these assessments have helped to improve the training curriculum and the implementation of the new strategy at the new sites.

• As results of previous and current efforts EGPAF will surpass its PY 4 targets of initiating HIV treatment for 5,180 TB/HIV co-infected patients, at current trends EGPAF should reach close to 7,100 HIV/TB co-infected patients this year. The plus-up funding awarded to EGPAF in July 2007 will help equip all 8 TB centers with fluorescence microscope to improve TB diagnosis to meet the national standards and provide financial and logistic support to CATs to expand TB/HIV programs to CDTs under their responsibility; support will include but is not limited to: training materials, binocular microscopes, tools and resources for supervision, lab supplies, registers for data collection, initial and refresher trainings, etc.

In support of the national priorities of the TB and HIV programs and in collaboration with the EP and other partners, EGPAF will use FY08 funds to:

- Strengthen activities undertaken during PY 07 at the current 44 EGPAF-supported TB sites (8 CATs and 36 CDTs) and 57 ART sites
- Expand support for TB/HIV activities to 18 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 will roll out the provider initiated counseling and testing approach at all the TB clinics. EGPAF will strive to test 100% TB patients (16,800) diagnosed at the supported sites. All the co-infected patients will be given cotrimoxazole prophylaxis.
- Revise patient flow pattern used at CAT Adjame and Cocody to systematically offer HIV testing earlier and provide the results on the same day will be adopted at all the CAT and CDTs supported by EGPAF.
- 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 8 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 in HIV-infected patients at "HIV" points of entry (CT, PMTCT, etc).
- Improve and expand quality assessment and improvement activities in the 8 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

- Activity Narrative:**
- 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 PNTL and ASM, support decentralization of rapid TB liquid culture to 3-4 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.

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 EP 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10057

Related Activity: 15110, 16524, 16771, 15111, 15113, 15114, 15115, 15109, 17119, 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22423	5041.22423.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$1,400,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	62	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,400	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	16,800	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Coverage Areas

Agnebi
Bas-Sassandra
Lagunes
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Comoé
Vallée du Bandama
Zanzan

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 16040.08

Activity System ID: 16778

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$425,000

Activity Narrative: Noted April 21, 2008: ICAP will also provide subgrant funding to several subpartners formerly supported through Alliance National Centre le SIDA.

ICAP-CU received Plus-up funds in 2007 to support the Ivorian MOH to expand the availability of a basic package of HIV services at health facilities throughout the country in collaboration with other PEPFAR partners including EGPAF, ACONDA, Alliance. By the end of COP07, ICAP-CU anticipates initiating VCT, PMTCT, palliative care, TB/HIV and ART services at 5 sites, and conducting baseline assessments and training at an additional 5.

In COP08, ICAP-CU will continue to support this package of services at all 10 sites covered in FY 07 and expand to an additional 34, for a total of 44 HIV care and treatment sites. At all 44 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. In addition, ICAP will ensure—either directly or in coordination with other implementing partners (PEPFAR and GF)—that all (100%) TB suspects, either at the on-site TB clinic or at referring TB treatment facilities (CAT and all CDTs in covered 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-CU programs in other countries, such as the simple TB screening tool developed in Rwanda, will be adapted for Côte d'Ivoire in consultation with the PNL. Similarly, a recently published ICAP monograph that highlights the importance of TB screening will also be translated and adapted. ICAP-CU will also focus on promoting and supporting processes that minimize nosocomial transmission of TB and that protect health care workers from TB infection. ICAP's capacity building approach, focusing on district and facility-level systems strengthening, and provider training and mentoring, ensures long term sustainability.

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 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, 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 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. This questionnaire is used routinely for TB screening in a number of ICAP-supported care and treatment programs and has been demonstrated to be an effective way to identify HIV infected adults at high risk for TB disease.
- 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 contact within and outside the household. The use of TST testing will be explored to establish the feasibility and efficacy to determine TB infection status in this population. All children without evidence of active TB disease (without clinical or historical evidence and with a negative TST response) will be considered for a 6 month course of Isoniazid prophylaxis against tuberculosis. IC sites will also provide INH-prophylaxis to eligible HIV-infected patients as per the national guidelines.
- In addition to direct evaluation of TB risk in the child, 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 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 NGOs and CBOs working with Alliance 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-CU supported sites. The staff will be trained in the use of these tools.
- Ensure that linkages between HIV and TB clinics are established and strengthened at all ICAP-CU 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 ICAP-CU technical experts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16040

Related Activity: 16768, 16525, 16770, 16777,
17122, 17080, 16992, 17299

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22437	16040.22437.09	HHS/Centers for Disease Control & Prevention	Columbia University	9670	7220.09	International Center for AIDS, Care and Treatment Program (ICAP)	\$550,000
16040	16040.07	HHS/Centers for Disease Control & Prevention	Columbia University	7319	7319.07	UTAP	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	170	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7224.08

Prime Partner: CDC International Lab
Coalition

Funding Source: GHCS (State)

Mechanism: CDC Lab Coalition

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 12210.08

Planned Funds: \$450,000

Activity System ID: 16775

Activity Narrative: Annually there are an estimated 70,000 new TB cases in Cote d'Ivoire and approximately 36% of these patients (28,000) are co-infected with HIV. The TB case detection rate remains low at 27% for all the TB cases and 42% for sputum smear positive cases. In 2006, the TB case notification rate was 108 per 100,000 population with a total of 21,000 TB cases reported of which 12,000 were sputum smear positive. Cote d'Ivoire has 11 stand alone TB treatment centers (CATs) and 81 CDTs integrated into general hospitals across the country. Currently Cote d'Ivoire has two laboratories with capacity for performing TB culture: Institute Pasteur CI and CeDreS Laboratory. In 2006 < 500 TB cultures were performed as part of the work up for presumed treatment failure of patients with active tuberculosis. Since July 2007, the CDC International Laboratory Coalition Partners (via the American Society of Microbiology {ASM}) has been designated to provide technical assistance for strengthening the capacity of the TB laboratory network for smear microscopy, culture and drug susceptibility testing. The first phase of this activity has been focused on improving the TB diagnosis capacity at the national reference laboratory (Institute Pasteur Cote d'Ivoire-IPCI) and at the largest of Cote d'Ivoire's regional TB centers (CATs), the CAT Adjame, which serves more than 5000 TB patients per year, nearly a quarter of the country's TB patients currently under treatment.

In FY 08 the CDC Lab Coalition Partners will continue to focus on strengthening TB/HIV laboratory services by:

- providing technical assistance for laboratory assessment, design and infrastructure development for renovations and improvement, including decentralization of TB culture at 3-4 regional TB centers in the Northern, Western and Central parts of the country to facilitate diagnosis of smear negative TB in suspected patients as well as to perform culture and drug susceptibility testing for patients failing primary TB treatment.
- supporting laboratory capacity building at the national reference laboratory (Institute Pasteur Cote d'Ivoire) to:
 - strengthen TB diagnosis and management by smear-microscopy
 - improve capacities for rapid TB culture
 - develop the capability for drug susceptibility testing for rapid detection of TB drug resistance in patients with treatment failure
 - perform drug resistance surveillance to detect and manage patients with MDR/XDR-TB according to recommended guidelines
- providing technical assistance for building culture capacity at the major CAT in Adjame
- supporting TB culture and DST at CeDRes Laboratory as needed
- providing technical assistance to the national TB program in the establishment of a national referral system for the transport of specimens from specimen collection sites to the reference laboratories for culture and DST
- supporting the national TB program to expand access to quality sputum smear-microscopy at the national level including the roll out of the WHO/CDC/IUATLD/APHL/RIT direct smear- microscopy training package
- supporting the national TB program to improve the external quality assurance system, (on-site supervision, slides rechecking and proficiency testing)
- providing technical assistance to develop a national TB infection control plan for prevention of TB transmission among laboratory personnel
- providing technical assistance for implementation of a new diagnostic algorithm and procedures to diagnose smear negative, extrapulmonary, and pediatric TB as they become available.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12210

Related Activity: 16774

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12210	12210.07	HHS/Centers for Disease Control & Prevention	CDC International Lab Coalition	7323	7323.07	CDC/Lab Coalition	\$815,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16774	12215.08	7224	7224.08	CDC Lab Coalition	CDC International Lab Coalition	\$600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5383.08

Mechanism: CDC & RETRO-CI (Base)

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 10346.08

Planned Funds: \$90,000

Activity System ID: 15169

Activity Narrative: With FY08 funds, the USG CI team will provide direct technical assistance to the Government of Cote d'Ivoire and to our implementing partners, supplemented by targeted assistance from CDC headquarters, in support of the country TB-HIV program. USG CI will support the in-country travel and logistics for all USG CI TA and TA requested from HQ.

In the area of HIV-TB, the country team will provide ongoing technical assistance, augmented by technical assistance from CDC HQ staff, to support the integration and scale up of routine 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, and strengthening of centralized and decentralized TB diagnostic services, including support for smear microscopy and TB culture, and surveillance of multi-drug resistant TB.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10346

Related Activity: 15159, 15160, 15167, 15168,
17297, 15162, 15170, 15171,
15163, 15172, 15173, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22332	10346.2233 2.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9637	5554.09	CDC-RETRO-CI GHAI	\$650,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7078.08

Prime Partner: Network of People Living with HIV/AIDS

Funding Source: Central GHCS (State)

Budget Code: HVTB

Activity ID: 17292.08

Activity System ID: 17292

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

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$0

Activity Narrative: RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHA 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 43 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS) and the Ministry of Health (MOH), 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 (at least \$603,922 in FY07) as 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 testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based palliative care to those in need.

RIP+ will manage the project and provide sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, will be delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing 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 NPI funds, RIP+ is partnering with Alliance Cote d'Ivoire, a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees, to build the capacity of RIP+'s headquarters staff to manage a large number of sub-grants and provide management and technical assistance to sub-grantees.

RIP+ is also working to strengthen affiliate PLWHA organizations to improve their management, transparent governance, communication, and coordination and to promote continuum-of-care services. RIP+ is working with the Ministry of Health, the Ministry for the Fight Against AIDS, and key stakeholders to develop a national pool of trainers, develop tools, and develop and implement a training plan in support of home- and community-based palliative care.

In FY08, in coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and the National TB Treatment Program (PNLT), RIP+ will provide sub-grants of about \$5,000-\$10,000 to at least 25 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 5,000 PLWHA, including 1,000 with HIV/TB co-infection, and their family members in six geographic regions (North, South, West, East, Center, Abidjan). 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 OVC care.

In FY08, RIP+ expects to provide direct care to at least 1,000 people with HIV/TB and to train 50 people to provide such care. RIP+ will work in partnership with TB care centers to implement a continuum 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.

RIP+ will provide technical assistance and share its experience to assist national authorities and key stakeholders, including its affiliate members, to define a simplified monitoring and evaluation plan for community-based palliative care activities and to update guidelines for community palliative care as well as treatment literacy. 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 the creation of a simplified national referral system for community-based palliative care to address the high rate of loss to follow-up within the care and treatment program.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17293, 16779, 17082, 17295

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17293	17293.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
16779	16779.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17082	17082.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17295	17295.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5343.08

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: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 9936.08

Planned Funds: \$0

Activity System ID: 15096

Activity Narrative: Deleted.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9936

Related Activity: 16523, 16765, 15095, 15097,
15098, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9936	9936.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$380,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$311,000
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5309.08	Mechanism: ACONDA CoAg
Prime Partner: ACONDA	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 10338.08	Planned Funds: \$400,000
Activity System ID: 15090	

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

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

In September 2006, ACONDA graduated to become an EP prime partner by winning a competitive EP/CDC award to provide comprehensive family care and PMTCT services.

ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 20,000 active patients, including 2,200 children (11%), by September 2009.

Integrated HIV/AIDS care and treatment at TB sites:

Despite the politico-military crisis in Cote d'Ivoire, the National TB Program has continued to decentralize its services to 92 sites. ACONDA in collaboration with PNLT will train all the TB staff in TB HIV co-management and program implementation. ACONDA will strive for 100% (around 2,000) testing among TB suspects at these sites using provider initiated counseling and testing approach. Cotrimoxazole prophylaxis will be offered to all the co-infected TB patients at these sites. In line with its holistic approach, ACONDA has linked HIV care and treatment services at its 20 ART prescription and 56 refill sites with TB services. As the National TB Program decentralizes further, ACONDA will provide HIV/AIDS care and treatment services linked to TB services at the 16 new sites it will open in FY08. ACONDA will strive for 100% coverage of HIV testing among TB suspects. Following national recommendations, ACONDA will provide TB diagnosis and treatment services to children aged < 5 years.

Integrated TB care and treatment at HIV/AIDS sites:

In line with its holistic approach, ACONDA has linked HIV care and treatment services at its 20 ART prescription and 56 refill sites with TB services and proposes to link the new 16 sites as well. In FY08, providers at ACONDA's 90 HIV/AIDS sites will systematically screen HIV/AIDS patients for TB based on their clinical symptoms. TB suspects will be referred for sputum smear microscopy and chest x-ray and active TB cases will be treated according to the national guidelines. During FY08, ACONDA expects to increase the coverage of TB diagnosis and treatment services to 2000 patients in HIV clinics (an estimated 5% of all HIV patients at each clinic). To accomplish this, ACONDA will ensure that health professionals at the new sites are trained to clinically manage HIV and common opportunistic infections, including TB. In addition, professionals from TB clinics will attend training on the holistic case management of TB/HIV co-infected patients, using materials validated by the national TB program (PNLT). ACONDA will also provide INH prophylaxis to eligible HIV-infected patients as per the national guidelines.

ACONDA in collaboration with the national TB program will conduct facility assessments for TB infection control and will implement corrective action as per the national guidelines. 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.

A total of 144 staff members from both existing and new sites will be trained on-site to diagnose TB in HIV-positive patients using specific guidelines from the National TB program. Other professionals (75) 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.

Patients co-infected with TB/HIV will be linked to community services at both the TB clinic and the HIV/AIDS clinic. CBOs and NGOs will receive sub-grants, in conjunction with Alliance CI, to guarantee DOTS 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10338

Related Activity: 16759, 16522, 16767, 15089,
17114, 15091, 15092, 15093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22465	10338.22465.09	HHS/Centers for Disease Control & Prevention	ACONDA	9676	5309.09	ACONDA CoAg	\$400,000
10338	10338.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Estimated PEPFAR dollars spent on food \$50,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of clinic sites with associated CBO/FBOs providing community based services to persons coninfected with HIV/TB.	N/A	True
Training in program planning, management and monitoring and evaluation for CBO/FBO in support of HIV-TB continuum of care	N/A	True
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	90	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	360	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	2,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Worodougou

18 Montagnes

Bas-Sassandra

Denguélé

Lagunes

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$10,067,708

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$337,800
Estimation of other dollars leveraged in FY 2008 for food	\$75,000

Program Area Context:

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%). The AIS also estimated that 324,000 children have been orphaned and 540,000 made vulnerable as a result of HIV/AIDS. Thus HIV-related OVC number 864,000 nationwide, including an estimated 80,000 children who are 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 child vulnerability, 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, the EP remains the only major donor for OVC activities in the country. As the country context stabilizes, this situation could improve in 2008, so the PEPFAR team continues to explore leveraging and wrap-around opportunities.

Although this lack of major partners has presented challenges for identifying and serving large numbers of OVC (targets were missed last year), Cote d'Ivoire has taken important steps, with EP assistance, toward ensuring OVC support through policy, coordination, capacity-building for NGO/CBO/FBOs, training of caretakers, and delivery of direct services to 24,234 children as of March 2007. The target for FY08 is to reduce the vulnerability of 63,000 OVC. Progress toward this objective is coordinated through the Ministry for the Family and Social Affairs (MFAS) and its National OVC Program (PNOEV) in cooperation with the national think tank on OVC (CEROS-EV). The EP has supported participatory development and dissemination of a national strategic plan (2003), the Ministry of AIDS sector plan, and a national OVC policy and M&E plan (2005-07). These documents define the national priority to support OVC within families and communities, and EP funds contributed 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 the local, district, and national levels.

FY05-07 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. EP funds allowed the PNOEV to pilot and reinforce using social centers as platforms for coordinating OVC-related activities and sharing lessons learned among organizations in the public and private sectors, including education support with the Ministry of Education, within a geographic area. Six more pilot sites were added in 2007.

In FY05-07, PEPFAR, Global Fund, and UNICEF funded rapid expansion of sub-grants to C/F/NGOs to support expanded decentralized services for OVC and their host families and communities. EP partners implemented grant programs, training, and referral systems to ensure local ability to identify OVC, assess their needs, and provide comprehensive care. Hope Worldwide continues provide strong mentoring and capacity building for small partner organizations that identify OVC and provide direct services. EP funds for ANADER are strengthening rural OVC identification and service delivery through creation and training of village committees, while FHI continues to work with the PNOEV to improve district-level coordination and begin harmonizing data collection among government agencies and civil society involved in serving OVC. 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 is using EP 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 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 west.

FY08 Priorities

EP and national priorities for FY08 focus on systems strengthening, coordination, and capacity building to enhance sustainability of programs.

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. This includes engaging a consultant 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. EP partners will work to adapt and use the Child Status Index while improving reporting through harmonized indicators and a national OVC database. This will include 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.

2. Reinforce seven social center platform sites and add three new sites to continue capacity building and coordination of local service providers, formalize referral systems, and begin standardizing data collection. This includes working with the PNOEV SI team, EP SI team, CEROS-EV, and platform directors to ensure that by the end of FY08, 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 2008 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. All EP ART and PMTCT service providers will be funded 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 as well, and vice versa.

4. Further expand referral systems to improve geographic and targeted population coverage, including a TBD new partner who will work in areas of greatest need (based on mapping and implementation strategies). In coordination with the PNOEV, EP 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. New partners help fill gaps in regional coverage, while a stronger focus on platforms in Abidjan will help reach OVC in higher-prevalence urban and peri-urban areas.

5. EP partners will 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 work to reduce the vulnerability of adolescent female OVC through income generation, psychosocial support, HIV prevention, and linking with male-norms programs in AB.

All USG funded partners will report to the EP strategic information team with quarterly program results and ad hoc requests for program data. In an effort to participate in the building and strengthening of one national monitoring and evaluation system, all USG funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	63000
*** 8.1.A Primary Direct	42000
*** 8.1.B Supplemental Direct	21000
8.2 Number of providers/caregivers trained in caring for OVC	4387

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5343.08	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: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 9939.08	Planned Funds: \$0
Activity System ID: 15097	

Activity Narrative: deleted

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9939

Related Activity: 16523, 16765, 15095, 15096,
15098, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22457	9939.22457.09	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	9675	5343.09	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$300,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$311,000
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	0	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17119.08

Activity System ID: 17119

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$340,000

Activity Narrative: Noted April 17, 2008: EGPAF will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

Since 2004, PEPFAR has funded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist the Ministry of Health in supporting and expanding quality ART, PMTCT, and palliative care services in Cote d'Ivoire while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. PEPFAR has supported EGPAF in developing a holistic, family-centered approach to HIV prevention, care, and treatment within the health sector.

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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15110, 16524, 16771, 15111,
15112, 17081, 15113, 15109,
15114, 15115

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	6,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	40	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7222.08

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12218.08

Activity System ID: 17123

Mechanism: TBD

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$0

Activity Narrative: Activity deleted.

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 for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team used FY07 plus-up funds to finance detailed evaluations and nutritional assessments to define and develop appropriate protocols for PLWHA receiving palliative-care and treatment services, as well as for OVC. The evaluation and planning work was done by a three-partner team consisting of AED/FANTA, PATH/ICYN, and Population Council/Horizon, with PEPFAR technical support.

Building on this FY07 work, FY08 funding will be used to support the continued development and evaluation and the implementation of strategies for improving the quality and targeted provision of nutrition support to patients receiving ART and palliative care as well as to OVC, pregnant women, and infants of sero-positive mothers.

Strategies will include, as appropriate, infant feeding counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services; nutritional assessment, counseling, and support as an integrated part of clinical care and treatment of PLWHA, including routine assessment of anthropometric status, nutrition-related symptoms, and diet, with therapeutic or supplementary feeding support for malnourished patients; linkages to food aid and social services that can assist in the assessment and support of household food security; training for health workers and OVC caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care.

Continuing its collaboration with FANTA and PATH, the Population Council/Horizon project will use FY08 funding to provide technical assistance to PEPFAR-supported facility- and community-based OVC care providers as well as to the World Food Program (WFP) to develop and implement nutrition activities. Technical assistance will also support development of a national policy on nutrition for persons living with or affected by HIV/AIDS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12218

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12218	12218.07	U.S. Agency for International Development	Population Council	7321	7321.07	Horizon	\$0

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7211.08

Mechanism: Infant and Young Child Nutrition (IYCN) Project

Prime Partner: PATH

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 12219.08

Planned Funds: \$500,000

Activity System ID: 17121

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 for PEPFAR-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team used FY07 plus-up funds to finance detailed evaluations and nutritional assessments to define and develop appropriate protocols for OVC and PLWHA receiving palliative-care and treatment services. The evaluation and planning work is being done by a two-partner team consisting of AED/FANTA and IYCN/PATH, with PEPFAR technical support.

Building on this FY07 work, IYCN/PATH will use reprogrammed FY08 funding, if approved, to support the continued development and evaluation and the implementation of strategies for improving the quality and targeted provision of nutrition support to OVC, including infants of sero-positive mothers, as well as pregnant and lactating women.

Strategies will include, as appropriate, infant feeding, counseling, support, and follow-up for all HIV-exposed infants and mothers, along with a package of child-survival and reproductive-health interventions with linkages to HIV prevention, treatment, and care services; nutritional assessment, counseling, and support as an integrated part of 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 and OVC caregivers; and wrap-around nutrition support provided as part of home-based palliative care and OVC care.

Continuing its collaboration with the AED/FANTA follow-on project (after the AED/FANTA project ends in 2008), PATH/IYCN will use FY08 funding to provide technical assistance to PEPFAR-supported facility- and community-based OVC care providers as well as to the World Food Program (WFP) to develop and implement nutrition activities. Technical assistance will also support development of a national policy on nutrition for persons living with or affected by HIV/AIDS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12219

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22356	12219.22356.09	U.S. Agency for International Development	PATH	9645	7211.09	Infant and Young Child Nutrition (IYCN) Project	\$500,000
12219	12219.07	U.S. Agency for International Development	PATH	7320	7320.07	PATH	\$600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Safe Motherhood

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Denguele-Bafing

Fromager

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen Cavally

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17122.08

Activity System ID: 17122

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$60,000

Activity Narrative: ICAP-Columbia University, a new PEPFAR partner in Cote d'Ivoire, received FY07 plus-up funds to help the Ivorian Ministry of Health to expand provision of a basic package of HIV/AIDS services at health facilities in the midwestern part of the country. By the end of FY07, ICAP anticipates initiating HIV counseling and testing, PMTCT, palliative care, and ART services at five sites and conducting baseline assessments and training at five more sites. In FY08, ICAP will support this package of services at all 10 FY07 sites and expand to an additional 34 sites, for a total of 44 sites.

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 its 44 PMTCT and 44 ART sites, ICAP 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.

ICAP 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, 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.

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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16768, 16525, 16770, 16777,
16778, 17080, 16992, 17299

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7217.08

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

Prime Partner: Le Soutien

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 17126.08

Planned Funds: \$0

Activity System ID: 17126

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, 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 offered by Medecins Sans Frontieres (MSF) and the Mano River Project. A cooperative agreement has been signed with the two CT service providers, and another partnership agreement is being finalized with PSI for the use of a mobile CT unit.

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 MSF in Danane for medical care. Children on ART are monitored and supported by counselors in collaboration with MSF. 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 MSF and Mano River Project health facilities or other medical structures 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), traditional authorities, and with MSF and the Mano River Project.

With first-year funding, Le Soutien accomplished start-up activities in 2007, including completing a work plan and budget, opening a new office, recruiting project personnel in Abidjan and Danane, buying a vehicle and computers, and training 31 community agents (including 25 counselors from Le Soutien and six health workers) in monitoring and evaluation and in OVC care.

The project selected 10 villages in the Danané department for intervention, established a local HIV/AIDS committee in each, trained 100 committee members in OVC care and HIV prevention, and sensitized 7,030 people (women, youth, men, and OVC host families) from 10 villages on HIV/AIDS and its impact on children.

In addition, Le Soutien elaborated a monitoring and evaluation plan to support reporting and quality improvement, as well as a communications plan designed to promote project activities and develop partnerships with other organizations working to improve the living conditions of OVC and their families.

In FY08, Le Soutien will continue and extend its HIV prevention, testing promotion, and OVC care activities in the district of Abidjan and the Danané department. FY08 project activities will include:

- Extending HIV/AIDS prevention activities in the Danané department. Ten additional villages will be selected for intervention. A local HIV/AIDS committee will be installed in each village (for a total of 20), and 100 committee members will be trained in HIV prevention and OVC care and support. HIV/AIDS prevention outreach in the 20 villages is expected to reach at least half the adult population, or 9,642 people.
- Promotion of HIV/AIDS counseling and testing in the 20 villages.
- OVC care and support. Based on assessments of the needs of identified OVC, at least 650 OVC from the Danané department and 250 OVC from the Abidjan district will benefit from psychosocial, educational, medical, nutritional, and clothing support, with vocational training for out-of-school children and rehabilitation of 200 host families' homes.
- 200 needy OVC host families from the 20 villages will be trained in micro-project design and management of income-generating activities, such as selling of charcoal and fish, cultivation of fruits and vegetables, and formation of agricultural cooperatives.
- Trainers from the national trainer pool will provide refresher training in monitoring and evaluation and OVC care to 31 community agents trained in 2007, who will provide training restitution to 200 members of the 20

Activity Narrative: village committees.

- Le Soutien will conduct a capacity analysis of CBO partners in order to establish a technical support plan for them.
- Staff capacities will be built through participation in meetings and seminars at the national and international levels.
- An audit will check compliance with USG procedures and help strengthen financial management.
- For greater fieldwork efficiency, the acquisition of a second vehicle, computers, and loudspeakers is planned.
- Le Soutien will recruit a monitoring and evaluation assistant. Based on an assessment of M&E needs, Le Soutien will work with the Ministry of the Fight Against AIDS, Measure Evaluation, and Alliance CI in developing data collection, training, and supervision tools that are adapted for community use. Le Soutien will send timely, complete reports to national authorities and the USG strategic information team and respond to ad hoc requests for program data. To help build a unified national M&E system, Le Soutien will participate in quarterly SI meetings and will implement decisions taken during these meetings.
- Le Soutien will inform the population about the results of its activities through monthly meetings with written and audio press and through information updates on its Web site. The production of audiovisuals will continue to enrich the organization's archives. The NGO's communications policy will be facilitated by REPMASCI (the national network of journalists and artists to fight against AIDS).

Le Soutien will help build sustainability through income-generating activities that will allow OVC families to become more autonomous and through implementation of a technical support plan for CBOs that will provide them with the necessary skills to continue project activities after project funding ends.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16905, 16904

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16905	16905.08	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	Le Soutien	\$0
16904	16904.08	7217	7217.08	NPI Le Soutien GHH-A-00-07-00022-00	Le Soutien	\$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

New Partner Initiative (NPI)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	900	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	131	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Coverage Areas

18 Montagnes

Lagunes

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5314.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5042.08

Activity System ID: 17128

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$900,000

Activity Narrative: Noted April 17, 2008: FHI will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance national Contre le SIDA.

Family Health International provides technical assistance to the National OVC Program (PNOEV) of the Ministry of the Family, Women, and Social Affairs (MFFAS) and other ministries and PEPFAR partners to support development, evaluation, implementation, and extension of OVC care and palliative care services. FHI works to build the technical and organizational capacities of the PNOEV and of a national OVC technical group (CEROS-EV) and supports the elaboration of policies, norms, and procedures for the care of PLWHA and OVC as well as the strengthening of the national monitoring and evaluation system.

In FY07, FHI continues to support the MFFAS and other ministries (AIDS, Health) to strengthen and improve national and local responses to the needs of OVC and other people affected or infected by HIV/AIDS. Based on the results of an evaluation of a PEPFAR-supported district-based model of linked, coordinated comprehensive health and social services built around the regional hospital (the IRIS model in San Pedro), FHI is supporting the replication of this model in two departments (Abengourou and Yamoussoukro), in collaboration with PEPFAR partners (Alliance, ANADER, CARE International, Hope Worldwide, the Ministry of Education, JSI/Measure) and non-PEPFAR partners (UNICEF, the World Food Program, ILO, UNFPA, UNDP, UNAIDS, World Bank).

FHI also supports the extension to six new departments, including three sites in the North and West (Man, Bouaké, and Korhogo), of OVC "platforms," a coordination and collaboration mechanism for OVC care partners with a social center model as the hub, along with the development of a strategy of support groups established through the community mobilization of local associations facilitating the identification and referral of OVC for care and support. The new social center model aims to integrate OVC-related issues and PLWHA care and support in the range of activities implemented by social workers. The main objective of these models is to better organize the provision of comprehensive care to people infected and affected by HIV/AIDS, including OVC.

In collaboration with JHPIEGO, FHI continues to provide technical assistance (started in FY06) for the integration of OVC curricula in courses of the social workers training institute (INFS). FHI helped establish a continuing-education program for community and social workers. FHI also supported the elaboration and dissemination of the 2006-2010 OVC National Strategic Plan while continuing organizational and managerial capacity development of PNOEV and CEROS.

In FY07, within the IRIS model referral network, FHI supported the training of 250 local OVC care providers who provided care and support (including palliative care) to 2,500 PLWHA and OVC.

In FY08, FHI will continue to provide technical assistance to ministries (AIDS, Health, Education, Social Affairs) and other partners supporting or implementing OVC care in accordance with the 2006-2010 National Strategic Plan. FHI will continue to support the three IRIS model sites and the 12 OVC platforms surrounding social centers while extending the IRIS model to four newly selected areas and implementing OVC platforms and support groups in 12 more departments (for a total of 24 platforms based on the new social center model and seven IRIS model sites nationwide by March 2009).

To boost preparations for scaling up OVC services, FHI will hire an international consultant to continue technical assistance to the PNOEV begun with FY07 plus-up funds. The consultant will help the PNOEV to develop and carry out a national strategic implementation plan that includes:

- Mapping of OVC services and partners
- Strategic placement of partners and services
- Linkages with the three primary venues for identifying OVC: health facilities, the community, and institutions (schools, social centers, orphanages, etc.)
- 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 subpartner and partner status
- Coordination among all PEPFAR partners to accomplish these tasks
- Coordination of implementation of 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

In FY08, FHI will also:

- Continue to conduct a situation analysis on OVC in new platform sites, in preparation for the implementation of the national strategy through the platform mechanism
- Contribute to improving the quality of OVC services by supporting the training of 40 trainers, 210 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 12 newly identified platform sites.
- At the social workers training institute, FHI in collaboration with JHPIEGO will support PNOEV efforts to facilitate the piloting of the continuing education on OVC care and support. With the assistance of JHU/CCP, the Ministry of AIDS, and other partners, FHI will participate in the development of new messages and communication materials on OVC issues, to be disseminated throughout the country.
- In order to improve OVC legal rights, FHI will contribute to the establishment of OVC legal rights committees and to capacity strengthening for their members to support implementation of interventions at the 12 OVC platforms. FHI will also help to develop a functional plan for the OVC platforms with clear guidance on how they can help their members provide better care and support for OVC.
- In collaboration with other PEPFAR partners, FHI will assist the MFFAS/PNOEV and Ministry of AIDS in the review and updating (if necessary) of their decentralization/extension plans for OVC care and support

Activity Narrative: and the IRIS model (including palliative care). FHI will facilitate the development of indicators measuring the contribution of each partner to implementation of the IRIS model and its OVC and palliative care components.

- Continue to reinforce the national M&E system, in collaboration with Measure Evaluation/JSI and the ministries of AIDS and Health, through the review and updating of OVC and IRIS indicators and data collection tools. FHI will support the tracking of OVC data collected at social centers and other OVC identification points (CT and PMTCT sites, TB treatment sites, PLWHA organizations, etc.). FHI will use 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 (IRIS, new social center/collaboration platform).

- In collaboration with ministries (AIDS, Health, Education, Social Affairs) and other partners, provide assistance for the review and updating of the respective national sustainability plan for OVC, IRIS and palliative care.

- In collaboration with ministries and other stakeholders, develop and help implement a referral system for HIV/AIDS care services, including OVC care and palliative care.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10060

Related Activity: 17079, 15117, 15118, 15119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22416	5042.22416.09	HHS/Centers for Disease Control & Prevention	Family Health International	9667	5314.09	CoAg FHI/ITM (HVP) #U62/CCU324473	\$700,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15117	4558.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$1,386,529
15118	5038.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$415,000
15119	5046.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$300,000
17079	9924.08	7036	5320.08	Private Sector Partnership One (PSP One)	Abt Associates	\$200,000

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

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Male circumcision

Wraparound Programs (Health-related)

- * Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	220	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5316.08

Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 19367.08

Activity System ID: 19367

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$124,000

Activity Narrative: Oct 08: reprogrammed to Care International

In FY08, 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. The partner will help its sub-grantees to develop programs that establish effective linkages between OVC, palliative care, PMTCT, VCT, ART, and TB treatment sites.

Partnerships with RIP (the national network of PLWHA), EGPAF, ACONDA, ANADER, Save the Children UK, CARE International, UNICEF, 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 N/C/FBOs are used effectively.

The partner will participate in the national technical working group's adaptation of the CSI as a tool for assessing and monitoring the status of OVC. The partner 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 (MFAS, Health, AIDS, Education), the partner 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 FY08, the partner will work 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 WFP's school canteen program, UNICEF's school-kit program, and other education and OVC initiatives. The partner will provide OVC kits designed by the national OVC technical committee to meet the needs of underserved populations.

The partner 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. The partner will provide technical assistance to enable sub-grantees to use existing national OVC tools to report national and PEPFAR indicators (including primary and supplemental service delivery). The partner will participate in the national process of harmonizing OVC tools used by the various partners. The partner 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.

Sub-grants will support 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 and PEPFAR country team, leveraging local inputs and other partner donations (WFP, UNICEF) when possible. Emphasis will be placed on psychological support.

In addition, at least 25 people will receive refresher training in program and financial management, organizational development, monitoring and evaluation, and provision of OVC and palliative care, building capacity of local organizations to promote sustainability of community-based OVC services. The partner 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, the partner will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	25	False

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7737.08

Prime Partner: Associazione Volontari per il Servizio Internazionale

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17373.08

Activity System ID: 17373

Mechanism: TBD

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,100,000

Activity Narrative: Noted April 17, 2008: AVSI will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

About 864,000 children in Cote d'Ivoire, or 16% of the country's population under age 18, have been orphaned or otherwise made vulnerable by HIV/AIDS (National AIDS Indicator Survey, 2005), including about 80,000 who are living with HIV. These OVC rates do not vary significantly by gender or urban/rural residence, but they increase markedly with age, from about 9% of infants to 25.3% of the 15-17 age group. OVC rates are lowest in the North (4.2%) and Northwest (7.2%) and highest in the South (18.4%) and in Abidjan (18.2%).

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 child vulnerability, and PEPFAR is the only major donor for OVC activities in the country. This lack of major partners has presented challenges for identifying and serving large numbers of OVC. As of March 2007, 24,234 children were receiving OVC services with direct USG support, less than 3% of the OVC population.

With USG support, the country has taken important steps toward ensuring OVC care and support within families and communities through policy, standard criteria for services, coordination, capacity-building for NGO/CBO/FBOs, and training of trainers and caregivers. Under the leadership of the National OVC Program (PNOEV) of the Ministry of the Family, Women, and Social Affairs (MFFAS) and the national think tank on OVC (CEROS-EV), PEPFAR partners are preparing to scale up OVC services by building the capacity of local organizations 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. The PEPFAR target for FY08 is to reduce the vulnerability of 63,000 OVC.

To help reach this ambitious goal, the USG in FY08 will fund an experienced international or national partner to provide direct care for OVC as well as sub-grants, capacity building, and mentoring for local sub-partners and leadership in district-level and regional coordination and quality assurance.

Intervention sites in underserved parts of the country will be selected in consultation with the PNOEV and USG 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. The partner 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 partner 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. Altogether, project activities will provide primary direct services for at least 3,500 OVC in the first year.

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. A central part of the project strategy will be 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.

Based on assessment of individual needs, the project will ensure that OVC receive comprehensive care and support, including health care, social protection, psychosocial and spiritual support, educational support, nutritional assessment and support, legal assistance, and HIV prevention services.

To help build sustainable systems of care, the partner 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. Local caregivers will be cross-trained to provide home-based palliative care services.

The partner will participate actively, and will require sub-partners to participate actively, in building PNOEV-supported collaborative "platforms" using social centers as a base for coordinating OVC-related activities in a given geographic area.

The partner will work with the PNOEV and CEROS-EV to develop 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.

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. The partner 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 partner will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	230	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Denguélé

Savanes

Worodougou

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5309.08

Prime Partner: ACONDA

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 17114.08

Planned Funds: \$130,000

Activity System ID: 17114

Activity Narrative: Noted April 17, 2008: ACONDA will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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. ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 25,000 patients, including 3,000 children, by March 2009.

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, ACONDA 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.

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.

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, 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16759, 16522, 16767, 15089,
15090, 15091, 15092, 15093

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	3,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	20	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5414.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17125.08

Activity System ID: 17125

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$506,200

Activity Narrative: 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 24,234 as of March 2007. As the Cote d'Ivoire program expands, accurate and frequent commodities forecasts and real-time stock management at facility and central levels are essential.

In FY06, the Partnership for Supply Chain Management Systems (SCMS) was assigned as the primary procuring agent for PEPFAR-funded commodities and was funded as PEPFAR's principal technical-assistance provider for commodities forecasting and management.

In 2006 and 2007, SCMS procured and delivered a basic package of support materials for 2,465 children as part of an integrated care and support program for OVC. SCMS technical assistance enhanced the institutional capacity of the Public Health Pharmacy (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.

With FY08 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 procure and deliver a standard package of commodities to support orphans and vulnerable children through the community activities of other EP partners. Specific needs projections will be negotiated with the Ministry of Health, the National OVC Program (PNOEV) of the Ministry of the Family, Women, and Social Affairs, and other partners in support of the overall target of 63,000 OVC. SCMS will 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.

To facilitate effective commodities forecasting, SCMS will support the inclusion of systematic OVC kit forecasting and supply planning into a coordinated procurement system at the PSP.

It is anticipated that no supplementary funds will be needed to support this program component.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15149, 16781, 15150, 15151, 15152

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15149	11155.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$300,000
16781	10189.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,493,750
15150	4572.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$26,864,486
15151	10191.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$6,672,050
15152	5846.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5316.08

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: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 5044.08

Planned Funds: \$1,233,000

Activity System ID: 15106

Activity Narrative: Noted April 17, 2008:

CARE will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

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 OVC identification and care according to national guidelines in three hub cities (Bouake, Korhogo, and Man) and nine satellite sites. 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 for their children.

CARE ensures that NGO partners receive training, medicines, and other supplies (mosquito nets, water-purification products, etc.) to provide to OVC and their host families. Training, conducted by the regional pool of trainers put in place by CARE and based on the national training module, covers the provision of quality psychosocial, spiritual, 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 works with the World Food Program to provide wraparound nutritional support for OVC and host families assessed as food insecure. OVC requiring medical attention are referred to local health centers, which receive 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 FY07, CARE is using PEPFAR funds to support OVC services for 6,300 OVC through:

1. Sub-grants, technical capacity building and supervision for Caritas and five local NGOs providing care and support to OVC
2. Strengthening of the referral system linking OVC, CT, prevention, and treatment service providers
3. Training or refresher training for 60 social workers and community counselors in OVC care and support
4. Training for NGO and other service providers and caregivers in diagnosing HIV infection in children
5. Training for food-distribution teams and care providers in nutrition-education methods and nutritional 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. Regular visits to local partners to ensure the implementation of the project-specific M&E plan based on national and USG requirements and tools.

In FY08, CARE will continue to support its NGO partners to provide OVC services and will help them sub-grant to other partners, ensuring the strengthening of care activities in the three hub and nine satellite sites as well as extension to two new sites in the underserved Northeast (Bondoukou and Bouna). CARE will continue to reinforce regional HIV/AIDS NGO coordination networks to ensure a continuum of care and facilitate the northward extension of services and coordination by the Ministry of AIDS, the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), and the National OVC Program (PNOEV) of the Ministry of Family, Women, and Social Affairs (MFFAS). CARE will support the revitalization of MFFAS social centers, closed during the civil conflict, that are at the center of the PNOEV's "platform" model for coordinating OVC services.

OVC activities will complement and build on other PEPFAR-funded work, including OVC policy and guidelines as well as HIV prevention, care (including OVC care), and treatment activities by ministries (AIDS, Health, Education, Social Affairs) and other partners. Regular sharing and coordination will be pursued with Alliance CI. District health management teams will continue to be involved in planning and supervision to maximize capacity building and coordination.

CARE, the new PR for the Global Fund Round 2 Phase 2 HIV project, expects to increase its OVC caseload by linking with new ART sites to be established with GF and PEPFAR support. In addition, CARE will begin to train staff at private clinics in how to receive and refer HIV+ patients and their children to appropriate services. 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.

Training-of-trainer methods were emphasized in FY06-07 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 5 PREMA project and the GF Round 2 Phase 2 Global Fund HIV project. A joint work plan will be developed to ensure that projects are complementary and avoid overlap. CARE's PEPFAR project will begin to link up with existing PREMA partners in preparation for the end of the PREMA and Phase 2 projects in 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 Malaria Project.

Expanded funding will support extension of project activities into the underserved Bouna and Bondoukou areas. Funds will be used to establish a small branch office, which will be shared and co-financed by Alliance through the Global Fund Phase 2 project. Caritas will be supported to expand its social services to include OVC identification and support, and CARE will help establish a regional coordination network.

In coordination with Alliance and 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

Activity Narrative: for PLWHA and OVC and advocacy against stigmatization.

In support of the PNOEV's "platform" model, expanded funding will also allow the rehabilitation, equipping, 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.

CARE will integrate OVC activities into health promotion work conducted through the EU-funded R&R Project (working to facilitate the return of IDPs) in 45 villages in the West. HIV prevention efforts will be accompanied by OVC and follow-up services at hospitals in Duekoue and Bangolo and possibly with NGOs. CARE will work with local health authorities to determine the most effective way of ensuring OVC services in the zone.

CARE will also 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.

CARE will support poverty-reduction and economic-support activities to build self-sufficiency for OVC, including pilot savings-and-loan and income-generating activities (described in AB and Other Prevention narratives) for child-headed households and host families of OVC.

In all, FY08 funds will support services for 8,500 OVC and training for at least 70 care providers. Activities will include:

1. Sub-grants and strong technical assistance to six main OVC partners
2. Hiring of an experienced OVC and palliative care focal point
3. Provision of clean-water products, mosquito nets, and hygiene kit components to health structures and NGO partners providing OVC care
4. Training in OVC identification and the "family approach" for care of OVC for 20 NGO personnel in Duekoue and Bangolo and 20 NGO personnel in Bouna/Bondoukou, and training for all OVC caregivers in use of the Child Status Index tool
5. Cross-training and use of all local partners' OVC caregivers in provision of palliative care, and vice versa
6. Regular supervision by JHPIEGO for CARE staff and health personnel trained in OVC support in FY06/07
7. Wraparound nutritional support in partnership with WFP
8. Village savings-and-loan and income-generating activities for 30 PLWHA peer-support groups.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9938

Related Activity: 16523, 16765, 15095, 15096, 15097, 15098, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22447	5044.22447.09	HHS/Centers for Disease Control & Prevention	CARE International	9672	5316.09	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$1,300,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$311,000
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities
- * Malaria (PMI)
- * Safe Motherhood

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$60,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	11,750	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	105	False

Indirect Targets

percentage of OCVs and host families receiving support who report being very satisfied with received services:
90°

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Savanes

Vallée du Bandama

Moyen-Comoé

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7218.08

Prime Partner: Geneva Global

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 17362.08

Activity System ID: 17362

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

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area 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; 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 \$2,000,000 for 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 11 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; HIV counseling and testing; palliative care; and OVC services.

In FY07, GG 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. GG invited and trained 19 potential CBO/FBO sub-partners 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.

In the program area of OVC, GG will support at least five local organizations to provide direct services in Abidjan, San Pedro, Gagnoa, and Guiglo: Renaissance Sante Bouake (RSB), Femme Action Development (FEMAD), Group Biblique Hospitalier (GBH), Lumiere Action, and Cote d'Ivoire Prosperite (CIP). FY08 funds will be used to provide sub-grants, training, and other technical assistance to enable these sub-partners to provide direct care and support to at least 1,100 OVC in FY08.

GG will set up project management teams and will elaborate and 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 referral system for OVC involving community leaders, schools, and FBOs. 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, including referral to food-aid programs if needed
- School fees and education/mentoring assistance
- Clothes and shelter
- Succession planning and other legal support
- 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. GG 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.

GG will work with the PNOEV and the OVC think tank CEROS-EV to develop 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 GG'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.

GG 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. GG 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. GG 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, GG will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:**Related Activity:** 17369, 17365, 17372, 17367**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17369	17369.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17365	17365.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17372	17372.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17367	17367.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,100	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	260	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Coverage Areas

18 Montagnes

Bas-Sassandra

Lacs

Lagunes

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6123.08

Prime Partner: Save the Children UK

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 12217.08

Activity System ID: 15157

Mechanism: Save the Children UK

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$900,000

Activity Narrative: This activity builds upon and extends FY07 activities that aim to provide better health, social protection, and education services for OVC in western regions of Côte d'Ivoire that were severely affected by the country's politico-military crisis and remain largely without functioning government services.

With FY07 plus-up funding (not yet received as of September 2007), Save the Children UK Cote d'Ivoire will begin to build capacity of four local partner organizations to link communities to available services, train 100 community caregivers and 100 government service providers, and provide direct care for 2,000 OVC in and around Toulepleu, Bloléquin, Guiglo, and Duékoué.

With FY08 funding, Save will reinforce FY07 activities and expand them to the Tai (far West) and Odienne (far Northwest) areas, filling significant gaps in PEPFAR and national OVC coverage and providing direct care for 5,000 OVC. Specific intervention sites around these towns will be selected in consultation with local NGOs, service providers, and the National OVC Program (PNOEV) to ensure that the project reaches the most underserved zones. Save will also strengthen the capacity of the social center in Man through material and technical support.

With the expected 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. Project activities will also complement Save's non-PEPFAR-funded work in health, education, and child protection in western Côte d'Ivoire, which includes rehabilitation of health and school facilities, training of health workers, free essential medicines for children under 5 and pregnant women, sexual and reproductive health awareness-raising, and support for vulnerable youth, including youth formerly associated with fighting forces.

With PEPFAR funds, 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
- training and supporting community caregivers who will monitor children's progress and refer them to appropriate services
- 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, 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.

Training will be conducted in collaboration with the PNOEV and will use nationally approved materials and trainers. The 100 community caregivers trained in FY07 will help train 150 more community caregivers in FY08.

Caregivers will link to local partner NGOs – four in FY07 and two more in FY08 – that will ensure proper follow-up of referrals. The project will create links between local partner organizations and 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 CT centers, ART sites, and hospitals
- Identification in schools
- 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 pursue wraparound nutritional support from the World Food Program, which has expressed its willingness to support this OVC program, and in the future, given adequate funding, will explore the possibility of economic-strengthening activities.

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 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, Save will collaborate with the International Organization for Migration to establish identity papers for children up to 13 years old. The project will also advocate with the Ivorian government to attend to vulnerable adolescents in the country's upcoming series of legal hearings ("audiences foraines") on individuals' citizenship status. 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. 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

Activity Narrative: assessments, referrals and follow-up, and regular home visits.

4. Education – Save will advocate with the Ministry of Education (MEN) to ensure that all school-age OVC have access to school. In the schools where Save already works, OVC who are enrolled will benefit from school kits provided to all schoolchildren with funding from SIDA. 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.

To provide better OVC care and 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 includes the PNOEV) to provide needed services. By the end of FY07, the project will have trained 100 service providers representing these ministries in identifying OVC, working with vulnerable children, providing psychosocial support, and improving social inclusion of OVC. In FY08, the project will train 100 more service providers in Odienné and Tai. More specific support to ministries will include:

- Material and technical support to social centers in Guiglo, Duékoué, and Man to ensure proper follow-up of cases referred to them and to help them build the collaborative coordination "platforms" envisioned by the PNOEV's national strategy. The form of the material support will be determined after proper needs assessments have been performed.
- Assistance to the national vaccination program
- Provision of essential drugs for OVC to the Ministry of Health
- Training assistance to the MEN

The six local partner NGOs will form a crucial link between community caregivers and state service providers. They will be required to participate actively, along with Save, in building PNOEV-supported "platforms" to coordinate all OVC activities in a given geographic area. 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. Possible areas for support 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; and material and technical support for monitoring and evaluation. Save will also assist the NGOs to build their capacity to supervise the community caregivers.

A hallmark of Save the Children UK is its commitment to children's rights, and in implementing this project, Save will work with children not as "beneficiaries" but as "rights bearers" whom it is helping to realize their rights to education, health care, protection from abuse, and non-discrimination.

Save will put in place an M&E system that will send timely, accurate reports to national authorities and the USG strategic information team. To help build a unified national M&E system, Save will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12217

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22349	12217.22349.09	U.S. Agency for International Development	Save the Children UK	9642	6123.09	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

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Education

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	5,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	250	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Refugees/Internally Displaced Persons

Teachers

Coverage Areas

18 Montagnes

Denguélé

Moyen-Comoé

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4936.08

Prime Partner: Hope Worldwide

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5499.08

Activity System ID: 15122

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

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$450,000

Activity Narrative: This activity is also supported with country funds. The proposed targets are for both funding sources combined.

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 (HWCI) places a strong emphasis on technical assistance – including training, mentoring, and supervision – 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 a more sustainable civil-society response to OVC needs (through improved financial and programmatic management processes for small and medium-size organizations). HWCI 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, HWCI 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. HWCI 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, HWCI is expanding its program to four new municipalities (Yamoussoukro, Daloa, Bondoukou, and Bouaké) and will reach 8,000 OVC and train 140 caregivers to provide psychosocial support and other care to OVC. HWCI is collaborating with the Ministry of Education (MEN) to select 25 teachers and social workers to be trained to implement OVC care and support activities in six schools.

In FY08, HWCI will continue to train, mentor, and supervise local organizations to build their organizational and service-delivery capacities. HWCI 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. In collaboration with the PNOEV, the project will work to build and strengthen the organizational capacities of the social center OVC platforms as resource centers and referral hubs for small C/F/NGOs serving vulnerable children. HWCI will strengthen collaboration with the MEN to ensure OVC care and support in schools. Involvement of schoolteachers, social workers, and youth will contribute to ensuring sustainability. 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.

With FY08 funds, HWCI will:

- Provide technical, programmatic, and administrative assistance to 40 NGO/CBO/FBOs, enabling identification and care of 4,500 more OVC (for a total of 12,500). HWCI staff will conduct site visits to provide supportive supervision. Sub-partners will be selected in collaboration with Alliance Cote d'Ivoire and the PNOEV in order to avoid duplication of effort and double-counting of OVC served.
- Through CEROS-EV and in collaboration with the PNOEV, HWCI will contribute to the development of national policies, plans, and 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. HWCI 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 HWCI staff in using the adapted and translated tool.
- Formalize a process of collaboration with 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, by training and mentoring members of the platforms. HWCI will provide technical assistance to platform members, organize an evaluation plan for them after one year, and provide a report to the PNOEV.
- Assist local partners whose capacity is increasing to prepare strategies and proposals in support of their goals, including qualifying for sub-grants managed by Alliance or other funding sources.
- Train and mentor 180 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 connecting them with AB prevention and other psychosocial-support activities.
- 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 will include monthly site visits. HWCI will organize an evaluation plan for 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.
- In collaboration with the MEN, initiate OVC activities at five more schools and continue to facilitate after-school programs to provide multilevel support for children through support groups for OVC. This includes counseling, play therapy, nutritional support, referrals, and educational support. Child participation and interaction will be promoted.
- Assure supervision of child-care providers, caregivers, and volunteers.
- 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.).

Activity Narrative: • Sub-contract for an independent evaluation of HWCI'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 HWCI'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.

HOPE Worldwide South Africa (HWSA) will continue to provide technical assistance to the program, both in terms of programmatic support and organizational capacity development. HWSA will share key documents and manuals, conduct site visits, and conduct a regional ANCHOR conference in South Africa.

HWCI 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. In addition to strengthening the capacities of organizations working on behalf of OVC, HWCI will work to revise and harmonize selection criteria for NGO/CBO/FBOs to be mentored and individuals to be trained. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9706

Related Activity: 15124, 15121, 15123

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22405	5499.22405.09	U.S. Agency for International Development	Hope Worldwide	9664	4936.09	GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide	\$342,977
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15121	5156.08	7049	4935.08	GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY	Hope Worldwide	\$400,000
15124	4594.08	7052	5319.08	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00	Hope Worldwide	\$620,000
15123	4593.08	7051	5318.08	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00	Hope Worldwide	\$1,100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	180	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Vallée du Bandama

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5318.08

Prime Partner: Hope Worldwide

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

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4593.08

Planned Funds: \$1,100,000

Activity System ID: 15123

Activity Narrative: Noted April 17, 2008: Hope Worldwide will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre le SIDA.

This activity is funded through central and country funds. Proposed targets are for both funding sources combined.

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 (HWCI) places a strong emphasis on technical assistance – including training, mentoring, and supervision – 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 a more sustainable civil-society response to OVC needs (through improved financial and programmatic management processes for small and medium-size organizations). HWCI 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, HWCI 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. HWCI 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, HWCI is expanding its program to four new municipalities (Yamoussoukro, Daloa, Bondoukou, and Bouaké) and will reach 8,000 OVC and train 140 caregivers to provide psychosocial support and other care to OVC. HWCI is collaborating with the Ministry of Education (MEN) to select 25 teachers and social workers to be trained to implement OVC care and support activities in six schools.

In FY08, HWCI will continue to train, mentor, and supervise local organizations to build their organizational and service-delivery capacities. HWCI 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. In collaboration with the PNOEV, the project will work to build and strengthen the organizational capacities of the social center OVC platforms as resource centers and referral hubs for small C/F/NGOs serving vulnerable children. HWCI will strengthen collaboration with the MEN to ensure OVC care and support in schools. Involvement of schoolteachers, social workers, and youth will contribute to ensuring sustainability. 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.

With FY08 funds, HWCI will:

- Provide technical, programmatic, and administrative assistance to 40 NGO/CBO/FBOs, enabling identification and care of 4,500 more OVC (for a total of 12,500). HWCI staff will conduct site visits to provide supportive supervision. Sub-partners will be selected in collaboration with Alliance Cote d'Ivoire and the PNOEV in order to avoid duplication of effort and double-counting of OVC served.
- Through CEROS-EV and in collaboration with the PNOEV, HWCI will contribute to the development of national policies, plans, and 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. HWCI 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 HWCI staff in using the adapted and translated tool.
- Formalize a process of collaboration with 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, by training and mentoring members of the platforms. HWCI will provide technical assistance to platform members, organize an evaluation plan for them after one year, and provide a report to the PNOEV.
- Assist local partners whose capacity is increasing to prepare strategies and proposals in support of their goals, including qualifying for sub-grants managed by Alliance or other funding sources.
- Train and mentor 180 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 connecting them with AB prevention and other psychosocial-support activities.
- 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 will include monthly site visits. HWCI will organize an evaluation plan for 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.
- In collaboration with the MEN, initiate OVC activities at five more schools and continue to facilitate after-school programs to provide multilevel support for children through support groups for OVC. This includes counseling, play therapy, nutritional support, referrals, and educational support. Child participation and interaction will be promoted.
- Assure supervision of child-care providers, caregivers, and volunteers.
- 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-

Activity Narrative: 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 HWCI'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 HWCI'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.

HOPE Worldwide South Africa (HWSA) will continue to provide technical assistance to the program, both in terms of programmatic support and organizational capacity development. HWSA will share key documents and manuals, conduct site visits, and conduct a regional ANCHOR conference in South Africa.

HWCI 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. In addition to strengthening the capacities of organizations working on behalf of OVC, HWCI will work to revise and harmonize selection criteria for NGO/CBO/FBOs to be mentored and individuals to be trained. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10061

Related Activity: 15124, 15121, 15122

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22404	4593.22404.09	U.S. Agency for International Development	Hope Worldwide	9663	5318.09	Country top-up OVC Hope Worldwide #GPO-A-11-05-00014-00	\$1,010,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15121	5156.08	7049	4935.08	GPO-A-00-05-00007-00 Track 1 ABY: Hope Worldwide ABY	Hope Worldwide	\$400,000
15124	4594.08	7052	5319.08	Country top-up ABY Hope Worldwide #GPO-A-11-05-00007-00	Hope Worldwide	\$620,000
15122	5499.08	7050	4936.08	GPO-A-11-05-00014-00 OVC: ANCHOR Hope Worldwide	Hope Worldwide	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$55,000

Estimation of other dollars leveraged in FY 2008 for food \$15,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	12,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	180	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Haut-Sassandra

Lacs

Lagunes

Vallée du Bandama

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5304.08

Prime Partner: Ministry of National Education,
Côte d'Ivoire

Mechanism: CoAg Ministry of Education
#U62/CCU24223

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 10059.08

Planned Funds: \$450,000

Activity System ID: 15141

Activity Narrative: With EP support, the Ministry of Education (MEN) is conducting a 4.5-year project (2005-2009) designed to improve HIV prevention and care for students, teachers, and other personnel of the MEN throughout Cote d'Ivoire. As part of a comprehensive multisectoral response consistent with the new HIV/AIDS National Strategic Plan 2006-2010, and in collaboration with relevant ministries and NGO/CBO/FBO networks, the MEN is building on FY04-06 achievements to improve the quality and coverage of HIV prevention and care services, including services for orphans and vulnerable children (OVC); to strengthen links to HIV treatment and other health, social, and education services; and to address negative gender and discriminatory attitudes conducive to HIV infection.

The MEN's EP-funded program includes life-skills curricula with age-appropriate A and B prevention messages for youth in the classroom and school health clubs, OVC and palliative-care services, and an HIV-in-the-workplace program for MEN teachers and staff, all piloted in seven sous-prefectures in FY06 and three additional sites starting in FY07. In the program area of OVC, the MEN is building on FY05-06 achievements to provide educational, psychosocial, and nutritional support for OVC and their families, with strengthened links to HIV prevention, care, and treatment and other health and social services.

OVC activities are designed within the framework of the national OVC policy and implemented in collaboration with the National OVC Program (PNOEV) in the Ministry of Family and Social Affairs (MFAS), the Ministry of AIDS (MLS), and partners such as Alliance Cote d'Ivoire, ANADER, REPMASCI, CARE International, and FHI. In FY07, at least 18,231 OVC are being provided with services that include a reduction of school fees (at private schools) or a scholarship (at public schools) and a waiver of exam fees. School kits (consisting of textbooks, notebooks, and writing tools) have been distributed free to OVC in primary and secondary schools, in coordination with those provided in primary schools by UNICEF. A census of OVC social, medical, and school needs has been conducted at MEN pilot sites, and stronger coordination with the PNOEV will improve efficiencies in the future as the MEN works with local NGOs benefiting from capacity building in OVC needs assessment and monitoring.

With FY08 funds, these activities will continue at the 10 pilot sites and will be expanded to three more sous-prefectures (two in Abidjan, one in Odienne), for a total of 13 pilot sites, with coordination provided through the PNOEV-supported collaborative "platforms" built around social centers. The MEN will focus on providing educational support to improve school attendance and performance among OVC identified primarily through the social-center platforms, PMTCT centers, CT sites, and other care centers (ART, IO, maternity, health centers, hospitals, NGOs, etc.). To avoid double-counting, the MEN will work with the PNOEV and its social-center coordination platforms, including standardizing its data-collection tools and contributing to a national OVC database.

A lack of sufficient school canteens continues to be a challenge in the education sector. Further dialogue with the EP team and other partners (WFP, UNICEF, ANADER, PNOEV, and the National Direction of School Canteens (DNCS)) 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 collaborations with the WFP for the provision of food and with UNICEF for the supply of school kits. In rural areas where EP partner ANADER is working, nutritional assistance will be supplemented by income-generating activities in conjunction with school canteens.

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 providing care services. The MEN will work to develop a system of tutoring for OVC. To increase essential 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 transactional or inter-generational sex. Distribution of school kits (including backpacks and materials for classroom work) will be handled by the coordination platforms and participating NGOs providing OVC services.

The MEN will collaborate with partners (such as Hope Worldwide Cote d'Ivoire) to conduct outdoor activities and summer camps to encourage OVC who have obtained good school results. In partnership with the PNOEV, advocacy days will be organized to mobilize resources to reinforce OVC support.

In all, FY08 activities are expected to benefit 21,330 OVC, with training for 260 care providers. Specifically, in FY08 the MEN will:

1. Acquire and distribute school kits for 21,330 OVC, including about 18,900 kits provided by UNICEF.
2. Collaborate with the PNOEV and the OVC national working group (CEROS) in the creation of a national OVC database and in the revision of standardized data-collection tools that take into account new EP indicators.
3. Coordinate with the PNOEV and social-center platforms to enhance referral and monitoring systems to ensure comprehensive OVC care.
4. Develop a system of tutoring and educational follow-up to help OVC succeed in their studies.
5. Conduct at least three supervision visits to each sites.
6. Advocate, in collaboration with the PNOEV, for OVC scholarships and nutritional and economic support, including from local government authorities, the national electric company, and others (ANADER, SODECI, FBOs, parent associations (COGES), etc.).
7. Train 260 social workers (20 per site) on identifying behavioral problems and needs of OVC and providing services using OVC caretaking modules.
8. Provide access to existing school-canteen programs for OVC who need nutritional support (21,000), with follow-up to evaluate the results, and participate in developing a strategy to cover OVC nutritional needs at school.
9. Coordinate with the PNOEV to pay school enrollment and examination fees for selected OVC.
10. Collaborate with the national OVC working group to update and refine scaling-up strategies for the MEN's OVC activities.

The MEN will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders. Quarterly meetings of the OVC supervisory team, including relevant ministries and key stakeholders, will rotate among pilot sites to enhance monitoring and evaluation of the sites. The

Activity Narrative: MEN 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, the MEN will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10059

Related Activity: 15138, 15139, 15140

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22379	10059.22379.09	HHS/Centers for Disease Control & Prevention	Ministry of National Education, Côte d'Ivoire	9651	5304.09	CoAg Ministry of Education #U62/CCU24223	\$50,000
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	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15138	4557.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$1,300,000
15139	10505.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$400,000
15140	5039.08	7058	5304.08	CoAg Ministry of Education #U62/CCU24223	Ministry of National Education, Côte d'Ivoire	\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Workplace Programs

Wraparound Programs (Other)

- * Education

Food Support

Estimated PEPFAR dollars spent on food \$110,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	21,330	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	260	False

Indirect Targets

Target Populations

General population

Children (5-9)

 Boys

Children (5-9)

 Girls

Ages 10-14

 Boys

Ages 10-14

 Girls

Ages 15-24

 Men

Ages 15-24

 Women

Other

Orphans and vulnerable children

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Haut-Sassandra
Lacs
Moyen-Comoé
N'zi-Comoé
Savanes
Vallée du Bandama
Zanzan
Denguélé
Lagunes
Marahoué
Sud-Bandama
Sud-Comoé
Worodougou

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5302.08

Prime Partner: Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4554.08

Activity System ID: 15142

Mechanism: CoAg Ministry of Solidarity #U62/CCU024314

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,011,508

Activity Narrative: The Ministry of Family and Social Affairs (MFAS) is responsible for coordinating services for orphans and vulnerable children (OVC) through its National OVC Program (PNOEV) in cooperation with the national think tank on OVC (CEROS-EV). 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. PEPFAR funds have contributed to this effort by strengthening the PNOEV's ability to develop monitoring and evaluation indicators and to coordinate multiple partners who are building the capacity of local organizations to identify, assess, and meet the needs of OVC. The PNOEV has worked with PEPFAR support and technical assistance from FHI to improve systems for tracking progress at the local, district, and national levels and to provide a forum for partners to discuss community mobilization, capacity building, identification tools, and referral processes for comprehensive care. The PNOEV has piloted a "platform" model for collaborative coordination of comprehensive OVC care built around a social center in seven cities.

In FY2007, the PNOEV is providing leadership and coordination for implementing organizations serving 34,000 OVC across the country (24,234 as of March 31). The ministry is supporting 12 collaborating platforms (PEPFAR is involved in strengthening seven in 2006-07), three of which are in underserved areas of central, northern, and western regions (Bouaké, Man, Korhogo). This allows the PNOEV and partners to supervise and support the activities of 150 NGOs and associations that intervene in OVC care and treatment. The platforms have become centers to exchange challenges and experiences, coordinate referrals, and receive training, and it is projected that they will become more formal data-collection points for coherent reporting to the PNOEV. Thirty-six larger partners have attended monthly meetings at PNOEV-supported social centers, which have social workers and operational units from the MFAS.

Also in FY07, the PNOEV is providing leadership in beginning to address gaps in service coverage and in the 6+1 areas of PEPFAR OVC programming. In addition, with FHI and JHPIEGO technical assistance, the PNOEV ensured that OVC care and treatment modules were integrated in the curricula for national social worker pre-service and in-service training. In partnership with UNICEF and others, the PNOEV completed a training strategy for community and social workers already in service, which will strengthen the support available to local implementers via the OVC platform sites. The PNOEV also collaborated with the Ministry of Education (MEN) to share resources and coordinate services provided by social workers and other staff for in-school OVC. Advocacy activities helped ensure that no-fee documents are available for OVC to facilitate access to education and other services. Legal units have been set up with UNICEF support, and unit staff were trained in legal advocacy for OVC rights in care and treatment. Through the platforms and in coordination with the MEN, the PNOEV led efforts to negotiate lower school fees in private schools (the only schools available in some areas) to expand the reach of scholarship programs for OVC. In FY07, 420 service providers and community leaders at six platform sites are being trained regarding challenges facing OVC and the need for comprehensive services. An additional 1,151 actors are being trained in OVC care and treatment modules and in linking with palliative care services. Based on the results of a pilot OVC database management site at the Yopougon social center, 20 new focal points are being trained in M&E at 12 other social center OVC platforms, to be followed by installation of database entry points at the 12 centers to contribute to a national OVC database system.

Following a plan for extending social center OVC collaborating platforms, a decentralized and integrated coordination model (IRIS) has been promoted in San Pedro with technical support from FHI and established in Abengourou and Yamoussoukro.

In FY08, the PNOEV will use PEPFAR and other support to continue strengthening systems of identification, needs assessment, tracking, evaluation, and referral networks. More specifically:

- The PNOEV will focus on enabling OVC platforms to be formal centers of capacity building for local organizations implementing OVC care activities. This requires leveraging work with larger partners in the national OVC technical working group to harmonize OVC identification, assessment, and reporting tools so consistent training content can take place across regions. The program will also disseminate documents already produced for OVC care and treatment.
- To ensure that OVC participate in formal education, the PNOEV will address barriers to effective identification of OVC (capacity building to make N/F/CBOs more effective, adapting tools such as the CSI, mobilizing new groups and local government agencies to become active, strengthening referral systems through PMTCT, CT, and TB services) and will collaborate with the MEN to ensure free schooling OVC ages 6-15. The PNOEV will assist implementing organizations working with the MEN to address educational needs of older OVC (ages 16-18) and promote stronger collaboration with ministries responsible for vocational and technical training and sports and youth development to develop a strategy and identify implementing gaps for older OVC who need a transition to the world of work and livelihood security.
- To improve OVC care and treatment quality, the PNOEV will continue to work with FHI and JHPIEGO to establish a pool of master trainers who can conduct ongoing capacity building with local organizations through the OVC platforms. Twenty trainers will be trained in OVC needs assessment and care and in broader palliative care approaches (in partnership with the National HIV/AIDS Care and Treatment Program (PNPEC)). Training will be extended to rural coordinators, health officers, and Institute of Training and Education for Girls and Women (IFEW) personnel. The program will also ensure that PNOEV implementing partners are familiar with developed modules on OVC care and treatment. At least 1,500 service providers will be trained in 2008.
- To reinforce OVC policy advocacy and reduce stigma, the PNOEV will work with JHU/CCP to ensure that appropriate new messages and communication supports are produced and disseminated. To build sustainability in locally relevant BCC materials development, 500 partners and social-service providers will be trained in social mobilization and communications strategic planning.
- The PNOEV will follow up with OVC legal-rights units established in 2007 and support their advocacy and effectiveness at the platform level. To strengthen referral systems, the PNOEV will develop and disseminate a list of service providers and organizations involved in OVC care and treatment across the platforms and districts.
- With PEPFAR support, a full-time staff member with program management and leadership skills will be hired within the ministry to help actualize plans and implement national OVC care implementation, coordination, and capacity-building strategies. A contracted consultant will review the status of current efforts, map service gaps and opportunities, and help the PNOEV develop concrete steps and benchmarks for scaling up recommendations for long-term decentralized OVC care and referral networks based on the local OVC coordination committees, social center OVC platforms, and district coordination mechanisms

Activity Narrative: (IRIS). Extensive work by the PNOEV has produced several promising models, and a coherent map for the future is now needed to maximize the impact of future support. With this input, the PNOEV will be better able to support country-wide implementation of coordinated care, with validation for strategic decisions addressed to MFAS technical departments. A TBD new partner is expected to provide immediate action implementing the recommendations of the consultant for regional and technical coverage.

- To improve national M&E, the PNOEV will work with other ministries and departments responsible for data collection and analysis (bureau of statistics and demographic surveys) and with other PEPFAR partners to finalize a national database for tracking OVC-related activities and children served. The PNOEV will work to set up a reliable system of data collection, analysis, and processing and will strengthen the system of tracking quality OVC data at all social centers. This system can be made available to CT and PMTCT centers, clinics serving OVC, and implementing partners to strengthen referral systems from community through district to national levels. To help mobilize local organizations to enter data in the system and track outcomes more effectively, the consultant's recommendations will include a strategy for non-monetary incentives (training, access to computers, improved reporting for local groups to manage their own programs, etc.) and directives (Hope Worldwide requires local partners to participate in a platform before they receive assistance).
- With its partners, the PNOEV will develop an integrated strategy of empowering women and addressing other gender issues (including the vulnerability of adolescent female OVC), since women have the primary responsibility for care and well-being of children in Cote d'Ivoire. This will involve the MFAS' Institute of Training and Education for Girls and Women (IFEFG) and AB and Other prevention partners in activities to promote income and career training for female OVC.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10058

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22375	4554.22375.09	HHS/Centers for Disease Control & Prevention	Ministry of Solidarity, Social Security and Disability, Côte d'Ivoire	9650	5302.09	CoAg Ministry of Solidarity #U62/CCU0243 14	\$1,050,000
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

Construction/Renovation

Gender

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

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	63,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Agnebi

N'zi-Comoé

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5315.08

Prime Partner: National Agency of Rural
Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5480.08

Activity System ID: 15146

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$1,050,000

Activity Narrative: This activity is part of a broad four-year project launched in FY 2005 to build a local response to HIV/AIDS in underserved rural areas, where 60% of Côte d'Ivoire's population lives, with high levels of youth not in school, and adult illiteracy. 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 activities, including training and CT promotion, and procurement for palliative care;
- ACONDA-VS CI for health-provider training in CT, palliative care and PLWHA support, plus referral to ARV treatment.

In the program area of orphans and vulnerable children (OVC), activities conducted with PEPFAR support in FY07 includes training 436 people (52 rural development agents, 96 community counselors, 144 school teachers, and 144 rural health center workers) in OVC identification, needs assessment, and care. Direct care is provided to 7,000 children in hard-to-reach areas, including psychosocial care and support for schooling and vocational training, legal aid, and referral and counter-referral to social services. This provides a key complement to the work of other PEPFAR partners to ensure geographic coverage in a national strategy to scale up services across the country.

FY08 funds will be used to continue and strengthen FY07 activities in six departments (San Pedro, Dabou, Abengourou, Tanda, Soubre, and Daloa) in five regions of the country. OVC activities in 2008 will be informed by baseline assessments conducted in FY07 and results of the 2005 national AIDS Indicator Survey. They will continue to complement and build on other PEPFAR-funded efforts, including Ministry of Education (MEN), Ministry of the Fight Against AIDS (MLS), Ministry of Family and Social Affairs, ANS-CI, CARE International, and Hope Worldwide activities in support of AB and Other Prevention activities for youth and OVC. The project will operate in consultation with the National OVC Program (PNOEV) and will participate in the national OVC committee (CEROS-EV).

ANADER will continue to work through HIV/AIDS action committees in 24 village sites (each with several surrounding villages) per department, which help implement and coordinate its OVC, HIV prevention, CT, and care activities in collaboration with other actors and relevant ministries. The project's OVC strategy involves establishing or reinforcing a four-member OVC team (1 community counselor, 1 rural health worker, 1 schoolteacher, and 1 ANADER rural development agent) in each village. Team members are trained to educate and mobilize communities around the need for OVC identification and support; to identify vulnerable children and their families through CT at rural health centers, PMTCT at rural maternity centers, and the project's mobile CT units; and ensure that OVC needs are identified and met with the minimum package of care, including psychosocial support and monitoring, educational and legal assistance (school fees, vocational training with an emphasis on providing opportunities for girls, birth certificates), support packages (school kits, basic health-care supplies, impregnated bed nets, safe-water products, nutritional and food items, hygienic products), HIV prevention messages, and referral to needed health (including HIV and TB) and social services. Follow-up at the household level by social workers and community counselors trained in OVC and palliative care will identify and address needs of different OVC groups, including HIV-infected children and their families, children of HIV-infected parents, adolescent girls, orphans requiring grief support, and different age groups. This process will be improved in 2008 with introduction of the Child Status Index to simplify and standardize the monitoring of the child's well-being and the effectiveness of services delivered.

Based on FY07 experience, ANADER will add training in OVC support and care for community leaders (four per village site). ANADER will also extend income-generating activities (started in 24 villages in FY07) to 12 more villages to build self-sufficiency among OVC families, with links to school feeding programs in collaboration with the Ministry of Education and with WFP wraparound programming for OVC and host families identified as needing nutritional support. In addition, ANADER will provide incentives to ensure that community counselors are able to sustain their OVC work.

FY08 expanded funds will provide OVC services to at least 2,000 newly identified OVC (for a total of 9,000 children receiving direct support) and to build capacity of at least 1,214 people, including 588 people to be trained in the use of harmonized OVC data-collection tools (144 ANADER rural development agents, 12 ANADER district head office workers, 144 rural health workers, 144 schoolteachers, and 144 community counselors). Training in OVC care and support will be provided for at least 50 replacements for reassigned, deceased, retired, and inactive members of the village OVC teams and for 576 community leaders (four per village site). In addition, community counselors providing OVC services will be cross-trained to provide home-based palliative care services.

Specific activities conducted with FY08 funds will include:

1. Community sensitization by community counselors about the importance of community-based support for OVC and HIV-affected families, including information about and referral to existing sources of care and support, including educational support. This will include efforts to engage religious leaders and other influential community members in creating a supportive environment for OVC.
2. Training replacements and encourage partnering to compensate for deceased and transferred village committee members.
3. Stigma reduction through local radio and community outreach. 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.
4. Provision of support to ensure a minimum standard of OVC care for at least 9,000 children, including at least 2,000 newly identified in FY08.
5. Procurement and distribution of inputs for support packages to meet needs of at least 9,000 OVC, with renewed efforts to engage other donors/partners (UNICEF, UNDP, WFP) and local contributions to ensure that other children in OVC families receive support.
6. Support for adaptation and use of the Child Status Index.
7. Training for village committee members to improve monitoring, linkages with other service-delivery organizations, and direct care support.

Activity Narrative: 8. Monitoring and technical support for income-generating agriculture/school canteen activities in 24 village sites begun in FY07.

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

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9934

Related Activity: 15143, 15144, 15145, 15147, 15148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22371	5480.22371.09	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	9648	5315.09	U62/CCU02512 0-01 ANADER	\$1,100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15143	5475.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$562,401
15144	5477.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$200,000
15145	5479.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$360,000
15147	5482.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$350,750
15148	5485.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$100,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Estimated PEPFAR dollars spent on food	\$172,800
Estimation of other dollars leveraged in FY 2008 for food	\$0

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	9,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	626	False

Indirect Targets

Target Populations

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5554.08 **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:** Orphans and Vulnerable Children
Budget Code: HKID **Program Area Code:** 08
Activity ID: 5164.08 **Planned Funds:** \$160,000

Activity System ID: 15162

Activity Narrative: With FY08 funds, USG technical staff will continue to work closely with the interagency country management team and HQ technical staff to provide technical assistance and coordination for EP-supported activities aimed at improving the lives of orphans and other vulnerable children (OVC) and families affected by HIV/AIDS. USG technical staff assists the host government and nongovernmental organizations with ongoing implementation and coordination of OVC-related activities.

These efforts are conducted in consultation with the Ministry for the Fight Against AIDS, other technical ministries (Education, Health, Family and Social Affairs, Human Rights), multinationals, bilateral organizations (UNICEF and other UN agencies), and EP-funded partners such as FHI, HIV/AIDS Alliance, CARE International, ANADER, and JHPIEGO.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10347

Related Activity: 15159, 15160, 15167, 15168, 17297, 15169, 15170, 15171, 15163, 15172, 15173, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22341	5164.22341.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

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

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Child Survival Activities

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Agnebi

Marahoué

N'zi-Comoé

Sud-Bandama

Zanzan

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$4,064,750

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Background

The 2005 AIDS Indicator Survey (AIS) has provided important information permitting better targeting of prevention, care, and treatment efforts. Within a generalized epidemic with an adult HIV prevalence of 4.7%, 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 lifesaving HIV 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 for FY08, and critical components of the scale-up of HIV/AIDS prevention, care, and treatment.

To reach FY08 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.

FY07 Response and Achievements

In FY07, major progress is being 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.

All of the 222 clinics supported by PEPFAR are 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 the support of FY07 plus-up funds, the national TB program is providing leadership for routine CT at all of its 92 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 FY07 is to provide services for 234,000 people.

In preparation for scaling up CT services, PEPFAR has supported the development of a simplified testing algorithm through the CDC/Retro-CI lab's prospective evaluation of several alternative rapid-test algorithms involving six assays. Two algorithms (involving Determine, Oraquick, and Bioline) have been chosen for expanded field testing. This evaluation has been reviewed by the Ministry of Health, and a simpler algorithm using whole blood and finger prick and including a tie-breaker is expected to be finalized this year. Adoption of this new algorithm will substantially reduce policy barriers to scale-up and to efficient clinic- and community-level CT, e.g. by eliminating the requirement that testing be done by laboratory technicians.

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
- Integration of routine 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 militaries.

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 implementing 24 sites that have tested about 26,000 people throughout the country.

A new twinning partnership between three Ivorian organizations (a CT in Port Bouet, a PLWHA organization, and the family planning/social-marketing NGO) and the NGO Liverpool VCT of Kenya is working to strengthen the quality of CT services

through South-South capacity building and increase the sustainability of CT services.

FY08 Priorities

In FY08, the national program will work to maintain and expand the quality and scope of services and increase client uptake at 246 existing PEPFAR-supported CT sites. It is anticipated that 331,000 people will be tested and receive their results at 281 health facilities and 85 community-based and mobile sites (in addition to 20,800 patients tested at TB 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 FY08 will emphasize:

- Full implementation of provider-initiated CT at all health facilities (including TB, antenatal, STI, and ART settings)
- Careful introduction of a simplified HIV rapid-test algorithm using whole blood and finger-prick methods and accompanied by intensive training for professional and lay personnel
- Targeting of limited CT resources at health facilities and existing community-based sites, with focused outreach to underserved areas (rural and northern areas) and higher-risk groups (sex workers, soldiers, discordant couples), in order to fuel but not outpace the country's growing capacity to provide care and treatment
- 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

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.

Coordination

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

Sustainability

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

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	366
9.3 Number of individuals trained in counseling and testing according to national and international standards	2956
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	331000

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5313.08	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: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 4580.08	Planned Funds: \$450,000
Activity System ID: 15156	

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

In 2005, PSI and its partners (AIMAS, CARITAS, Espoir FANCI, and JHPIEGO) applied successfully to implement a PEPFAR-funded project to expand HIV prevention, counseling and HIV testing (CT), and care interventions targeting the uniformed services, ex-combatants, and their partners.

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 had the intention to get HIV tested, 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 developed 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. By June 2007, 10,603 uniformed personnel and their partners had been counseled, tested, and given their results. By the end of FY07, an additional eight integrated CT centers will be established, and it is estimated that 51,378 military personnel, police officers, customs agents, water and forest agents, and their partners will have received CT services by March 2008.

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 or nutritional management, OVC services) within their geographic region.

At all project sites, CT services are part of a comprehensive 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 clients to have their partners tested, to provide CT services to couples, and to assist sero-discordant couples in managing their status and avoiding sero-conversion. All providers will be trained to identify OVC and refer them to appropriate services.

In FY08, activities will be informed by key lessons learned and sustainability strategies identified in previous years, including the importance of training and retraining 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 our partners at the local, regional, and national levels; and of finding ways to motivate community and peer educators.

Funding in FY08 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 in their respective 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 envisioned for FY08 include:

- 1- Awarding of 11 sub-contracts to regional HIV/AIDS committees of the uniformed services (military, gendarmes, police, customs, water, and forests) to contribute to decentralization of prevention and care activities of the uniformed services. The activities of counselors and supervisors at the sites will be integrated into the annual work plan of the regional uniformed services committee (which PSI will help to develop and implement) to help build sustainability.
- 2- Continuation of CT activities via integrated sites as well as community-based CT at sites previously reached with the mobile testing unit, resulting in the testing of 37,120 individuals. Within the project's 11 fixed sites, CT will be proposed to all individuals coming to the health facility, making CT a routine, integrated element of health-care services. At each of the project's 50 military mobile CT destinations, three peer counselors (a total of 150) will be trained in the new algorithm and will be able to conduct CT functions at their respective sites, thus eliminating dependence on the arrival of the mobile testing units.
- 3- 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.
- 4- Training of 66 counselors at the 11 integrated sites in HIV testing using the new algorithm. 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 also play a role in training and supervising the community-based CT agents in applying the new algorithm.
- 5- Supervision of community-based and health center-based CT activities. The project's two mobile CT units will be converted into supervisory units and 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, chosen in geographically representative areas so as to be able to provide regular supervision at all 50 mobile CT destinations.
- 6- Quality control of testing procedures in collaboration with the National HIV/AIDS Care and Treatment Program (PNPEC) via CDC/Projet RETRO-CI.

Activity Narrative: 7- 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 10 NGOs that are part of RIP+ (national network of PLWHA organizations). These NGOs will provide self-help groups at project sites.

PSI will continue to involve the district and regional health departments and the military hierarchy in the monthly planning of activities in their areas, as well as in supervision activities three times a year. In each of the 50 districts where there is a project site, PSI will train one district staff person to supervise CT service delivery. In addition, 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.

The project will promote sustainability through the creation of pools of military counselors, lab staff, and supervisors who will continue their activities well after the project is completed. The project will also work with the Ministry of Defense to further decentralize project management through the creation of local and regional focal points in the fight against HIV/AIDS. All fixed testing sites will remain integrated within health-care facilities managed by the military and other uniformed services, and the mobile CT units will revert to the Ministry of Defense upon completion of the project. The project will ensure monitoring of the execution of the ministry's consolidated HIV plan as well as the sustainability plan developed in 2006. These efforts include ensuring that all project activities are included in the military's future budget and work plans.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10064

Related Activity: 15153, 15154, 15155, 16776

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22354	4580.22354.09	HHS/Centers for Disease Control & Prevention	Population Services International	9643	5313.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15153	4582.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$600,000
15154	11056.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$225,000
15155	10049.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$325,000
16776	5036.08	7062	5313.08	PSI CI Uniformed services VCT Promotion	Population Services International	\$120,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Family Planning

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	61	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	236	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	37,120	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Coverage Areas

18 Montagnes

Bas-Sassandra

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5315.08

Prime Partner: National Agency of Rural
Development

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5482.08

Activity System ID: 15147

Mechanism: U62/CCU025120-01 ANADER

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$350,750

Activity 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

ANADER's CT activities complement the integrated and free-standing CT services provided by PEPFAR-funded partners ACONDA, EGPAF, Alliance Cote d'Ivoire, 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 villages in each of six 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, increasing to five in FY08) and ANADER rural development 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 palliative care, OVC care, and ART adherence support.

With FY06 and FY07 funds, the project initiated and is providing mobile-outreach CT and basic health and support services at 144 village sites in the departments of San Pedro, Dabou, Abengourou, Tanda and, starting in FY07, Soubre and Daloa, covering five regions. Two mobile CT units serving four districts were installed in FY06, with training for 291 community counselors and other community members, and a third mobile CT unit is being added in FY07. Each mobile unit covers two departments.

In addition, CT services are provided at rural health centers supported by ACONDA. ACONDA has trained 20 health providers from rural health centers in CT screening and 40 health workers in counseling, and 28 rural health centers have been equipped for CT services.

HIV/AIDS action committees have been strengthened in all 144 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 2006 and 2007 to promote CT in the 144 rural sites.

At the end of June 07, 9,005 people in the villages had received HIV counseling and testing with receipt of test results, including 7,632 through mobile CT service delivery. The project's target is to test 15,360 in FY07. In addition, ANADER expects to make up for a slow start of CT activities in FY06 to reach its combined FY06-07 target of 42,280.

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.

FY08 funds will be used to continue and strengthen FY07 activities in the six departments. Activities will incorporate lessons learned and sustainability strategies identified during the first two project years, including the importance of retraining community counselors; of conducting regular supervision of these 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 at least 31,130 people in FY08, including 27,330 via the mobile CT units and 3,800 at the rural health centers. Activities with FY08 funds will include:

1. Refresher and/or updated training in CT (including training in the new algorithm and rapid tests, if

- Activity Narrative:** approved) for 432 community counselors
2. Training for 56 health workers (two per center) for CT at rural health centers with integrated CT and for 56 health workers (two per center) in counseling.
 3. Training for six CT supervisors for Bas Sassandra and Haut Sassandra regions according to the national supervision tools
 4. Mobile CT services to 27,330 clients in 144 villages.
 5. CT services to 3,800 clients at 28 rural health centers with integrated CT.
 6. Supervision by PSI and ACONDA, in collaboration with health district and ANADER staff, of all CT activities.
 7. Ensuring CT service quality using dried blood spot techniques.
 8. Reinforcing referral systems among CT services, facility-based care and treatment, and community- and home-based palliative care and OVC services.

ANADER will continue to implement an M&E plan based on national and USG requirements and tools and will contribute to implementation of an integrated M&E system in collaboration with national and international stakeholders, including the ministries of AIDS, Health, and Social Affairs.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9933

Related Activity: 15143, 15144, 15145, 15146, 15148

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22372	5482.22372.09	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	9648	5315.09	U62/CCU02512 0-01 ANADER	\$450,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15143	5475.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$562,401
15144	5477.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$200,000
15145	5479.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$360,000
15146	5480.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$1,050,000
15148	5485.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	31	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	550	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	31,130	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5314.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5046.08

Activity System ID: 15119

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

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$300,000

Activity Narrative: Through its PAPO-HV 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 14 sites in Abidjan (two sites), San Pedro, Gagnoa, Yamoussoukro, Guiglo, Bouaké, and seven other sites to be selected in 2007. In collaboration with Alliance CI, FHI is also helping the NGOs Espace Confiance and APROSAM 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 14 PAPO-HV centers. In FY07, at least 7,500 people (including 5,500 sex workers) are expected to be tested and to receive their test results at the project's 14 sites.

With FY08 funds, FHI will continue to provide sub-grants and technical assistance to the 14 implementing NGOs/sites. FHI will expand PAPO-HV to two new communities through strategically selected sub-partners. Technical support provided by FHI and its partners (the Institute of Tropical Medicine and Espace Confiance) will include 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, which includes behavior change communication aimed at HIV prevention through peer education as well as CT, STI management, palliative care, and ARV treatment. Espace Confiance will continue 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 for their results. Since FHI started this program in 2004, 38,674 HVP (65% of the targeted population) have visited HVP clinic sites where they have been counseled, but only 18,258 (47% of those counseled) have been tested and have received their test results. FHI will work, in consultation with the USG team, to increase these low rates through routine CT, use of a simplified rapid-test algorithm when it becomes available, and creative strategies for outreach and effective, client-oriented counseling.

With regard to mobile CT, FHI will continue 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, respectively, of Abidjan and San Pedro. By the end of FY07, the mobile units are expected to produce a 30% increase from FY06 in the total number of HVP counseled and tested with receipt of results by project-supported CT services.

Based on innovative CT approaches it began using in 2007, including routine CT for all patients visiting HVP health centers and a family-based approach, FHI expects to increase the number of people it counsels and tests in FY08 to at least 20,000.

The PAPO-HV project will establish links with EGPAF for the training of the project's CT counselors and lab technicians.

Additional funding from the Belgian Development Cooperation will support operational research and scale up evaluation activities in 2008. PAPO-HV will conduct baseline studies of condom use and STI prevalence among sex workers in FY07 at seven sites and will use capture-recapture techniques to estimate the size of the sex-worker population in at least five cities where HVP activities for sex workers are undertaken.

At the regional level, PAPO-HV will collaborate with the Institute of Tropical Medicine to exchange information about project experiences in Cote d'Ivoire, Kenya, and the Democratic Republic of Congo.

Specifically, FHI will use FY08 funds to:

1. Continue technical support to the 14 CT service-delivery sites supported in 2007.
2. Use new data on the size of the sex-worker population to increase CT service coverage by strengthening existing sites and expanding services to new sites selected according to pre-established criteria and in collaboration with the Ministry of AIDS (MLS), the National HIV/AIDS Care and Treatment Program (PNPEC), and other partners. At the selected sites, FHI will support CT activities through sub-grants to two NGOs, in replication of an intervention model for HVP/sex workers based on the successful Clinique de Confiance.
3. In collaboration with Alliance-CI, 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.
4. Strengthen support for promotion of CT services for HVP during outreach activities by 165 peer health educators and community workers and during health education and prevention activities at 14 clinic sites.
5. Train peer health educators and community workers on the simplified CT algorithm expected to be adopted. FHI will work with the PEPFAR country team to determine the feasibility and pace of outreach CT.
6. Continue support to 14 NGOs/sites in support of innovative CT strategies for HVP, including couples and family counseling and positive-prevention activities.
7. Support the MLS and the Ministry of Health, in collaboration with key partners (PSI, Alliance, RIP+), to develop and implement innovative prevention and care strategies for men who have sex with men.
8. Continue to support the elaboration of the quality assurance system (QAS) started in 2006, in collaboration with other partners (PNPEC, PSI, JHPIEGO, RETRO-CI) in order to better evaluate the quality of health-care services. The QAS will be part of the current program management system. In 2008, FHI will train health staff and M&E focal points at its two new sites in the use of these QAS tools before providing the tools to them. FHI will also support the training of community-based providers in CT and DBS techniques for QA. In addition, FHI will continue standardization of CT practices at existing sites through dissemination of standardized tools elaborated at the national level, under the supervision of the PNPEC.

Activity Narrative: Quality evaluation activities will be performed periodically at the 14 existing sites according to national guidelines in order to improve quality of CT services.

9. Continue support to Espace Confiance, in collaboration with JHPIEGO, EGPAF, RETRO-CI, and the regional AWARE project, to create a national and regional training center at Clinique de Confiance for health-care providers working in settings dedicated to the prevention and care of STI/HIV among sex workers. FHI will support the revision and adaptation of the CT training plan (adopted in 2006) for future needs of this training center. In line with its capacity-building plan and the PAPO-HV sustainability plan, Espace Confiance will assume greater responsibilities for implementing activities for sex workers within PAPO-HV prevention and care centers, in preparation for its future responsibilities with the training center.

10. Continue to strengthen the internal and external referral systems for PLWHA to appropriate services, including care and support groups, ART, palliative care, and OVC services. FHI will provide this technical assistance in areas using the departmental comprehensive-care model (IRIS) as well as areas using the district-approach model, with direct involvement of the district chief medical doctor in supervising and reporting activities in both models.

11. Conduct a baseline assessment of HIV prevalence among a representative sample of 500 sex workers visiting new service sites in FY08.

12. Continue to address stigma and sexual violence by providing HVP-friendly services delivered by staff with nonjudgmental attitudes and by conducting BCC activities with 16,000 other HVP (partners, clients, bar owners).

13. Support revision, after evaluation, of the extension plan of Project PAPO-HV. This plan was elaborated in 2006, in collaboration with key partners, and 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 reorienting interventions, including primary health services for HIV-infected people, and expanding them in the whole country.

14. Continue to support annual evaluation of a plan for sustainability of project activities. PAPO-HV is guided by a comprehensive sustainability strategy aimed at reaching project goals while preparing local partners to gradually assume organizational and technical management. The annual evaluation of that plan (by all key partners) will help FHI monitor its progress and adapt its plan to ensure the continuation of activities at the end of donor support.

Support the participation of local partners at regional conferences in order to facilitate exchanges of lessons learned and promising practices.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10065

Related Activity: 17079, 15117, 15118, 17128

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22417	5046.22417.09	HHS/Centers for Disease Control & Prevention	Family Health International	9667	5314.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15117	4558.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$1,386,529
15118	5038.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$415,000
17128	5042.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$900,000
17079	9924.08	7036	5320.08	Private Sector Partnership One (PSP One)	Abt Associates	\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	16	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	55	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	20,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5383.08

Mechanism: CDC & RETRO-CI (Base)

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5166.08

Planned Funds: \$105,000

Activity System ID: 15170

Activity Narrative: With FY08 funds, the USG technical staff will continue to work closely with the interagency management team and HQ technical staff to provide technical assistance for the design, implementation, and evaluation of HIV counseling and testing interventions. USG technical assistance contributes to the strengthening of national guidelines and adoption of routine testing policies at health facilities. USG staff consults with the national VCT technical working group, expert HIV laboratory committee, and other technical forums to assure the quality of decentralized HIV counseling and testing services. USG staff are providing ongoing technical assistance for the inspection and supervision of HIV testing services performed at peripheral sites. Specifically, USG staff will provide assistance in implementing the simple whole blood finger-prick rapid testing algorithm. These efforts are conducted in consultation with the Ministry for the Fight Against AIDS; other technical ministries (Health, Education, Family and Social Affairs); nongovernmental organizations, multinationals, bilateral organizations (UNAIDS and other UN agencies); and PEPFAR-funded partners (such as EGPAF, ACONDA-VS, Columbia-ICAP, Care International, FHI, International HIV/AIDS Alliance, JHPIEGO, and ANADER).

Ongoing specific activities will include technical assistance to the MOH and other partners to improve the quality and monitoring of counseling and testing through evaluation of existing counseling and testing services. In conjunction with Liverpool, JHPIEGO and other partners, USG staff will provide technical assistance for the integration of HIV testing at health-care service sites. USG staff will provide technical assistance to strengthen training for professional health workers, professional counselors, lay counselors, and labs technicians. This training will improve linkages to care and treatment services for people who test HIV-positive.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10348

Related Activity: 15159, 15160, 15167, 15168, 17297, 15169, 15162, 15171, 15163, 15172, 15173, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22333	5166.22333.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$80,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Agnebi

Marahoué

N'zi-Comoé

Sud-Bandama

Zanzan

Table 3.3.09: Activities by Funding Mechanism**Mechanism ID:** 5316.08**Prime Partner:** CARE International**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 5047.08**Activity System ID:** 15107**Mechanism:** Rapid Expansion North West:
RFA #AAA070 North & West of
CI**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Counseling and Testing**Program Area Code:** 09**Planned Funds:** \$400,000

Activity 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 now improving, FY08 looks to 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.

With FY08 funds, CARE will sub-grant to existing local partners, who will provide CT services and promotion in three "hub" and nine satellite sites, and will add a CT site in Bouna. CARE will continue to reinforce regional HIV/AIDS NGO coordination networks to ensure a continuum of care and facilitate the northward extension of services and coordination by the Ministry of AIDS, the Ministry of Health's National HIV/AIDS Care and Treatment Program (PNPEC), and the social centers and National OVC Program of the Ministry of Family, Women, and Social Affairs.

CT activities in FY06 targeted 5,000 people. In FY07, the project is implementing the following activities to reach 10,000 people with CT services:

1. Provide sub-grants and technical assistance to local NGOs to reinforce six CT sites and add five new CT sites.
2. Reinforce training of 60 social workers and community counselors for the promotion of CT uptake.
3. Reinforce training of 60 health personnel and train 30 new personnel and community counselors to provide counseling and psychosocial services, with a focus on couples and family counseling.
4. Provide supplies and TA necessary to conduct 10,000 HIV tests.
5. Work with regional HIV/AIDS networks to conduct 36 mobilization activities promoting the use of CT services, especially for families, couples, and groups.
6. Establish mobile teams to expand service coverage to three rural sites
7. Provide training support to help NGOs organize peer-support groups
8. Establish quality-assurance systems for HIV testing with a national reference lab.

In FY08, 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, Alliance CI, and EGPAF. Regular coordination will be pursued with Alliance CI and PSI. District directors and teams will participate in monthly formative supervision visits to NGOs and in quarterly coordination meetings to maximize capacity-building and regular oversight by the Ministry of Health. CARE will participate in a national process to develop a harmonized system for tracking the quality of CT services.

CARE's counseling and testing strategy is to ensure quality of services at existing sites (including client-friendly reception, counseling, and referral) and to ensure that once a revised national testing algorithm permits the use of rapid tests by lay personnel, all community-based CT sites will provide both on-site and outreach CT services. CARE's strategy for FY08 also includes a lay counselor who is on-site full time to facilitate referrals to care. To avoid "loss" of clients, the use of national referral tools is highlighted as a priority task in all partner contracts.

TOT methods were emphasized in FY07 so that partners can 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. A few private companies will be supported with prevention funding to begin setting up HIV committees that will promote 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 drivers; and during pre-sermon sensitizations) will take place 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. CARE will work with ANADER to perfect this strategy.

In FY08, 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.

Once rapid tests are available, CARE will work with the USG team to devise a strategy for training partners to use them in coordinated, carefully monitored approaches. 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 once rapid tests are the norm.

Project activities will be coordinated and planned with the Round 5 PREMA and Round 2 Global Fund HIV Projects run by CARE, which will install and support ART and CT sites. A joint work plan will be developed 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 Global Fund Malaria project.

FY08 CT activities will support 15 CT service outlets, train 60 people to provide CT services, and provide CT services to at least 15,000 people. Using FY08 funds to consolidate CT activities in satellite sites in the major zones of Bouake, Korhogo, Man, and extending to the Bouna zone, the project will:

1. Provide sub-grants and technical assistance to local institutions/NGOs to reinforce, consolidate, and improve quality at 11 existing CT sites, including training on the expected new algorithm and reinforcing

Activity Narrative: community mobilization around these sites.

2. Add a new CT site in Bouna.
3. Add CT services to each of the three youth/women counseling centers (one per zone) put in place in FY07.
4. Provide training to 30 health personnel and 30 community counselors to provide counseling and psychosocial services, with a focus on couples and family counseling.
5. Provide technical assistance and supplies to support 15,000 on-site HIV tests with pre- and post-test counseling.
6. 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, PC, and OVC services.
7. 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.
8. Conduct three joint "exchange visits" in-country with NGO partner and CARE staff to facilitate sharing of best practices in counseling and testing.
9. Conduct joint supervision visits each month with district health directors and each semester with the National HIV/AIDS Care and Treatment Program (PNPEC) to ensure quality of CT activities.
10. Provide support for district-level statistics offices in project zones for the collection and transfer of national health data (Internet, cle USB, etc.).

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.

To support sustainability, CARE incorporates flexibility into its partnerships with local NGOs so as to avoid dependency and encourage autonomy. A strong accent is placed on training, training of trainers, supportive supervision, and the development of project-writing and financial-management skills. Institutional capacity is being supported through infrastructure rehabilitation and equipment purchases. CARE works closely with ministries to help with the redeployment of staff in conflict-affected zones, including joint supervisory visits and support for district statistical offices (Internet, USB, etc.) to ensure the collection and transfer of monthly reports.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9943

Related Activity: 15103, 15104, 15105, 15106

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22449	5047.22449.09	HHS/Centers for Disease Control & Prevention	CARE International	9672	5316.09	Rapid Expansion North West: RFA #AAA070 North & West of CI	\$350,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15103	4995.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$720,000
15104	5016.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$435,000
15105	5040.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$470,000
15106	5044.08	7042	5316.08	Rapid Expansion North West: RFA #AAA070 North & West of CI	CARE International	\$1,233,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	15	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	60	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	15,000	False

Indirect Targets

Percentage of clients receiving counseling who report a high level of satisfaction with the services received:
90°

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Savanes

Zanzan

Vallée du Bandama

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7218.08

Prime Partner: Geneva Global

Funding Source: Central GHCS (State)

Budget Code: HVCT

Activity ID: 17367.08

Activity System ID: 17367

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

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

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; 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 \$2,000,000 for 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 11 local CBOs and FBOs to promote HIV prevention through abstinence, fidelity, condom use, and other methods; HIV counseling and testing; palliative care; and OVC services.

In FY07, GG 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. GG invited and trained 19 potential CBO/FBO sub-partners 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.

In the program area of HIV Counseling and Testing, GG will provide sub-grants, training, and mentoring to at least eight local organizations working in Abidjan and surroundings, Yamoussoukro, Bolequin, and Guiglo: Alliance Biblique de Cote d'Ivoire (ABCI), AMEPOUH, Africa Christian Television (ACT), Group Biblique Hospitalier (GBH), Lumiere Action, CMA, Femme Action Development (FEMAD), and Renaissance Sante Bouake (RSB). FY08 funds will support training in CT service delivery for 350 people and direct CT services with test results for at least 25,000 people.

GG will set up project management teams and will elaborate and implement a capacity-building and mentoring plan for each local partner, including training in project management, M&E, and community mobilization. GG'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. GG-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."

Some sub-partners will provide direct testing services, while others will focus on community mobilization, pre- and post-test support (including prevention counseling targeting HIV-negative and HIV-positive clients as well as sero-discordant couples), and links to care and treatment. 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.

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 and include use of finger-prick rapid tests once they are permitted and available. GG will work in coordination with JHU/CCP and other PEPFAR partners to ensure that appropriate BCC and CT-promotion materials are available for partner use, and will participate in partners' selection and training of partners' 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. GG 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.

GG 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, GG will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17369, 17365, 17372, 17362

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17369	17369.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17365	17365.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17372	17372.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0
17362	17362.08	7218	7218.08	NPI-Geneva Global GHH-A-A-00-07-00005-00	Geneva Global	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	8	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	350	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	25,000	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Bas-Sassandra

Lacs

Lagunes

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7225.08

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 10531.08

Activity System ID: 17376

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$323,000

Activity Narrative: Despite efforts by PEPFAR, other donors, and their partners to prioritize and support counseling and testing (CT) as an essential technical area in the fight against HIV/AIDS, only 7% of Ivorian women receive CT during routine antenatal visits (AIS, 2005). Reasons for the low coverage or uptake of CT services include the fact that most HIV testing services in Cote d'Ivoire are not integrated into clinical care sites and services; CT is still offered mostly on an "opt-in" basis and can only be performed by professional clinicians. Although the current national standard testing algorithm in Cote d'Ivoire includes rapid testing, most hospitals and other health-care facilities predominantly use laboratory-based HIV tests.

To date, JHPIEGO's involvement in CT services in Cote d'Ivoire has focused mostly on providing technical assistance in CT training and building the capacity of CARE International's local CBO/FBO sub-partners to provide quality CT services. JHPIEGO provides follow-up and monitors the quality and performance of PMTCT services under the 19 pilot Standards-Based Management and Recognition (SBM-R) sites supported by EGPAF, using performance standards that include a CT component. Key achievements to date include:

- Development and validation of performance standards for CT in the context of PMTCT
- Training of SBM-R performance facilitators on PMTCT performance standards, including a CT component
- Training 20 national trainers and 15 advanced trainers in CT
- Conducting two training of trainers for 20 trainers in CT under the CARA project supported by CARE International
- Follow-up and supervision of 40 CT trainers and 15 advanced trainers to further develop and enhance their skills

In FY07, JHPIEGO continues to support CARE International's CT efforts and the SBM-R program to strengthen provision of quality PMTCT services through follow-up and supervision visits and collection of data on performance standards achieved to document effectiveness in improving outcomes. These data will help identify gaps in current provision of PMTCT services and will guide interventions to improve quality, accessibility, and acceptability of these services.

In FY08, JHPIEGO will work closely with the National HIV Counseling and Testing Technical Committee, the Ministry of Health, the Ministry of HIV/AIDS, and other relevant government bodies and stakeholders to accomplish the updating, development, or adaptation of identified training materials, job aids, and supervision tools, including for provider-initiated CT (PICT), couples CT, community-based, and classic CT, in accordance with revised national HIV/AIDS service-delivery guidelines. In addition, JHPIEGO will conduct training for appropriate service providers in these areas and develop trainers who will work with PEPFAR partners to support the scaling up of CT service delivery in accordance with the expected new rapid-testing algorithm. All training materials will include a module that defines district- and national-level referral systems, detailing linkages of CT services to care and treatment. JHPIEGO will also develop performance standards for various levels of CT to improve the quality of service provision. These activities will be coordinated with key partners and national programs and will contribute to the national goal of reaching 100% of patients in all clinical settings and extending services to the community level, as supported by PEPFAR implementing partners.

1. Learning Resource Package and Human Capacity Development

All materials development will be performed in the context of the already-planned instructional design workshops for advanced trainers. As the last step in the process for advanced trainers to become master trainers, instructional design workshops will simultaneously provide the opportunity to develop the required standardized learning resource packages. JHPIEGO will also print and distribute the developed job aids.

Using these materials, JHPIEGO will coordinate with PEPFAR partners and national stakeholders to conduct training in provider-initiated, couples, community-based, and classic CT for 500 service providers and 50 trainers, according to their identified needs. All logistics and arrangements will be supported by the coordinating PEPFAR partners; JHPIEGO will provide the materials and technical assistance.

2. Adapt existing CT performance standards for various levels of CT services to improve the quality of service provision

In coordination with PEPFAR partners and national stakeholders, JHPIEGO will adapt CT performance standards for the provision of stand-alone CT services, community-based CT services, and other levels as needed. JHPIEGO's technical team will work closely with the National HIV/AIDS Care and Treatment Program (PNPEC), Alliance Cote d'Ivoire, and other key stakeholders to provide guidance and support to at least 10 CT sites supported by Alliance to ensure that these standards are implemented. These performance standards will strengthen internal and external supervision while providing a sustainable measure of quality assurance. All logistics and arrangements will be supported by Alliance; JHPIEGO will provide the materials and technical assistance.

3. Strengthen referral systems between CT services and care and treatment

In order to enhance referrals and linkages between services, providers will be trained using the module defining district- and national-level referral systems and detailing linkages of CT services to care and treatment. These linkages will be strengthened by developing referral protocols and having continuous discussions with hospital health management teams to ensure that there are no missed opportunities and that waiting times for referred patients are kept to a minimum. Referral slips will be introduced to capture number of clients referred for care and treatment. JHPIEGO will also work with site coordinators to map services and resources available both within the facility and in the nearby community, and will produce simple directories. These directories will be used to support intra-facility and external referral systems to ensure continuity of care for those who test positive, including PMTCT services, infant follow-up, and access to ART services.

An evaluation of the initial phase is expected in FY09 to determine the relative impact of the different models in terms of uptake of testing and referrals to care and treatment services. The results of the evaluation will help guide program planning during the expansion phase of the comprehensive CT program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10531

Related Activity: 16763, 17383, 17072, 17076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22395	10531.22395.09	U.S. Agency for International Development	IQC AIDSTAR	9660	7225.09	IQC AIDSTAR	\$100,000
10531	10531.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$80,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16763	16763.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$200,000
17383	17383.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$100,000
17076	17076.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$450,000
17072	10130.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	550	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5343.08

Prime Partner: Alliance Nationale Contre le SIDA

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 19378.08

Activity System ID: 19378

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$0

Activity Narrative: With FY08 funds, the partner support existing counseling and testing centers and work to improve the quality and reach of their services. In collaboration with the Ministry of Health and PEPFAR partners (EGPAF, ACONDA, Retro-CI), the partner will provide subgrants 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, the partner will work with the USG team to devise and implement a strategy for their introduction and use in coordinated, carefully monitored approaches outside free-standing CT centers (e.g. home-based testing). The partner will train and coach counselors and other CT center personnel in use of the new algorithm and rapid tests, giving them the capacity to provide community - and family-based CT services.

The partner will support mobile testing units and will provide material and technical support to public and non-public entities to promote, encourage, and potentially implement mobile and community HIV testing.

The partner will support innovative efforts to reach beyond CT centers to promote CT services. These will include 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.

The partner will strengthen district-based referrals system to provide links to HIV prevention, PMTCT, palliative care, OVC care, and treatment services. All free-standing and mobile CT sites will also serve as OVC identification sites, with effective links to community-based palliative and OVC care and support. The partner will progressively reinforce the capacity of sub-partners and decentralized planning and coordination bodies to promote quality, local management, accountability, and sustainability of activities. The partner will advocate reaching full participation of communities and decentralized government in CT activities.

The partner will work with the PNPEC, EGPAF, RIP+, 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. The partner will complement this work with advocacy toward the Ministry of the Interior (Direction de la Décentralisation) to integrate people working in free-standing CT sites and to pay their salaries.

The partner will help local sub-partners to 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 in the community, and the partner will strengthen its "prevention for positives" strategy to reach more discordant couples.

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 the partner's M&E team.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	22	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	216	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	67,500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Mobile populations

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Agnebi
Bas-Sassandra
Fromager
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Comoé
Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7078.08

Prime Partner: Network of People Living with HIV/AIDS

Funding Source: Central GHCS (State)

Budget Code: HVCT

Activity ID: 17082.08

Activity System ID: 17082

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

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$0

Activity Narrative: RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHA organizations created in 1997, works to establish and protect the legal rights and improve the quality of life of persons living with HIV/AIDS (PLWHA). Through fund raising, sub-granting, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 43 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS) and the Ministry of Health (MOH), RIP+ participates in the design and implementation of national policies and strategies as a member of various technical working groups and committees.

In 2006, RIP+ was awarded a three-year grant (at least \$603,922 in FY07) to support one of three Cote d'Ivoire projects selected in the first round of the New Partners Initiative (NPI). Through the NPI program, RIP+ will implement Project Servir 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 testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based palliative care to those in need.

Direct care, support, and CT promotion will be delivered by local staff members of affiliate PLWHA organizations. RIP+ will manage the project and provide organizational and technical capacity-building to its member organizations. Over three years, the project is expected to successfully encourage HIV counseling and testing 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.

RIP+ will build on its experience and on outreach activities of its affiliates to continue to strengthen and expand the capacity of local PLWHA to respond to HIV/AIDS in their communities, including strengthening access to and uptake of HIV counseling and testing as a critical component of prevention and treatment strategies. With FY07 NPI funds, RIP+ will collaborate with JHU/CCP to develop, launch, and institutionalize a Côte d'Ivoire Testing Day. RIP+ will coordinate national planning meetings with the Ministry for the Fight Against AIDS (MLS), the Ministry of Health (MOH), the Global Fund, PEPFAR partners (including EGPAF and Alliance Cote d'Ivoire), the Public Health Pharmacy (PSP), CT centers, REPMASCI (network of journalists and artist), and RIP+ affiliate members to develop a roadmap for the testing day. The first testing day is planned as a pilot in the Abidjan area in late 2007, followed by year-long activities promoting CT and culminating in the first nationwide testing day planned for FY08. These activities will involve PLWHA, NGOs, and other HIV/AIDS organizations in conducting ongoing community-awareness activities and promoting family and couples testing. JHU/CCP and Alliance will assist RIP+ by providing technical assistance to assure training, supervision, and quality of CT-related communication and community-mobilization activities.

RIP+ will assure the overall coordination, management, and monitoring of the testing day and will sign memoranda of understanding with the National HIV/AIDS Care and Treatment Program (PNPEC), the MLS, the Global Fund, EGPAF, Alliance, and others to define the roles and responsibilities of the various parties in support of the testing day. RIP+ will also sign MOUs with the heads of the 58 health districts to define contributions, responsibilities, and assistance in achieving the target objective of the testing day.

With FY08 NPI funds, RIP+ will train at least 125 community-based PLWHA counselors to provide CT promotion within the community and to assist in CT provision. The trained counselors will use innovative community-based approaches to promote CT uptake and will assist CT sites with counseling and effective referrals for newly diagnosed PLWHA. In collaboration with national stakeholders and EP partners, RIP+ will work to build a national standardized referral system capable of ensuring a continuum of care for all identified PLWHA.

JHU/CCP will provide technical assistance to RIP+ in developing a communications strategy involving a national television broadcast and community-based radio stations. RIP+ will also seek JHU/CCP support to develop, adapt, or replicate appropriate IEC and publicity materials.

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 meetings 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. 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17293, 16779, 17292, 17295

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17293	17293.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
16779	16779.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17292	17292.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17295	17295.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0

Emphasis Areas

Gender

* Increasing women's legal rights

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	125	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5312.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 10066.08

Planned Funds: \$170,000

Activity System ID: 17019

Activity Narrative: This activity continues a twinning partnership between three organizations providing counseling and testing (CT) services in Cote d'Ivoire and the Liverpool VCT (LVCT) in Nairobi, Kenya to support quality-assured scale-up of comprehensive CT services through technical assistance to local partners and other CT stakeholders for training, supervision, evaluation, policy and standards development, accreditation, and quality assurance. Twinning activities began in April 2007 with the first exchange visit from LVCT to Cote d'Ivoire to meet with local stakeholders and potential partners. Based on recommendations from the USG team in Cote d'Ivoire and in collaboration with AIHA, LVCT visited three CT sites (Port-Bouet, Lumiere Action, and AIBEF). The aim was to introduce the partners and to conduct an organizational assessment of the host institutions. After the assessment, it was decided that representatives from all three host organizations would form a technical working group to serve as the local partner. This multi-disciplinary team will participate in all partnership activities with LVCT and coordinate the dissemination and replication of results throughout their respective organizations and to other key stakeholders.

On the second exchange trip in October 2007, Ivorian partners will visit Kenya to tour facilities, learn about LVCT's services and resources, and develop a joint partnership work plan and budget identifying specific activities the partners will undertake together. Thereafter, AIHA will issue a sub-grant award to LVCT to manage this partnership. These funds will be used to support all partnership activities. Overall, partnership funds will be used to support exchange visits and pay for materials and supplies for the activities the partners elect to undertake (e.g. training, joint materials development, etc.). A small portion of the funds will be used to cover administrative costs incurred by partners to manage the partnership, including fiscal and M&E reporting as required by AIHA and PEPFAR.

Although specific partnership activities will be finalized during work-plan development by all partners, AIHA, and USG/Cote d'Ivoire stakeholders, initial focus areas for this partnership are the following:

1. To strengthen the technical capacity of the three CT centers in delivering quality CT services. In FY07, LVCT is working to build the overall capacity of the three selected CT centers to be model centers in the delivery of quality CT services and provide training to other CT organizations in the country. LVCT will conduct an overall assessment of the three CT centers and develop a technical assistance plan to be implemented over the course of the partnership focusing on quality assurance and systems strengthening.

In FY08, LVCT will continue with the implementation of the technical assistance plan. Assistance will be provided through technical training, partnership exchanges, and on-site mentoring visits focusing on topics such as the implementation of quality-assurance measures, the development of M&E systems for all levels of service delivery, and the integration of supportive counseling and supervision into current services.

2. To participate in revising the National Guidelines on Counseling and Testing to include the simplified algorithm for rapid testing expected to be adopted within the year. In FY07, partners are collaborating with national and local CT stakeholders, including the Ministry of Health and representatives from CT centers, to organize a national workshop on CT services in Cote d'Ivoire. During the workshop, participants will develop standard operating policies and procedures for the national implementation of a new algorithm strategy for rapid testing within all CT centers and other institutions providing CT or CT-related services. The workshop will focus on establishing linkages and a referral network among service providers for the delivery of quality CT services.

In FY08, the partners will work, in collaboration with stakeholders from the national workshop, to implement the new algorithm approach on the national level, including training staff on new strategies and related M&E materials. The three local CT centers will serve as coordinating mechanisms as the program is implemented through the district-approach model, involving local stakeholders in supervisory roles. Emphasis will be placed on coordination of activities and the establishment of linkages and networks among CT centers and other CT service providers.

3. To integrate quality CT services into the continuum of HIV care and support. In FY07, partners are developing training modules to be used to train and coach providers on the delivery of quality CT services, in coordination with the new standard operating procedures for CT being developed by partners through the stakeholders' workshop. The partners will conduct an assessment of the quality of existing CT services and identify areas in need of technical assistance. Based on the gaps identified in the assessment, the trainings will focus on improving the quality of CT services, including the integration of couples counseling and prevention strategies for people living with HIV/AIDS, and ways to integrate CT services into existing project interventions.

In FY08, partners will work to expand and roll out this training model in targeted districts. The trainings will increase knowledge and skills of providers to deliver quality CT services, as well as focusing on establishing linkages and networks among service providers in various types of institutions, including regional and district hospitals, ANC clinics and PMTCT programs, TB clinics and TB/HIV programs, OVC-support organizations, palliative care providers (including facility-, community-, and home-based care projects), and other related organizations. Participants will learn how to incorporate CT services into their existing structures and work together to provide a continuum of care through referrals and multi-organization patient-monitoring strategies.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10066

Related Activity: 15101

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10066	10066.07	HHS/Health Resources Services Administration	American International Health Alliance	5334	5334.07	IHA Twinning Center TWINNING Project Liverpool	\$170,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15101	10054.08	7040	5312.08	Twinning Center-American Health Alliance APCA TWINNING Project	American International Health Alliance Twinning Center	\$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	250	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Discordant Couples

Coverage Areas

Lagunes

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7220.08

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: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 17080.08

Planned Funds: \$300,000

Activity System ID: 17080

Activity Narrative: ICAP-CU received plus-up funds in FY07 to help the Ivorian Ministry of Health to expand the availability of a basic package of HIV services at health facilities throughout the country. By the end of FY07, ICAP-CU anticipates initiating CT, PMTCT, palliative care, and ART services at five sites and conducting baseline assessments and training at an additional five sites. In FY08, ICAP-CU will support this package of services at all 10 FY07 sites and expand to an additional 34, for a total of 44 sites.

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 sites through regularly scheduled CT days, availability of trained counselors, and the establishment of routine, provider-initiated testing throughout its supported facilities. By February 2009, ICAP anticipates counseling and testing 27,750 individuals.

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 44 designated facilities. Once 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-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 training and on-site mentoring to at least 132 nurses, social workers, and counselors on CT. Focus will be on strengthening providers' counseling skills, including for 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 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 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 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, 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16768, 16525, 16770, 16777,
16778, 17122, 16992, 17299

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	44	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	132	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	27,750	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5306.08

Mechanism: EGPAF Rapid Expansion
(country supp)

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5045.08

Activity System ID: 17081

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$550,000

Activity Narrative: Since 2004, PEPFAR has funded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in developing and implementing a holistic, family-centered approach to HIV prevention, care, and treatment within Cote d'Ivoire's health sector, including quality counseling and testing (CT) services. Since 2006, the main component of EGPAF's CT program has been to integrate routine, provider-initiated HIV testing into clinical settings where EGPAF supports care and treatment. The idea has been to extend CT services beyond patients in the infectious-disease service or arriving specifically to be tested to cover all inpatients and a substantial portion of outpatients at any EGPAF-supported site. Particular emphasis was placed on the integration of routine, provider-initiated CT in the two large teaching hospitals of Abidjan in order to be able to document and develop the tools necessary to go to scale in hospitals around the country.

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 2007.

The CHU-Cocody has responded more slowly to the initiative; as of August 2007; only the pulmonary service, with support from EGPAF's TB/HIV team, had aggressively pursued CT of all patients.

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 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
- 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 FY08 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 reliance on the simplified rapid-test algorithm at all sites supported by EGPAF
- 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, to 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.

FY08 activities will provide CT services to at least 50,000 people, a majority through testing non-HIV admissions and outpatients of hospitals and the rest through family-based and continuum-of-care

Activity Narrative: approaches at EGPAF-supported sites.

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.

EGPAF will continue to improve an M&E system tracking project-specific, PEPFAR, and national indicators. EGPAF 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10062

Related Activity: 15110, 16524, 16771, 15111,
15112, 17119, 15113, 15109,
15114, 15115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22425	5045.22425.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$750,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	77	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	308	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5343.08

Prime Partner: Alliance Nationale Contre le SIDA

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 9940.08

Activity System ID: 15098

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$311,000

Activity Narrative: Noted April 21, 2008: In the expectation that Alliance management procedures will begin to improve, the USG team will provide Alliance with a small opportunity to continue subgranting and providing technical assistance to one or more counseling and testing partners, at sites and in geographic areas to be determined.

The Alliance Nationale Contre le VIH/SIDA (ANS-CI) is a national umbrella NGO that manages sub-grants and provides financial and technical assistance to sub-grantees. ANS-CI was established in 2005 with the support of the International HIV/AIDS Alliance and PEPFAR in order to serve as the linking organization between donors/partners and civil-society organizations working at the community level. HIV/AIDS Alliance, which previously implemented these programs, will continue to serve as a technical assistance partner to provide ongoing support and mobilize additional resources. Since 2005, ANS-CI has supported 84 NGO/CBO/FBOs to deliver a wide range of HIV/AIDS prevention and care interventions.

With FY07 funds, ANS-CI is supporting the expansion of 24 stand-alone youth- and couple-friendly HIV counseling and testing (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 sessions, physical rehabilitation of CT centers, and small equipment and supplies for testing laboratories in 14 of the country's 19 regions. In FY07, ANS-CI has a target of testing 40,000 people (for a total of 74,000 since 2005).

The expansion of CT services was based on work by the HIV/AIDS Alliance with the mayor of Port Bouet, the Mayors' Alliance Against HIV/AIDS in Cote d'Ivoire, the National HIV Care and Treatment program (PNPEC), JHPIEGO, 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 and community support space (evaluated in 2005). This model involves the leveraging of resources from multiple sources, including the local mayor or general council (to provide a building, amenities, and support staff), the national government (to provide HIV tests and professional health and/or social worker staff), an external donor (to provide leveraging funds for equipment and minor renovations), and a technical provider (to assure training supervision, quality assurance, and monitoring and evaluation).

For each CT center, a memorandum of understanding defines the contributions and responsibilities of the financial and technical-assistance partners. This kind of collaboration is a cost-effective and sustainable way to implement community-based activities. Alliance will continue working with AMICAAL and the Ministry of the Interior (Direction de la Décentralisation) to include CT-related activities in their annual budgets. For this purpose, Alliance will organize a CT stakeholders meeting with the government's community-support program (PACOM), PEPFAR and its partners (PSI, ANADER, CARE International), and general councils to sign a framework agreement for a CT sustainability plan.

With FY08 funds, ANS-CI will continue to support the 24 existing centers and work to improve the quality and reach of their services. In collaboration with the Ministry of Health and PEPFAR partners (EGPAF, ACONDA, Retro-CI), ANS-CI will continue to provide 24 grants of approximately \$30,000 each to support CT centers that perform adequately.

ANS-CI 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, ANS-CI will work with the USG team to devise and implement a strategy for their introduction and use in coordinated, carefully monitored approaches outside free-standing CT centers (e.g. home-based testing). ANS-CI will train and coach 240 counselors and other CT center personnel (10 persons/site) in use of the new algorithm and rapid tests, giving them the capacity to provide community- and family-based CT services. As in FY07, PEPFAR partner JHPIEGO will continue to provide technical assistance to supervise training and refresher training on quality CT services.

ANS-CI will support four mobile testing units and will provide material and technical support to public and non-public entities to promote, encourage, and potentially implement mobile and community HIV testing.

ANS-CI expects that FY08-funded activities will provide CT services to approximately 60,000 persons at fixed sites and 15,000 persons through mobile units.

ANS-CI will support innovative efforts to reach beyond CT centers to promote CT services. These will include 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.

ANS-CI will strengthen district-based referrals system to provide links to HIV prevention, PMTCT, palliative care, OVC care, and treatment services. All free-standing and mobile CT sites will also serve as OVC identification sites, with effective links to community-based palliative and OVC care and support.

ANS-CI will progressively reinforce the capacity of sub-partners and decentralized planning and coordination bodies to promote quality, local management, accountability, and sustainability of activities. ANS-CI will advocate reaching full participation of communities and decentralized government in CT activities.

ANS-CI will continue working with the PNPEC, EGPAF, RIP+, 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 in free-standing CT sites and to pay their salaries.

ANS-CI will help local sub-partners to 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 in the community, and

Activity Narrative: ANS-CI will strengthen its “prevention for positives” strategy to reach more discordant couples.

ANS-CI will work with local committees of the Ivorian Red Cross Society to develop care and support activities around CT centers. 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. The Red Cross volunteers and social workers will help, where necessary, in couples counseling and to develop a special intervention for discordant couples.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9940

Related Activity: 16523, 16765, 15095, 15096, 15097, 15099

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22458	9940.22458.09	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	9675	5343.09	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$540,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0
15099	10071.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	Alliance Nationale Contre le SIDA	\$0

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	24	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	7,500	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5309.08

Prime Partner: ACONDA

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 10063.08

Activity System ID: 15091

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$352,000

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. ACONDA is rapidly expanding its comprehensive family-based model and will provide ART to approximately 20,000 patients, including at least 2,000 children, by March 2009.

Counseling and testing services are the doorway for HIV-infected individuals into ACONDA's comprehensive service program. In FY07, ACONDA is integrating CT services at 74 clinics and has a target of providing counseling and testing for 128,048 people.

In FY08, ACONDA will equip and provide CT services at 16 additional sites (for a total of 90 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 12 district hospitals and four urban health centers or antenatal/maternity sites. All CT personnel will be trained on the new algorithm after it is approved.

All HIV-positive adults will be counseled and asked whether their families, including children, can also be tested. When a child tests 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 50,000 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.

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.

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

Activity Narrative: 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 FY08 activities will include:

- 1) Training providers in new rapid-testing approaches to provide community- and family-based CT (in accordance with the new algorithm).
- 2) Strengthening the referral system, with the involvement of other stakeholders, to HIV prevention, PMTCT, palliative care, OVC services, and treatment services,
- 3) Targeting 100% 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.
- 5) Strengthening the continuum of care, especially for orphans and vulnerable children, and supporting implementation of a "risk reduction plan" for HIV-negative people.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10063

Related Activity: 16759, 16522, 16767, 15089, 15090, 17114, 15092, 15093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22467	10063.22467.09	HHS/Centers for Disease Control & Prevention	ACONDA	9676	5309.09	ACONDA CoAg	\$400,000
10063	10063.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	90	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	50,000	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

18 Montagnes

Bas-Sassandra

Lagunes

Zanzan

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$26,864,486**Percent of Total Funding Planned for Drug Procurement**

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:**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 the USG EP, Global Fund (GF), Clinton Foundation, and the MOH. Supply chain issues are managed by a technical committee of representatives from the MOH, donors, implementing partners and PLWHA which meet monthly to discuss program status and the overall supply issues in the country. In theory, actual patient records and drugs dispensed to individuals are compared to drug orders delivered to treatment sites to continually reassess procurement planning and avoid commodity leakage. This joint platform is functioning, but needs significant strengthening to achieve a well coordinated and transparent national program. The EP technical inputs are critical to the operation of this group.

The growth of the National AIDS Program in Cote d'Ivoire in 2006 has been impressive, with an almost 70% increase in the numbers of adults and treatment over the past 12 months. The national goal is to reach 77,000 ARV patients by the end of FY08, with PEPFAR providing ARV drugs for 60,000 of these. All incoming commodities are delivered to the National Pharmacy Depot (PSP) for distribution to service sites. Following the MOH policy for coordinated procurements, and in an effort to improve efficiency, both the EP and the GF have followed an approach of integration and "complementarity", wherein no single donor provides all required inputs to a given site. In the MOH budget there is a line item for the purchase of ARVs, however the funds rarely materialize. The interdependent nature of the national program promotes the collaboration desired by the USG, but also greatly increases the vulnerability of the EP program to not reach targets due to under-performance of GF counterparts. To succeed, this approach requires aggressive and regular data collection from all service sites individually, and pro-active, transparent information sharing among all stakeholders.

The GF program experienced recurring difficulties in 2006 and 2007, and was unable to deliver critical products to the National Program on time. This caused commodity-dependent services at many GF sites to virtually shut down for many months, and placed all EP-supported patients and sites at risk of stock-outs. Throughout this period, it was extremely difficult to obtain reliable data on GF-supported sites and patient numbers, stocks and expected delivery dates of pending orders of critical commodities, either from the former GF Principle Recipient (PR), UNDP, or from the MOH. This lack of transparent reporting and poor procurement planning on the part of the Global Fund PR rendered the coordinated procurement and management approach virtually untenable, and made national service and commodities forecasting impossible. As a result, the EP procured all essential HIV/AIDS commodities through several emergency orders throughout the year, incurring millions of dollars in unforeseen program costs. These emergency measures were very disruptive to services and damaged the credibility of the national program and key implementing partners.

Several changes have occurred as a result: 1) GF has replaced UNDP with CARE International as the PR on the 2nd phase of the round 2 AIDS grant, 2) CARE is in process of placing its first ARV order with SCMS as its emergency GF procurement agent, 3) SCMS has become the official primary TA provider for supply chain management for both the EP and GF programs, 4) SCMS will procure all drugs, lab supplies and other commodities for all EP implementing partners, and 5) The EP will support more aggressive data gathering and analysis by SCMS while basic MSP systems are being strengthened. A critical component of SCMS support is strengthening the data management and leadership capacity of the PSP to effectively play its supervision role. SCMS will ensure that regular, detailed and concrete commodity data and analysis are available to inform all stakeholders and empower the PSP to make appropriate evidence-based decisions. Virtually all drugs in the Cote d'Ivoire national ARV protocol are now approved for EP purchase by the Food and Drug Administration (FDA). The EP is continuing the joint procurement planning approach to ensure SCMS technical assistance benefits the entire national program. This convergence has begun to alleviate some of the fundamental coordination obstacles of the national program.

To date, EP partners played a critical role in generating national commodity forecasts and procurement plans, as well as regular quantification updates. Technical and material assistance from SCMS has strengthened the capabilities at the PSP. SCMS and other partners have installed commodity management software at most treatment sites and are planning to upgrade the inventory system at the PSP.

FY08 Priorities

The overriding priority for FY08 will be ensuring accurate regular (monthly) inventory and dispensing data from each and every treatment site is received and analyzed at the PSP, and used to inform service delivery planning decisions by all stakeholders. Supply data will be routinely compared to facility-specific patient records to monitor adherence to MOH prescriptive protocols, and to confirm that all commodities are accounted for and distributed where most needed. Supply chain managers and technical advisors will work closely with the Strategic Information sector to link these two complementary tracking systems.

The EP and its partners will continue to work closely with the PSP, providing additional technical assistance, infrastructure improvements, and system upgrades as resources permit. SCMS and other EP partners will participate in quarterly updates of national forecasts and joint procurement planning with other commodity suppliers, particularly the GF/CARE.

SCMS will work closely with the PSP and other care and treatment partners on the specifications of all commodities and equipment to be procured.

The EP will continue to improve the government's freight-forwarding, drug-importation, and distribution systems. Capitalizing on the capabilities of several key partners, the EP will support an assessment of these systems for HIV-related commodities.

Cote d'Ivoire recently received approval for a large supply of non-ARV drugs. First-line TB drug supplies will be provided for national coverage, and second-line and pediatric TB drugs might also be available. The EP will work with the PSP to enable the bolstered TB effort to wrap around ongoing HIV care and treatment programs.

All USG funded partners will report to the EP strategic information team with quarterly program results and ad hoc requests for program data. In an effort to participate in the building and strengthening of one national monitoring and evaluation system, all USG funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Sustainability

The USG continues to promote sustainability by transferring technical, financial, management and M&E skills from international organizations to Ivorian government agencies and local CBOs, NGOs, FBOs.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5414.08

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: HIV/AIDS Treatment/ARV
Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 4572.08

Planned Funds: \$26,864,486

Activity System ID: 15150

Activity Narrative: SCMS is the primary procurement agent for Emergency Plan-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the commodities supply chain, especially for forecasting and management. As the EP-supported HIV/AIDS care and treatment program scales up, SCMS procures most drugs, lab supplies, and other commodities for EP implementing partners. In FY07, SCMS is procuring ARVs for 49,280 patients and OI drugs for 34,000 patients. 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 two years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of 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 ARV supply-chain coordination at the central level. This includes preparing detailed 24-month national ARV forecasts and supply plans and periodic national forecast updates with MOH and Global Fund (GF) data. In collaboration with Alliance Cote d'Ivoire and other partners, SCMS has conducted an assessment of data-reporting requirements for HIV/AIDS. SCMS has strengthened commodities-management systems and practices at the district level. SCMS has also reviewed and disseminated an ARV dispensing tool (SIMPLE-1 software) to treatment sites. Several GF sites still do not have SIMPLE-1 to automate the roll-up of ARV dispensing data, but the needed IT hardware is in place, and installation will begin soon.
- Conducted an assessment of warehousing and distribution functions of the PSP and selected treatment sites. SCMS has worked to upgrade the physical infrastructure of the PSP and district warehouses and to prepare for installation of the MACS computerized warehouse-management system at the PSP. SCMS has also assisted the PSP with the development and implementation of new standards of practice for commodities management at the PSP warehouse.
- Conducted a commodities-management training of trainers at the PSP and set up a system for tracking ARVs and laboratory commodities through the PSP to treatment sites. SCMS has recruited two full-time staff members to second to the PSP. SCMS has also conducted commodities-management training for 425 nurses, midwives, and PSP staff at the treatment-site level, as well as training on warehouse management for two PSP staffers. In addition, SCMS has provided support to the PSP for on-site supervision and training.

FY08 Activities

In addition to procuring most HIV/AIDS-related drugs and consumables for the EP/Cote d'Ivoire, SCMS will use FY08 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 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.

SCMS will provide (non-procurement) technical assistance, training, and systems/infrastructure development to the MOH and key EP partners for ARV management as described below. This total is distributed among the COP program areas of ARV Drugs, Lab Infrastructure, and Strategic Information. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

• Procurement

SCMS will procure and deliver ARVs to the PSP central warehouse and 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. SCMS will procure ARVs for 60,000 year-end patients for the FY08 year. The EP program expects to be providing ART for 46,500 patients by October 2008; SCMS will procure drugs for 12 full months for this cohort, plus drugs for 13,500 new ART patients, with a five-month buffer supply. SCMS will also procure a further buffer stock of ARVs covering about 5,400 patients.

In addition to ARVs, SCMS will procure cotrimoxazole (CTX), insecticide-treated bed nets, and clean-water products for PLWHA.

• 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, 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 to continue transferring these skills, and will 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.

To strengthen transparency and national ownership of supply-chain responsibilities, SCMS will generate regular monthly reports showing all pending orders and deliveries, specific quantities, and expected delivery dates to the PSP. The project will also provide monthly inventory and dispensing reports from each EP-supported 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. (Projected virtual stock is the sum of current inventory and expected consumption, plus realistically expected new deliveries.) SCMS will ensure that regular monthly reporting and computerized proactive supply-chain management systems include detailed information on OI drugs, lab reagents, and testing materials, as well as commodities for palliative care and OVC support.

In collaboration with the MOH and other partners, SCMS will establish and maintain a Web-based ordering and inventory tracking system for EP-procured HIV commodities. Service sites and other authorized

Activity Narrative: partners will be able to log in and place orders from the PSP, track their delivery progress, and confirm historical data on consumption and projected scale-up at their sites. This is expected to greatly enhance transparency of commodities management and decrease stock-outs and emergency orders due to inadequate forecasting at all levels.

• PSP and MOH Capacity Building

At the PSP, SCMS will deploy a site quality-assurance manager to oversee upgrades to physical infrastructure and management systems. SCMS will complete the planned physical upgrades to the ARV warehouse at the PSP and will prepare comprehensive SOPs for all ARV-related PSP tasks. 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. SCMS will install the MACS warehouse management system at the PSP to improve central management of EP commodities and will train PSP staff 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 EP commodities. SCMS will commence physical upgrades to high-volume storage facilities to ensure the safety and security of EP commodities.

To ensure timely data for critical planning, SCMS will ensure that SIMPLE-1 or a compatible program is installed and providing computerized monthly dispensing and inventory reports from all EP-supported ART sites. SCMS will procure and install IT hardware where needed and will train and provide ongoing supervision to site-based staff. In any instance where monthly data are not reported on time, SCMS will ensure that those data are gathered and transmitted to PSP to generate a full and accurate picture of the end-use of all EP-procured commodities.

To strengthen the technical autonomy of the PSP, SCMS will continue on-the-job training and will hire a full-time warehouse floor manager to second to the PSP. SCMS will also support the preparation of a long-term restructuring and investment funding plan for PSP operations.

Wraparound Programs

SCMS will support more rational, coordinated planning of inputs from other donors, including the European Union, GF, Clinton Foundation, and others. EP support for improved information management at site and national levels will also directly enhance the ability of other health services to manage essential commodities, including contraceptives and TB and malaria drugs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10187

Related Activity: 15149, 16781, 17125, 15151, 15152

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22360	4572.22360.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9646	5414.09	Supply Chain Management System	\$16,000,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15149	11155.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$300,000
16781	10189.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,493,750
17125	17125.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$506,200
15151	10191.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$6,672,050
15152	5846.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$16,350,000

Amount of Funding Planned for Pediatric AIDS	\$1,730,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$1,400,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Background

With an adult HIV prevalence of 4.7%, Cote d'Ivoire has a generalized epidemic marked by important gender differences (6.4% of women vs. 2.9% of men) and low access to and uptake of PMTCT and CT services. Only 11% of women and 8% of men report ever having had an HIV test with receipt of their results, and only 7% of women access PMTCT services during antenatal care (National AIDS Indicator Survey, 2005). Among an estimated 750,000 people living with HIV/AIDS, about 110,000 are estimated to be in need of antiretroviral therapy (ART).

Despite its complex political crisis, Cote d'Ivoire continues to make rapid progress in scaling up comprehensive HIV care and treatment services. With USG support, the National HIV/AIDS Care and Treatment Program (PNPEC) expects to meet the PEPFAR five-year target of 77,000 people under ART by the end of FY 2008. By June 2007, 40,547 people had initiated ART with direct USG support, of whom 26,878 were in active ART follow-up, while 8,580 patients were on ART at sites where the Global Fund (GF) was the only major source of support. After delays in approval of the second phase of the GF HIV project, an active

data-collection process is underway at all sites to verify or (at GF-only sites) collect data, and a new principal recipient (CARE International) is working to continue or resume treatment and care services. The USG team projects direct support to 123 sites serving 47,500 patients on ART by the end of March 2008, with client accrual of more than 1,600 per month, and expects to be treating 60,000 patients directly by September 2009.

From 2004 through 2006, EGPAF and its Ivorian sub-partner, ACONDA-VS, implemented all PEPFAR-funded treatment services in Cote d'Ivoire. In fall 2006, ACONDA graduated to become a PEPFAR prime implementing partner. With FY07 plus-up funds, the USG team was able to enlist a new care and treatment partner, the International Center for AIDS Care and Treatment Programs at Columbia University Mailman School of Public Health (ICAP-CU). ICAP-CU will support the Ivorian Ministry of Health (MOH) to expand comprehensive HIV/AIDS prevention, care, and treatment services in underserved regions, particularly in the midwestern part of the country, in coordination with other PEPFAR- and Global Fund-supported partners.

FY07 Response

As of December 2006, the PNPEC listed 103 accredited ART sites, of which 92 received direct or substantial PEPFAR support. The functionality of Global Fund sites has been incomplete, but with PEPFAR approval and financing (until GF financing is available), EGPAF and ACONDA are supporting the effort to render GF care and treatment sites functional.

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. In FY07, implementing partner activities are promoting referrals to clinical care for PLWHA at the district level. 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 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 HIV counseling and testing, raise awareness of available HIV/AIDS services in target audiences, and reduce stigma and discrimination.

FY08 Priorities

Increased Geographic and Population Coverage. Based on a new regional approach to coordinated support for comprehensive HIV/AIDS care and treatment services by USG implementing partners, EGPAF, ACONDA, and ICAP-CU will continue rapid expansion of treatment services with a goal of supporting 60,000 patients on ART at 234 sites, including sites in all 19 regions down to the district general hospital level and in some cases to the community health center level. EGPAF will focus support on the Eastern half of the country, ICAP-CU on the Midwest, and ACONDA on the West while maintaining a significant presence in Abidjan.

Improved ART Performance with Increased Uptake of Pediatric Treatment. Building on FY07 activities, 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. Promotion of pediatric treatment will be a major 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 palliative care and OVC services will be strengthened, along with HIV counseling and testing 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.

Gender Sensitivity as a Component of Quality Care. 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 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.

Building Comprehensive Service Networks. PEPFAR partners will continue to strengthen the comprehensive service network model by pursuing public-private partnerships and building effective linkages among ART, PMTCT, TB, CT, and HIV prevention services, with wraparound community mobilization and support. All ART and PMTCT sites will engage full-time counselors dedicated to providing comprehensive HIV prevention interventions and effective referrals to community-based palliative care and OVC services. Nurses at rural health centers will be trained to follow up ART and provide psychological support under the supervision of the district health team. Activities will strengthen links to existing health, social, and education services. The USG will also provide ongoing technical assistance and small grants to enable PLWHA and media organizations to promote treatment literacy and uptake of CT services, provide peer support, and work to reduce gender- and HIV-related stigma and discrimination.

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 strong technical and management support to the Public Health Pharmacy (PSP) to ensure uninterrupted supplies of needed commodities. SCMS will regularly update national ARV forecasting calculations based on actual use patterns and provide ongoing analysis of commodities consumption

compared to patient treatment data as a critical step toward ensuring rational commodities management and realistic scale-up planning.

Coordination

When possible, the USG provides complementary programming with other donors and partners, such as CARE International (Global Fund principal recipient) for ARV procurement and the World Food Program for food aid for PLWHA. The USG will continue to coordinate clinical services with community-based partners to improve the quality of services and reach a greater portion of the population in need.

All USG-funded partners will report to the PEPFAR strategic information team both quarterly program results and ad hoc requested program data. To help build and strengthen a unified national monitoring and evaluation system, all USG-funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Sustainability

The USG continues to promote sustainability by building the capacity of indigenous organizations to implement programs and raise funds. ACONDA's graduation to the status of a prime partner is a good example of success in this regard. The USG will continue to transfer technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries to build their capacity to manage and be accountable for implementing activities and achieving intended results.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	234
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	23935
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	85185
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	60000
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	690

Custom Targets:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5315.08	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: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 5485.08	Planned Funds: \$100,000
Activity System ID: 15148	

Activity 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 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 counselling and testing activities, including training and CT promotion, and procurement for palliative care
- ACONDA-VS CI for health-provider training in CT, PMTCT, and PLWHA support, as well as palliative-care provision and referral to ARV treatment
- MSD Interpharma and the HIV/AIDS Alliance are providing technical assistance.

Funds in the ARV Services program area are used to promote treatment literacy, facilitate access to ART, and provide treatment monitoring and support in rural areas in six departments. 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 and then 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 psychological 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 and FBOs, the Global Fund, EGPAF, ACONDA, AIBEF, and other partners.

FY08 funds will be used to continue and strengthen FY07-funded activities, which include:

- i) Assessment of stigma and treatment literacy in the initial four departments and prioritization of needs and available support, with involvement of PLWHA
- ii) Training of 196 health workers in rural health centers in ART referral, monitoring, and support
- iii) Training of 192 community counselors to provide counseling and education on treatment, positive living, and prevention for positives using local languages
- iv) Promotion of adherence to treatment and secondary prevention with linkages to ART services
- v) Referral of 5,574 PLWHA for care and treatment services, including ART if eligible.

FY08 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; Alliance Cote d'Ivoire support for CBO/FBOs and PLWHA; and Ministry of Health (MOH) and EGPAF/ACONDA support for expanded ART, palliative care, and CT.

Key activities and approaches during FY08 will include:

1. Assessment of stigma and treatment literacy in the two departments added in FY07, 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 REPMASCI;
4. Promotion of awareness and adherence to treatment and secondary prevention with establishment of linkages between community-based and ART services;
5. Referral of newly identified PLWHA to care and treatment, including ART if eligible.

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.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9927

Related Activity: 15143, 15144, 15145, 15146,
15147

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22373	5485.22373.09	HHS/Centers for Disease Control & Prevention	National Agency of Rural Development	9648	5315.09	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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15143	5475.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$562,401
15144	5477.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$200,000
15145	5479.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$360,000
15146	5480.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$1,050,000
15147	5482.08	7060	5315.08	U62/CCU025120-01 ANADER	National Agency of Rural Development	\$350,750

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Haut-Sassandra

Lagunes

Moyen-Comoé

Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4592.08

Activity System ID: 15113

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$1,452,743

Activity Narrative: Noted April 21, 2008: EGPAF will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance national Contre le SIDA.

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds through Project HEART to provide comprehensive care and treatment services to more than 88,000 PLWHA, including 40,000 on ART at 77 sites.

In June 2007, 18 sites managed by EGPAF sub-grantee ISPED/ACONDA (and accounting for about 14,000 patients on ART) moved from Project HEART when ACONDA graduated to become a PEPFAR prime partner. Thus, EGPAF now supports 59 sites with 26,000 patients who have initiated ART. With FY07 funds, EGPAF aims to support 75 sites (including 16 new sites) with 33,000 patients ever receiving ART and 29,700 patients actively receiving ART.

EGPAF works to implement a family-centered approach to delivering care and treatment. Currently, 6% of the patient load is pediatric cases, and EGPAF is working assiduously to raise this above 10%. Key strategies in the past 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
- Using 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 of DNA PCR-based infant diagnostics to enroll more children at an early age into care and treatment programs. This strategy was complemented by identification and capacity-building at four hospitals in provision of pediatric ART
- Adaptation of tools and approaches to support infant feeding based on WHO recommendations, in partnership with 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.

All these strategies follow national guidelines enabling replication beyond EGPAF-supported sites and sustainability. EGPAF works closely with the National HIV/AIDS Care and Treatment Program (PNPEC).

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.

FY08 funds will permit EGPAF to provide ongoing support to the 75 existing sites and 29,700 patients expected to be on active ART by March 2008 as well as to provide services to 25 additional sites, with 35,000 patients on active ART at 100 supported sites by March 2009. In an attempt to balance ART service provision, a majority of new sites will be in the northern and western parts of the country previously under the control of nongovernment military forces.

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:

- Open EGPAF's first Côte d'Ivoire sub-office in Bouaké. This office will enable EGPAF to expand services much more quickly in Bouaké and surrounding areas by providing timely support to sites and districts. EGPAF will also consider opening sub-offices in Abengourou and elsewhere;
- Collaborate with Alliance and JHU/CCP to intensify HIV services promotion in the community and to strengthen the capacities of community-based organizations;
- In addition to evaluating HIV-exposed infants through DNA PCR using dried blood spot sample collection whenever possible, EGPAF will support implementation of the WHO-approved IMCI HIV diagnostic tool in tandem with antibody testing to increase the number of infants put on early treatment. This approach will be used in rural areas where PCR testing is unavailable. EGPAF will ensure that at least 10% of HIV care and treatment patients enrolled at the 100 sites are infants and children (3,500 patients on ART);
- 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;
- Further refine the performance-based contracting model and shift some partners currently supported through cost-reimbursable grants to PBC;
- Expand infant-feeding tools and approaches to all EGPAF-supported sites;
- Expand the EGPAF quality assurance system to all supported sites;
- Introduce an EGPAF-wide M&E database to conduct true cohort analyses and generate data for comparison between all 19 EGPAF country programs;
- 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 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.

In addition to the technical assistance received from CDC/Retro-CI for quality assurance for HIV testing,

Activity Narrative: EGPAF will seek technical assistance locally and in the Africa region to address urgent issues related to QA for biochemistry and hematology exams, including development of standard operating procedures and good clinical laboratory practices.

At all ART, PMTCT, 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 ACONDA will be responsible for monitoring and reporting on referrals according to a nationally standardized.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10068

Related Activity: 15110, 16524, 16771, 15111, 15112, 15114, 15115, 15109, 17119, 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22426	4592.22426.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$1,400,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	100	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	14,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	45,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	35,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	450	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5383.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HTXS

Activity ID: 5168.08

Activity System ID: 15171

Mechanism: CDC & RETRO-CI (Base)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$575,000

Activity Narrative: With FY08 funds, USG technical staff will provide technical assistance, laboratory services and HIV reference laboratory functions in support of all prevention, care and treatment services with direct Emergency Plan (EP) support and will continue to work closely with integrated management team and HQ technical staff to provide technical assistance and coordination in the area of HIV/AIDS care and treatment, including assisting national programs with the development, implementation and evaluation of care and treatment services in Cote d'Ivoire. These efforts are conducted in consultation with the Ministry for the fight against AIDS, other technical ministries (Health, Education, Solidarity), non-governmental organizations (NGOs), multinationals, and bilateral organizations.

Laboratory services provided by USG technical staff include provision of comprehensive biologic monitoring for screening and follow-up of persons receiving ART, technical assistance to the MOH (PSP and national HIV and TB care programs) to improve laboratories' commodities management system, procurement and distribution of substantial laboratory and other supplies to support laboratory services, and management of the national database of persons screened and taking ART at public sites, with progressive transfer of service-delivery functions to the national laboratory system.

In addition, USG assists host government, non-governmental organizations and donor partners (e.g. UNICEF, UNAIDS, UNDP), and EP-funded partners (CARE, FHI, JHPIEGO, ANADER, HOPE Worldwide, Alliance CI, the Ministry responsible for the fight against AIDS, and other technical Ministries) in continued cooperation and coordination of care and treatment. USG staff provides direction to collaborators on USG policies, strategies, priorities, guidelines, and reporting requirements related to ART services.

USG staff provides advice to country partners on the matters of medical and scientific policy and practices associated with program management and operational support for care and treatment services. USG staff substantially contributes to the planning and implementation of policies to ensure the ongoing development of programs to improve health care management and delivery systems of the national public health activities of Cote d'Ivoire. USG staff provides advice and guidance regarding internal and external public health programmatic design, procedures, protocols, and studies as well as technical and administrative policies among various levels of stakeholders. USG staff supports coordination and provides technical assistance to reinforce public-private partnerships efforts to expend an effective and comprehensive HIV/AIDS response in the workplace, including facilitating the coordination and jointed actions related to HIV/AIDS among and between companies, between public and private sectors. In coordination with UNAIDS, ILO, and other bilateral technical cooperation institutions, this activity will support innovative public/private/NGO partnerships to promote HIV/AIDS sustainable and quality health services with expanded coverage, including care and treatment to family members of workers and surrounding communities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10350

Related Activity: 15160, 15167, 15168, 17297, 15169, 15162, 15170, 15163, 15172, 15166, 15173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22334	5168.22334.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$100,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16042.08

Activity System ID: 16992

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$2,340,000

Activity Narrative: Noted April 21, 2008: ICAP will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre la SIDA.

ICAP-CU, a new partner in Cote d'Ivoire, received plus-up funds in FY07 to help the Ministry of Health to expand the availability of a basic package of HIV services at health facilities throughout the country. In FY07, ICAP-CU anticipates initiating CT, PMTCT, palliative care, and ART services at five sites and conducting baseline assessments and training at five more sites.

In FY08, ICAP-CU will support this package of services at all 10 FY07 sites and expand to an additional 34, for a total of 44 sites. ICAP-CU anticipates initiating 4,750 people on ART, for a total of 5,000 patients on ART by March 2009.

Adult ARV Services

In FY08, 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 multi-disciplinary 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 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 170 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. 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 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. 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 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 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 to provide feedback on ART-related M&E tools and approaches to help improve the national system of data collection and reporting.

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.

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). 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

Activity Narrative: offered information about and referrals to specific community-based OVC care and palliative care services tailored 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.

Pediatric ARV Services

ICAP-CU will ensure that at least 10% of HIV care and treatment patients enrolled at its 44 sites are infants and children (at least 500 patients on ART by March 2009). ICAP-CU 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 these tested systems, tools, and procedures to achieve this goal. ICAP-CU has established a South to South (S2S) Pediatric Training Center in Cape Town, where ICAP-CU-supported country teams have received hands-on training and mentoring in pediatric care and treatment. Ivorian teams will be beneficiaries of this resource.

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. An ICAP-CU pediatric adviser will work closely with 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 level.
- 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16042

Related Activity: 16768, 16525, 16770, 16777, 16778, 17122, 17080, 17299

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22440	16042.2244 0.09	HHS/Centers for Disease Control & Prevention	Columbia University	9670	7220.09	International Center for AIDS, Care and Treatment Program (ICAP)	\$1,800,000
16042	16042.07	HHS/Centers for Disease Control & Prevention	Columbia University	7319	7319.07	UTAP	\$2,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
17299	17299.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$200,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Malaria (PMI)

* Safe Motherhood

* TB

Food Support

Estimated PEPFAR dollars spent on food \$500,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	44	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4,935	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,185	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	120	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Haut-Sassandra

Marahoué

Savanes

Sud-Bandama

Worodougou

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7221.08

Prime Partner: University Research Company

Mechanism: Healthcare Improvement Project
QA/WD Follow-On

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16041.08

Planned Funds: \$350,000

Activity System ID: 16552

Activity Narrative: Building on the results of a quality-of-care assessment of the ART continuum-of-care system and initial quality improvement (QI) activities started with FY07 plus-up funds, URC/QAP will continue the rapid scale-up of QI activities and improvement of the HIV/AIDS treatment and care system, processes, and outcomes and the overall quality of the family-centered treatment approach.

In FY07, URC/QAP is carrying out a detailed assessment of ART services across the continuum of care at all national ART sites. This includes evaluating palliative care, PMTCT, CT, ART (including pediatric ART), and HIV/TB services and the efficiency of resource use. Important issues in the system of care and in the processes of care are being studied and analyzed, including providers' understanding of and compliance with national standards of care, barriers to providers' complying with standards of care, access to and quality control of laboratories (both referral and at facilities), drug and lab supply stockouts and supervision, and patient compliance and adherence to therapy. By reviewing medical records and through interviews, URC/QAP is also following selected patients to understand the difficulties they have in negotiating the system and accessing timely services. URC/QAP has extensive experience in conducting quality-of-care assessments, including HIV/AIDS services in such countries as South Africa, Rwanda, Uganda, Tanzania, and Jamaica.

Using the assessment as a basis, URC/QAP will engage the government of Cote d'Ivoire and other partners in determining the best way to rapidly solve the problems identified and build a sustainable quality control and quality improvement system for ART and other HIV/AIDS services. Quality of care committees (or subcommittees of existing oversight groups) will be organized at national, regional, and district levels. Selected staff will be trained in QI approaches, coaching and mentoring of facilities, quality monitoring, and implementing selected QI approaches.

While URC/QAP will support implementation of any QI approach selected, it has extensive experience with the improvement collaborative approach, which was developed by the Institute for Healthcare Improvement (IHI) in Boston and is in widespread use in Western countries. URC/QAP has led the way in its use in 15 developing countries, including six PEPFAR focus countries. It consists of an organized network of a large number of sites (districts, facilities, or communities) that work together for a limited period of time, usually nine to 24 months, to achieve significant improvements in a focused topic area, such as ART services, through shared learning and intentional spread methods. URC/QAP has helped countries to achieve dramatic results in a short period of time, including in the outcomes of care.

With FY07 funds, such a QI approach will be launched to rapidly scale up a quality assurance approach at all ART sites. This approach is expected to achieve significant improvements in compliance with standards and patient adherence, retention, and follow-up along the continuum of care.

With FY08 funds, URC/QAP will:

1. Continue to assist the national program and stakeholders to build the ART system's QI structure, functions, and capacity
2. Continue to assist the national program to strengthen its process for updating guidelines and key indicators for monitoring quality of care
3. Continue to assure, revise, and adapt monitoring tools for self-assessment by facilities and other service providers, and for coaches
4. Continue to develop regional and district QI structure, functions, and capacity through training, mentoring, involvement in learning sessions, and coaching visits
5. Continue to assist the national program and partners in the implementation of the ART QI approach at all sites. This will include:
 - Learning sessions, during which site representatives present their challenges and results, share key indicator data, and receive technical updates and refresher training in quality improvement
 - Action periods, during which site quality-improvement teams identify problems, select changes to test, self-assess, report results achieved monthly, and confer with coaches, who visit sites once a month
 - A national conference/workshop
6. Assist the national program to develop a sustainability plan for the continuation of QI activities
7. Assist the national program to prepare a report on the QI activities.

Expected results include:

1. National, regional, and district QI capacity developed, i.e. managers and staff assure updating of guidelines for care and key indicators of quality. They also continue to assess the quality of ART care, coach site QI teams, assure validity of data, set priorities, provide resources, and reward good performance
2. Completion of the first ART system QI effort involving all ART sites, with dramatic improvements in quality of care as measured by key input, process, and outcome indicators
3. QI sustainability plan developed and implementation started
4. National conference on improving ART care held and results of QI efforts presented. Sustainability plan discussed and approved
5. Report of QI activities published
6. Ivorian counterparts present results at an international forum.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 16041

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22346	16041.2234 6.09	U.S. Agency for International Development	University Research Company	9639	7221.09	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

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4937.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 19132.08

Activity System ID: 19132

Mechanism: EGPAF Track 1 ARV (Level
funds)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$150,000

Activity Narrative: • Title: Role of private providers in delivering EP Services

• Time and money :

This is planned as a one year study costing \$150,000 over the life of the study.

•Local Co-investigator:

Co-Principal Investigators:

Dr. Anthony Tanoh, MD, EGPAF/Côte d'Ivoire
Dr. Christophe Grundmann, Ph.D., EGPAF/HQ
Ivoirian Social Scientist, TBD

• Project description:

Background: Studies of African health care utilization have shown that between 33% and 66% of the health care delivery in any country is delivered by private health professionals. EGPAF's program works with some private providers. But, in general, private providers have not been included in EP activities, though they provide the most fruitful area for expansion. EGPAF will conduct a study that explores the private sector, estimates the proportion of the population served by such sites, is able to assess their potential contribution to EP goals, and offers a plan of action on how to work with them in the future.

• Evaluation question/Hypothese:

- 1) Private for profit health care practitioners provide a significant proportion of the health care available to urban residents of Côte d'Ivoire.
- 2) Private providers can be utilized to further the EP program in Côte d'Ivoire.

• Programmatic importance:

Private providers offer the most fruitful area of expansion for EP services in urban areas, particularly for PMTCT and Care and Treatment services. But to reach their potential cannot be reached without a better understanding of their numbers and their current importance in delivering antenatal and curative care services. With this understanding, one can envision some sort of accreditation strategy that would utilize private providers to further EP expansion but maintain quality standards.

• Methods:

- 1) Private provider census in targeted neighborhoods in Abidjan, Abengerou and San Pedro.
- 2) In depth interviews with a representative sample of private providers in each neighborhood.
- 3) Household survey on health care utilization patterns.
- 4) Consultative meetings with PNPEC and Private Providers to return findings and plan future expansion strategy.

The investigators have all necessary technical expertise. No major ethical issues are foreseen.

• Population of interest:

There are two populations of interest. The first is private providers themselves; these will include physicians, nurses, pharmacists, and laboratory technicians. The sample size necessary to sample from this population will be determined by the census that is the first activity proposed. The second population is composed of the users of private providers. The number of households that will need to be sampled to understand care-seeking behavior will be directly related by the level of private provider utilization, which will be estimated after the results of the census are analyzed. But given previous African estimates that between 33% and 66% of all health care utilization are provided by private providers, sample sizes are not expected to be particularly large.

• Information Dissemination Plan:

The results from the census and both the provider and household interviews will be formally presented to stakeholders representing the GoCI, the gamut of private providers, and the major HIV/AIDS donors. It is envisaged that this can be done through a formal development process that will lead to steps to further utilize private providers in the EP program.

• Budget justification for Year 1 budget

Salaries/Fringe benefits: \$40,000
Equipment: \$30,000
Supplies: \$20,000
Travel: \$25,000
Participant Incentives: \$10,000
Laboratory Testing: \$0
Other: \$25,000
Total: \$150,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4937.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 19133.08

Activity System ID: 19133

Mechanism: EGPAF Track 1 ARV (Level
funds)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$150,000

Activity Narrative: PARTNER: EGPAF CENTRAL FUNDS

- Title of study: Evaluation of the Effectiveness of HIV Care and Treatment within Project HEART
- Time and money summary:

The project involves two studies. The first study, funded with \$150,000 in carryover money, includes a retrospective analysis of patient outcomes and a cross-sectional survey of patient and health-provider satisfaction. It is expected to start in November 2007 upon IRB approval of the protocol and to be completed by March 2008. The second study, described below, will take two years from protocol development to completion of the study and will require a total budget of \$245,000. FY08 funding requested is \$150,000.

- Local Co-investigators:
Dr. Essombo Joseph, EGPAF
Dr. Kouakou Joseph, EGPAF
Dr. Ettiegne-Traoré, Virginie, PNPEC

- Project description:

EGPAF's Project HEART in Côte d'Ivoire has experienced a rapid expansion in the past three years. By March 2007, 36,641 patients had received ART at 77 sites. While 65% of enrolled patients are women, enrollment of children is lagging behind at 6% of patients no ART, well below the EGPAF and WHO target of 15%. The current program strategy is to move toward decentralization and integration of HIV care within primary-care facilities using a family approach to HIV diagnosis and treatment to increase enrollment and provision of services to HIV-infected children and improve their health outcomes.

- Evaluation questions

First study:

1. Is the ART program effective in improving patients' health and survival?
2. What are the program characteristics that significantly affect patient outcomes?
3. Are patients and health-care providers satisfied with the program?

Second study:

1. Does routine HIV testing of pediatric patients increase identification of HIV-infected infants and children and uptake of care and treatment services?
2. What is the impact of family care services at the same facility on treatment and longitudinal follow-up of HIV-infected children?

- Programmatic importance:

Evaluation of the effectiveness of the care and treatment program during initial scale-up is critical to inform further program expansion. Furthermore, EGPAF is implementing the family-centered model of HIV care at selected health facilities. There is a need to assess the effectiveness of this strategy in improving access to care and provision of HIV services to children with HIV infection.

- Methods:

The first phase is a retrospective analysis of data from a sample of patients' medical records to assess their immunologic status and clinical status, the rate of treatment failure, and the determinants of treatment failure.

The second phase of the first study is a cross-sectional study at selected sites to assess the proportion of patients and health-care providers satisfied with the program.

The second study is a prospective cohort study to compare the rate of enrollment and outcomes of children in selected sites implementing the family HIV care model to the indicators at control sites. The family-centered model of HIV care is defined as a package of services provided at the same health facility that includes routine rapid HIV testing for all children at all child-health interfaces, followed by an offer of HIV testing for all family members of the identified HIV-positive child and provision of cotrimoxazole prophylaxis and ART to eligible children and family members. The following outcome measures will be assessed at the intervention and control sites.

1. The proportion of children among patients enrolled into care and treatment
2. The proportion of eligible children on cotrimoxazole prophylaxis
3. The proportion of eligible children on ART
4. The 12-month survival rate

A working group composed of local collaborators and US-based staff will develop the study protocol and oversee the implementation of the study. The final protocol will be submitted to the local and a US-based IRB for approval.

- Population of interest: HIV-infected adults and children enrolled in the care and treatment program at selected facilities in urban and rural health-care facilities in Cote d'Ivoire.

- Information Dissemination Plan:

The results of the study will be shared with the Ministry of Health and implementing partners to inform future program planning.

- Budget justification for Year 1 budget: Detailed budget will be submitted with study protocol

Salaries/ Fringe benefits: \$97,714

Activity Narrative: Administrative costs: \$24,573
 Training: \$420
 Travel: \$11,683
 Other cost (incentives, IRB approval, translation, etc.): \$19,379
 Total: \$153,796

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15110, 16524, 16771, 15111,
 15112, 17119, 17081, 15109,
 15113, 19132, 15114, 15115

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
19132	19132.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5309.08

Prime Partner: ACONDA

Mechanism: ACONDA CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10070.08

Planned Funds: \$3,360,000

Activity System ID: 15092

Activity Narrative: Noted April 21, 2008: ACONDA will also provide subgrant funding and technical assistance to several subpartners formerly supported through Alliance National Contre la SIDA.

Since 2002, the Ivorian NGO ACONDA has provided innovative, comprehensive, family-based care services in support of 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), ACONDA in September 2006 graduated to become a PEPFAR prime partner providing comprehensive family care and PMTCT services.

In FY08, ACONDA will initiate about 5,000 people on ART to reach a total of 20,000 patients, including at least 2,000 (10%) children, at 90 sites, including 16 sites to be added in FY08.

Adult ARV Services

In FY08, ACONDA 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 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 120 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 (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. 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. ACONDA will report to the USG SI team quarterly program results and ad hoc requested program data. 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.

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. 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 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

Activity Narrative: 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. 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.

Pediatric ARV Services

ACONDA will ensure that at least 10% of HIV care and treatment patients enrolled at its 90 sites are infants and children (at least 2,000 patients on ART by March 2009). 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. An ACONDA pediatric adviser will work closely with 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 level.
- 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 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10070

Related Activity: 16759, 16522, 16767, 15089, 15090, 17114, 15091, 15093

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22468	10070.22468.09	HHS/Centers for Disease Control & Prevention	ACONDA	9676	5309.09	ACONDA CoAg	\$1,800,000
10070	10070.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$1,850,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15093	10075.08	7038	5309.08	ACONDA CoAg	ACONDA	\$900,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Estimated PEPFAR dollars spent on food \$150,000

Estimation of other dollars leveraged in FY 2008 for food \$0

Public Private Partnership

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	90	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	35,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	20,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	120	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Lagunes

Haut-Sassandra

18 Montagnes

Denguélé

Zanzan

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5343.08	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: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 10071.08	Planned Funds: \$0
Activity System ID: 15099	
Activity Narrative: Deleted.	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 10071	
Related Activity: 16523, 16765, 15095, 15096, 15097, 15098	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10071	10071.07	HHS/Centers for Disease Control & Prevention	Alliance Nationale Contre le SIDA	5343	5343.07	CoAg PS000633-01 Alliance National CI Expansion of Community-Led	\$130,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16523	9929.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
16765	9931.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15095	9935.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15096	9936.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15097	9939.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$0
15098	9940.08	7039	5343.08	CoAg PS000633-01 Alliance National CI Expansion of Community- Led	Alliance Nationale Contre le SIDA	\$311,000

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4937.08

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: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 19134.08

Planned Funds: \$0

Activity System ID: 19134

Activity Narrative: PARTNER: EGPAF CENTRAL FUNDS

NOTE: Track 1 HTXS funding of \$300,000 for a study on an EGPA ART pregnancy registry has not been approved. The USG team does not intend to support the originally proposed study. These funds will remain in EGPAF's Track 1 HTXS funding (the original source).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15110, 16524, 16771, 15111, 15112, 17119, 17081, 15109, 15113, 19132, 19133, 15114, 15115

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
19132	19132.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000
19133	19133.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7736.08

Mechanism: TBD

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17375.08

Planned Funds: \$500,000

Activity System ID: 17375

Activity Narrative: Nutrition support, an important aspect of comprehensive treatment, palliative care, and OVC services, has been limited in many EP-supported programs. In an effort to develop and implement a comprehensive nutrition strategy for EP-supported HIV/AIDS programs in Cote d'Ivoire, the USG country team used FY07 plus-up funds to finance detailed evaluations and nutritional assessments to define and develop appropriate protocols for PLWHA receiving palliative-care and treatment services, as well as for OVC.

The World Food Program in Cote d'Ivoire is developing new 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). With EP funding in FY07, a pilot project was developed with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) at four pilot sites in the southern part of Côte d'Ivoire: FSU of Anonkouakouté and Yopougon (in Abidjan), the maternity hospital of Bardot in San Pedro, and the PMI of Abengourou. The objectives of the nutritional support for PMTCT are to:

- Improve adherence to prophylaxis to prevent vertical HIV transmission
- Assure the nutritional health of pregnant women
- 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 pregnant women.

In FY08, the EP will create a direct partnership with the WFP to strengthen local partners' capacity to provide nutrition education as a way to enhance the effectiveness of HIV/AIDS care and treatment activities. Complementing this effort, EP partners such as FANTA, Population Council, and the PATH/IYCN project will use FY08 funding to provide technical assistance to EP-supported facility- and community-based OVC and palliative care providers, as well as to the WFP, to develop and implement nutrition activities. Technical assistance will also support development of a national policy on nutrition for persons living with or affected by HIV/AIDS.

Activities supported through the WFP will focus on:

1. Building local capacity in nutrition education by training cooperating partners, focusing on all aspects of the relationship between nutrition and HIV/AIDS
2. Developing exit and entrance criteria for food aid for PLWHA on ART
3. Enhanced effectiveness of WFP food-aid interventions through a strong nutrition-education component, leading to a more sustained impact
4. Enhanced partnerships through continued collaboration with cooperating partners, UNICEF, and the Ministry of Health
5. Creating/adapting training modules that teach cooperating partners about the relationship between nutrition and HIV/AIDS, strengthening their capacity to provide nutrition education.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
 Agnebi
 Bas-Sassandra
 Denguélé
 Haut-Sassandra
 Lacs
 Lagunes
 Marahoué
 Moyen-Comoé
 N'zi-Comoé
 Savanes
 Sud-Bandama
 Sud-Comoé
 Vallée du Bandama
 Worodougou
 Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4937.08	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: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 5495.08	Planned Funds: \$6,422,257

Activity System ID: 15109

Activity Narrative: Please also see accompanying application for country funding in the same section. Additional country funds will be added to the central funds available to ensure appropriate implementation and achievement of intended targets.

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has received USG funds through Project HEART to provide comprehensive care and treatment services to more than 88,000 PLWHA, including 40,000 on ART at 77 sites.

In June 2007, 18 sites managed by EGPAF sub-grantee ISPED/ACONDA (and accounting for about 14,000 patients on ART) moved from Project HEART when ACONDA graduated to become a PEPFAR prime partner. Thus, EGPAF now supports 59 sites with 26,000 patients who have initiated ART. With FY07 funds, EGPAF aims to support 75 sites (including 16 new sites) with 33,000 patients ever receiving ART and 29,700 patients actively receiving ART.

The objective of the FY08 Track 1 funding is to support complementary country funding to permit EGPAF to provide ongoing support to the 75 existing sites and 29,700 patients expected to be on active ART by March 2008 as well as to provide services to 25 additional sites, with 35,000 patients on active ART at 100 supported sites by March 2009.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9721

Related Activity: 15110, 16524, 16771, 15111, 15112, 17119, 17081, 15113, 15114, 15115

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22431	5495.22431.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9669	4937.09	EGPAF Track 1 ARV (Level funds)	\$6,722,257
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Estimated PEPFAR dollars spent on food \$750,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	100	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	14,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	45,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	35,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	450	False

Indirect Targets

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7225.08

Mechanism: IQC AIDSTAR

Prime Partner: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 17363.08

Planned Funds: \$300,000

Activity System ID: 17363

Activity Narrative: Since 2002, the Ivorian NGO ACONDA has provided innovative, comprehensive, family-based care services in support of 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), ACONDA in September 2006 graduated to become an EP prime partner providing comprehensive family care and treatment and PMTCT services. In FY08, ACONDA will initiate about 5,000 people on ART to reach a total of 20,000 patients, including at least 2,000 (10%) children, at 90 sites, including 16 sites to be added in FY08.

The USG country team believes that ACONDA, an important new prime partner that is undergoing enormous and rapid growth, needs strong technical assistance in organizational capacity development to achieve its objectives and create sustainable systems. Therefore, the EP in FY08 will fund an AIDSTAR technical-assistance provider to be responsible for providing necessary capacity-development assistance and training to improve ACONDA's performance and competitiveness and help the organization move toward achieving sustainability.

The TA provider will design and implement capacity-building interventions, including but not limited to:

- Provision of technical assistance and training in organizational development (technical capacities, good governance, procurement and human-resource management systems), based on a needs assessment
- Provision of technical assistance and training to improve financial management, based on the results of an ongoing pre-audit assessment
- Identification of management and financial costing tools and provision of training in their application
- Identification of other appropriate mechanisms for leveraging corporate competencies and incorporating them into the program for funding during subsequent years.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained in BCC to promote treatment uptake	N/A	True
Estimated number of individuals reached in mass media campaigns	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Coverage Areas

18 Montagnes

Bas-Sassandra

Lagunes

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$10,273,983

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Background

The national public health laboratory system in Cote d'Ivoire has three levels: the tertiary or reference level, with laboratories at the four university teaching hospitals and five specialized institutes, including the National Public Health Reference Laboratory (LNSP), the National Blood Bank (CNTS), and research centers; the secondary or intermediate level, with 19 regional hospital and 68 general hospital laboratories; and the primary or peripheral level of district health centers with basic laboratory services. Private laboratories also provide a range of laboratory services. Of the 1,300 health structures authorized to provide laboratory services, fewer than 300 are operational, and few provide the full range of mandated services.

Since 1991, the LNSP has been designated by decree as the National Public Health Reference Laboratory with the mission to develop and implement laboratory standards; to organize, implement, and monitor quality assurance/quality control (QA/QC) procedures; and to regulate laboratory creation and operations. Institut Pasteur Cote d'Ivoire (IPCI) acts as the national reference

laboratory for TB diagnosis and surveillance.

Along with the Global Fund, WHO, and other donor agencies, the Emergency Plan (EP) through its national and international implementing partners is providing financial and technical assistance to strengthen the national public health laboratory system and support the expansion of quality-assured services for HIV testing, clinical laboratory monitoring, surveillance, operational research of public health interest, and laboratory commodities supply-chain systems.

In 2004, only three central laboratories in Abidjan had the capacity to perform CD4 counts. Since 2005, the EP has supported the introduction and validation of high-through-put flow cytometers (FACScan, FACSCalibur) for central laboratories and compact flow cytometers (FACSCount, Guava) for low-volume laboratories at the regional level. By the end of 2006, clinical laboratory monitoring of antiretroviral therapy was established at 33 laboratories (10 central and 23 regional laboratories). HIV RNA viral-load testing is currently available only at the central reference laboratory level, for a very limited number of patients.

In 2004, the various minimal laboratory-services packages were defined within the tiered public health laboratory system, but they are not systematically implemented. HIV testing services are implemented at all levels of the health pyramid, but HIV clinical laboratory monitoring of ART (CD4 testing, full blood count, clinical chemistry) is primarily supported at the tertiary and secondary levels. No comprehensive plan exists at the national level for the integration of HIV/AIDS, TB, malaria, and opportunistic-infection diagnosis and treatment services.

Since 2004, with EP support, the national HIV rapid serial testing algorithm has been extended to all levels of the health pyramid for CT and PMTCT purposes. By the end of 2006, 85 CT sites and 120 PMTCT sites were operational. Despite progress, national coverage of HIV testing services remains weak, particularly in rural settings. Barriers to rapid scale-up of HIV testing include the current algorithm (a combination of Determine and Genie II) requiring equipment for collecting plasma or serum specimens (venipuncture supplies and centrifuges) and a cold chain for storage of Genie II.

FY07 Response

EP partners Projet RETRO-CI, EGPAF, ACONDA, and SCMS work in close collaboration with the USG team and the Ministry of Health (MOH) to plan and implement EP-supported laboratory activities. With FY07 funds, quality laboratory services were provided at EP-supported sites through a standardized package with trainings, laboratory needs assessment, assistance in initial testing, and periodic on-site supervision by trained staff.

The in-country USG team is evaluating a finger-prick-based rapid HIV testing algorithm for national implementation to simplify the HIV testing procedure and reduce the need for laboratory supplies and equipment. The Ivorian government has made a commitment to the rapid expansion of CT services and outlined in its 2006-2010 National Strategic Plan its intention to open 460 CT sites by the end of 2010. HIV testing is free for clients at CT and PMTCT sites. National guidelines have been developed for the evaluation of HIV diagnostic tests and their approval for use in the country. Clinical laboratory monitoring of ART is offered at \$2 a month.

In April 2007, the Ministry of Health (MOH) created a new national laboratory permanent commission to address gaps within the laboratory network, to develop laboratory policies and QA/QC standards, and to regulate laboratory activities at the national level. In-service trainings on HIV testing and CD4 count, and direct-smear microscopy are conducted at the national level using standardized training modules, in coordination with the National HIV/AIDS Care and Treatment Program (PNPEC) and the National TB Program (PNLT). The CDC/WHO HIV Rapid Testing and WHO/CDC/APHL/RIT Acid Fast Direct Smear Microscopy training packages are being customized to improve existing modules. However, national laboratory QA standards and a comprehensive external quality assessment (EQA) policy have not yet been adopted. Clinical laboratory evaluation and supervision are not performed at the national level. Despite the shift to decentralize supervision of health facilities to district-level teams ("equipes cadre de district"), there is no expertise in oversight of laboratory activities.

In FY07, the EP provided technical assistance to monitor and maintain the quality of HIV testing services at EP-supported sites through retesting of specimens to evaluate the competency of testers. Periodic site visits are conducted to assess the overall QA program. CDC HQ and RETRO-CI are providing technical assistance to the MOH for the roll-out of early diagnosis of HIV-exposed infants (EID) using dried blood spot specimens and DNA PCR. To date, 280 specimens from HIV-exposed infants have been tested.

In January 2007, the first laboratory commodities quantification exercise was performed under the leadership of SCMS, USAID, and the Public Health Pharmacy (PSP). SCMS continues to work to improve the supply-chain system and assist the country in accurate forecasting and timely procurement and distribution of testing kits and laboratory supplies.

FY08 Priorities

1. Development of a national strategic laboratory plan. This plan will serve as the basis for a national laboratory implementation plan and will help coordinate and synergize the efforts of national programs, stakeholders, and donor agencies to improve the national laboratory network.
2. Support for rapid scale-up of HIV/AIDS laboratory services. Scale-up will be achieved by increasing CT and PMTCT services, strengthening clinical laboratory monitoring, and rapidly rolling out early infant HIV diagnosis through policy changes and innovative strategies. Implementing partners plan to support the opening of an additional 115 CT sites and 62 PMTCT sites and testing of up to 10,000 specimens for early infant diagnosis, with transfer of DBS-based DNA PCR technology to three central laboratories.
3. Support for the development of reference testing capabilities at the LNSP and within the laboratory network. RETRO-CI continues to perform most of the reference HIV testing and surveillance and assists with the evaluation of new HIV test kits, algorithms, and alternative blood-collection methods. To develop the LNSP's capacities to take the leadership as a true national

reference laboratory, the EP will provide TA to improve the LNSP's technical competencies for HIV diagnosis, management of proficiency testing programs, and the establishment of a national EQA program.

4. Development of national QA standards and a national QA program. To improve QA standards, RETRO-CI and the Clinical and Laboratory Standards Institute (CLSI) will support the development of HIV diagnosis and surveillance and the management of EQA programs at the LNSP. The CLSI will also provide technical assistance to the national laboratory network to develop quality laboratory systems and will assist national laboratories in complying with international standards and developing an accreditation plan. In addition, APHL and RETRO-CI will assist the MOH in developing a standardized guide and QA checklist for supervision of laboratory activities at the national level.

5. Development of national laboratory human resources. Technical assistance will be provided for training on laboratory quality management and bio-safety and for transfer of competencies to national experts for evaluation and supervision of laboratories. Modules on HIV testing, clinical laboratory monitoring of ART, and laboratory quality management will continue to be implemented for pre-service training at the National School of Health Care Workers (INFAS).

All USG-funded partners will report to the EP strategic information team with quarterly program results and ad hoc requested program data. To help build a unified national monitoring and evaluation system, all USG-funded partners will participate in quarterly SI meetings and will implement decisions made during these meetings.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	75
12.2 Number of individuals trained in the provision of laboratory-related activities	604
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	650000

Custom Targets:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7224.08	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 Area Code: 12
Activity ID: 12215.08	Planned Funds: \$600,000
Activity System ID: 16774	

Activity Narrative: Since 2002, APHL provided support to: the National Reference Public Health Laboratory (NRL/LNSP), the Public Health Pharmacy, the National HIV and TB programs, the National Institute responsible for training laboratory technicians (INFAS) and the national network of laboratories. APHL's goal 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 related targeted evaluation and surveillance activities.

APHL collaborated with CDC/Projet RETRO-CI and the national network of laboratories to provide technical expertise to enhance the quality and scope of laboratory services as part of the EP funded Prevention, Care and Treatment activities. Through intermittent trips from a lead consultant and 3 other consultants, APHL supported laboratory networking, training and the promotion of quality laboratory services.

In 2007, there were several major challenges in the technical area of lab, including the political instability and the re-organization of the MSHP with difficulty in having access to MSHP counterparts. Coordinating the lab portfolio in Cote D'Ivoire in terms of trainings, QA and procurement, as well as managing collaborative projects between the various in-country partners is also challenging without an in country presence. PEPFAR decided to fund the CDC International Lab coalition which is a CDC HQ based program that allows country programs to access TA from four leading organizations (APHL, CLSI, ASM, ASCP), with laboratory expertise. In July, ASM was designated to provide technical assistance for strengthening the capacity of the TB laboratory network for smear microscopy, culture and drug susceptibility testing. The first phase of this activity was focused on improving the TB diagnosis capacity at the national reference laboratory and at the largest of the TB regional centers.

In FY 08, the CDC Lab coalition partners in collaboration with HHS/CDC HQ, RETRO-CI, EP-implementing partners, WHO, the MOH, the national HIV/TB/Malaria programs, the public health national reference laboratory (LNSP), the national TB reference laboratory (IPCI), and the national laboratory networks, will focus on six key program areas:

Strategic planning for laboratory services:

- providing technical assistance for the implementation of the national public-health laboratory strategic plan to:

- build a sustainable national laboratory system
- improve HIV/TB/Malaria laboratory services
- establish a quality assurance program for the system

Laboratory quality assurance technical assistance for:

- the implementation of a national guide, standardized forms and checklist for supervision of HIV testing and ARV therapy monitoring laboratories

- the development of national laboratory quality assurance standards

- the development and harmonization of Standard Operating Procedures (SOPs)

- evaluating, developing, improving and maintaining laboratory quality management systems (managerial and technical) in compliance with CLSI and ISO 15189 requirements

Supporting laboratory network and training:

- to develop mechanisms to ensure sustainable strengthening of the national public health laboratory system such as implementation of quality management system practices and related trainings

- to provide technical assistance to assess and improve the quality management system within the laboratory network

- to continue to support the development of management and technical capacities at the national reference laboratories by:

- providing targeted training and twinning with appropriate institutions in Europe, Africa and/or the US

- organizing exchange visits to reference laboratories for learning best practices and organizational models

- to continue to provide TA to build appropriate reference testing capabilities and facilities within the National Reference Laboratory (LNSP) and work with staff to develop a laboratory quality assurance system

- to continue to support human capacity building through a comprehensive training plan including training of managers on laboratory management and quality systems, strategic planning, and biosafety and certification of biological safety cabinets

- to provide technical assistance for French translation of training materials

Improved access to quality services for the diagnosis of opportunistic infections

- assess the availability and quality of Opportunistic Infections (OIs) diagnosis within the network

- provide technical assistance to improve access to quality OIs diagnostic services

Improvement of laboratory information management system (LIMS)

- 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

- provide recommendations for the harmonization and implementation of cost-effective LIMS, and the

creation of a national laboratory database

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12215

Related Activity: 16775

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22443	12215.2244 3.09	HHS/Centers for Disease Control & Prevention	CDC International Lab Coalition	9671	7224.09	CDC Lab Coalition	\$910,000
12215	12215.07	HHS/Centers for Disease Control & Prevention	CDC International Lab Coalition	7323	7323.07	CDC/Lab Coalition	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16775	12210.08	7224	7224.08	CDC Lab Coalition	CDC International Lab Coalition	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	104	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5414.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 10191.08

Activity System ID: 15151

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$6,672,050

Activity Narrative: SCMS is the primary procurement agent for Emergency Plan-funded commodities in Cote d'Ivoire and the principal provider of technical assistance for the commodities supply chain, especially for forecasting and management. As the EP-supported HIV/AIDS care and treatment program scales up, SCMS is procuring most drugs, lab supplies, and other commodities for EP implementing partners. In FY07, SCMS is procuring ARVs for 49,280 patients and OI drugs for 34,000 patients. 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.

During the past two years, SCMS has provided technical assistance to strengthen the institutional capacity of the Public Health Pharmacy (PSP) and of 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 ARV supply-chain coordination at the central level. This includes preparing detailed 24-month national ARV forecasts and supply plans and periodic national forecast updates with MOH and Global Fund (GF) data. In collaboration with Alliance Cote d'Ivoire and other partners, SCMS has conducted an assessment of data-reporting requirements for HIV/AIDS. SCMS has strengthened commodities-management systems and practices at the district level. SCMS has also reviewed and disseminated an ARV dispensing tool (SIMPLE-1 software) to treatment sites. Several GF sites still do not have SIMPLE-1 to automate the roll-up of ARV dispensing data, but the needed IT hardware is in place, and installation will begin soon.
- Conducted an assessment of warehousing and distribution functions of the PSP and selected treatment sites. SCMS has worked to upgrade the physical infrastructure of the PSP and district warehouses and to prepare for installation of the MACS computerized warehouse-management system at the PSP. SCMS has also assisted the PSP with the development and implementation of new standards of practice for commodities management at the PSP warehouse.
- Conducted a commodities-management training of trainers at the PSP and set up a system for tracking ARVs and laboratory commodities through the PSP to treatment sites. SCMS has recruited two full-time staff members to second to the PSP. SCMS has also conducted commodities-management training for 425 nurses, midwives, and PSP staff at the treatment-site level, as well as training on warehouse management for two PSP staffers. In addition, SCMS has provided support to the PSP for on-site supervision and training.

FY08 Activities

In addition to procuring most HIV/AIDS-related drugs and consumables for the EP/Cote d'Ivoire, SCMS will use FY08 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 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.

While SCMS has performed well in rapid procurement of ARV drugs, its first major order of lab supplies for all partners in FY07 suffered extensive delays due to numerous factors, causing important disruptions to services at many EP sites. Now that detailed specifications and sources of these items have been integrated into the SCMS procurement system, it is expected that future orders will move much more quickly. It is critical that SCMS and the PSP be proactive in generating monthly (at least) reports on inventories, pipelines, the delivery status of all items in the annual procurement plan, in order to inform the service-delivery planning of all partners. SCMS will aggressively focus on ensuring 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.

SCMS will provide (non-procurement) technical assistance, training, and systems/infrastructure development to the MOH and key EP partners for ARV management as described below. This total is distributed among the COP program areas of ARV Drugs, Lab Infrastructure, and Strategic Information. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

• Procurement

SCMS will continue to procure and deliver rapid test kits, lab testing materials and reagents, and other essential commodities for adequate patient monitoring at EP-supported sites, including lab equipment and supplies for new treatment sites. SCMS will install infrastructure and equipment while reinforcing capacity by providing the necessary training and supervision. Specific needs projections will be negotiated with the MOH, Global Fund, and other partners in support of the EP's FY08 service-delivery targets, including the target of 60,000 patients on ART. SCMS 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 a special focus on the development of rapid local procurement capacity for these products in Cote d'Ivoire.

Under the Lab Infrastructure component, SCMS procurements will include:

- Lab supplies for monitoring of ART patients (at \$30 per patient for initial screening and \$30 per year for existing patients).
- Supplies to train and retrain lab technicians (at an estimated cost of \$108 per lab technician trained).
- Lab supplies to monitor palliative-care patients (at \$25 per patient).
- Test kits and supplies for CT clients (based on \$5 per client tested)
- Equipment for new labs at care and treatment sites.

• PSP and MOH Capacity Building

At the PSP, SCMS will deploy a site quality-assurance manager to oversee upgrades to physical infrastructure and management systems. SCMS will complete the planned physical upgrades to the ARV

Activity Narrative: warehouse at the PSP and will prepare comprehensive SOPs for all ARV-related PSP tasks. 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. SCMS will install the MACS warehouse management system at the PSP to improve central management of EP commodities and will train PSP staff 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 EP commodities. SCMS will commence physical upgrades to high-volume storage facilities to ensure the safety and security of EP commodities.

To ensure timely data for critical planning, SCMS will ensure that SIMPLE-1 or a compatible program is installed and providing computerized monthly dispensing and inventory reports from all EP-supported ART sites. SCMS will procure and install IT hardware where needed and will train and provide ongoing supervision to site-based staff. In any instance where monthly data are not reported on time, SCMS will ensure that those data are gathered and transmitted to PSP to generate a full and accurate picture of the end-use of all EP-procured commodities.

To strengthen the technical autonomy of the PSP, SCMS will continue on-the-job training and will hire a full-time warehouse floor manager to second to the PSP. SCMS will also support the preparation of a long-term restructuring and investment funding plan for PSP operations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10191

Related Activity: 16781, 17125, 15150, 15152

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22361	10191.22361.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9646	5414.09	Supply Chain Management System	\$7,066,502
10191	10191.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5414	5414.07	Supply Chain Management System	\$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16781	10189.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,493,750
17125	17125.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$506,200
15150	4572.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$26,864,486
15152	5846.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5554.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 5170.08

Activity System ID: 15163

Mechanism: CDC-RETRO-CI GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$3,001,933

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 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10135

Related Activity: 15159, 15160, 15167, 15168, 17297, 15169, 15162, 15170, 15171, 15172, 15166, 15173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22342	5170.22342.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$1,321,498
10135	5170.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5554	5554.07	CDC-RETRO-CI GHAI	\$980,555
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	75	False
12.2 Number of individuals trained in the provision of laboratory-related activities	500	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	650,000	False

Indirect Targets

Number of tests performed at USG-supported laboratories by type is pending further joint planning with MOH given Global Fund 2nd phase project has just been approved and national VCT, PMTCT and treatment projections are being revised for 2006-2008.

The number provided is the number of tests performed at CDC supported Projet RETO-CI laboratory. Further breakdown by type of test are available on request.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$5,759,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Background

Strategic information is a fundamental priority of the Emergency Plan (EP) portfolio in Cote d'Ivoire. The USG team recognizes the impact of good data management and the critical need to develop and support an integrated strategic information system for all HIV/AIDS programs based on comprehensive M&E operational plans, standardized data-collection instruments, a robust national data-management system, and improved data quality and data use for decision-making.

The quality of SI is particularly critical to the CI government's move to decentralize decision-making and services, including HIV/AIDS and other health services. District and local authorities, faced with deciding how to allocate scarce resources among competing health priorities, need information, data-collection and -management tools, and training.

An assessment of the HIV/AIDS National Plan 2002-2004 found a lack of SI guidance and skills at the decentralized level. As part of the new National HIV/AIDS Strategic Plan 2006-2010, ministry SI units aim to upgrade routine data-collection systems for HIV/AIDS programs, improve monitoring and evaluation systems, harmonize HIV/AIDS-related epidemiological surveys and studies, and coordinate HIV/AIDS M&E.

EP support is designed to build an effective, sustainable SI infrastructure by strengthening capacities at the local, district, regional, and central levels. The EP provides technical assistance to build data-management capacities of NGO/CBO/FBOs and the key

government agencies active in the HIV/AIDS response: the Ministry of the Fight Against AIDS (MLS), which is responsible for overall coordination and M&E, including a national HIV/AIDS database; the Ministry of Health (MOH), responsible for HIV/AIDS data in the health sector; the National OVC Program (PNOEV), which coordinates all OVC activities and related M&E; and the Public Health Pharmacy (PSP), responsible for drug and commodities forecasting, tracking, and management.

Through partners such as JSI/TASC 3 (previously Measure Evaluation), EP support has helped develop tools and training to strengthen data collection and processing at decentralized levels, improve coordination among partners, and build sustainable HIV/AIDS data-management systems at the national level.

FY07 Response

The EP placed a major emphasis on building the capacity of the MLS through M&E training and implementation of a national M&E database. The MLS is responsible for community-based HIV/AIDS information and is being supported by EP partner Alliance Côte d'Ivoire and SCMS in collecting and processing data through decentralized district health teams, applying innovative technology such as the Phones for Health data-transport system.

EP support for the MOH has sought to develop and strengthen the ministry's facility-based health information system as part of a strategic information plan in support of HIV/AIDS activities in the health sector. Partners have worked collaboratively to improve the quality of information collected at each level by providing training and equipment purchases, harmonizing indicators, developing data-collection tools for community-level use, developing training manuals, and participating in the national AIDS Indicator Survey. FY07 funds have supported technical assistance to adapt WHO patient longitudinal monitoring data-collection tools based on the national HIV/AIDS indicators, which were revised in FY 2006 to take into account the information needs of the various partners in HIV/AIDS activities (MLS, WHO, UNAIDS, Global Fund, EP). Project RETRO-CI has led the effort to improve the collection and use of strategic information. In FY07, RETRO-CI provided technical support to the MOH by working on the National Antenatal HIV Surveillance Survey, analyzing the data from the survey, and disseminating the findings. RETRO-CI also worked on a collaborative service-provision assessment by the MOH, WHO, and other EP partners.

EP assistance continued to strengthen the M&E systems of the PNOEV, through training and links to the larger M&E system managed at the MLS, and of the PSP, through improved commodities-tracking software, drug forecasts, and stock-management practices.

With EP support during the first semester of FY07, 302 staff members from the various ministries and partners were trained in improved data collection and program management, and 59 local organizations were provided with technical assistance for strategic information activities.

FY08 Priorities

In FY08, the progressive transfer of capacity to the national government will continue at both the central and decentralized levels. Support to the ministries will be expanded to broaden the impact at all facility- and community-based HIV/AIDS services. The USG will focus on the following strategic priority areas:

Implementation of a National Information System: JSI/TASC 3 and RETRO-CI will develop and execute a six-month project to implement a sector-specific national information system. This information system will be interfaced with existing information systems. After the implementation of a critical number of national databases, JSI/TASC 3 in collaboration with the MLS and MOH will build a national HIV data repository. 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.

For the health sector, the MOH will be supported in coordinating the implementation of a longitudinal HIV-positive patient monitoring system and in developing an interoperable national pharmacy information system.

To strengthen overall coordination and M&E, the MLS will be supported in implementing the following activities in its role as the national, central source of HIV/AIDS information:

- Analyze, organize, and display data to make it usable (e.g. in GIS maps, graphs, and interactive tools).
- Collaborate with other relevant ministries in creating 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 national identification number for all health-services users.
- Disseminate HIV/AIDS data/information by: 1) Creating 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) Redesigning the existing 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.

Improved Data Collection and Use for Decision-Making: RETRO-CI will continue to assist ministries in conducting national surveys. The USG and its partners will help develop national electronic systems to support decision-making, such as an OVC tracking and management system and the Training Information Management System (TIMS). Stand-alone electronic systems for specific partners will no longer be supported; EP support will help integrate partners' specific systems into a standardized national system. The USG will lead data-quality improvement efforts by training partners' strategic information focal points in the use of data-quality tools and by executing data-quality audits in selected partners' data-management systems.

Strengthened Systems for Coordination and Commodities Management: In FY08, the EP, its partners, WHO, UNAIDS, Global Fund, the MLS, and the MOH will conduct quarterly SI meetings to coordinate activities. Key items will include training on HIV/AIDS patient-monitoring tools and longitudinal patient monitoring data-collection tools, development of electronic medical records software for ART-patient tracking, and development of a plan for using Global Information System software to monitor the coverage of HIV clinical services and community-based interventions. To help build a unified national M&E system, all USG-

funded partners will participate in these meetings and will implement decisions made there. The EP will support improved coordination of commodities management. In collaboration with the PSP, SCMS will ensure that all treatment sites (EP- and GF-supported) are equipped, trained, and supported to generate regular, accurate commodities use, stock, and needs reports.

Sustainability

The USG continues to promote sustainability by building the capacity of Ivorian government agencies and organizations to mobilize resources and implement evidence-based programs, including capacity to collect, process, analyze, and use data effectively. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBO/NGO/FBOs and ministries to manage activities and be accountable for achieving and documenting results. Through training, infrastructure strengthening, and advocacy in support of decentralized SI capacity, the EP is building sustainable data-management systems for the delivery of quality HIV/AIDS prevention, care, and treatment.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	251
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1737

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

<p>Mechanism ID: 5414.08</p> <p>Prime Partner: Partnership for Supply Chain Management</p> <p>Funding Source: GHCS (State)</p> <p>Budget Code: HVSI</p> <p>Activity ID: 5846.08</p> <p>Activity System ID: 15152</p>	<p>Mechanism: Supply Chain Management System</p> <p>USG Agency: U.S. Agency for International Development</p> <p>Program Area: Strategic Information</p> <p>Program Area Code: 13</p> <p>Planned Funds: \$500,000</p>
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Activity Narrative: Since May 2005, the Emergency Plan has rapidly scaled up HIV/AIDS prevention, care, and treatment across Cote d'Ivoire. As the program expands, maintaining accurate real-time information on available stocks and projected needs of essential commodities is critical to ensuring uninterrupted, comprehensive services. Data required to ensure the overall supply chain are simple and available at various levels of the program. However, a concerted effort is needed to ensure that this information is gathered and analyzed regularly and shared with all partners involved in commodities procurement and management – essentially the EP, the Global Fund through new principal recipient CARE International, and the Ministry of Health (MOH). The Partnership for Supply Chain Management Systems (SCMS) is charged with providing the USG with a one-stop shop for procurement services and related technical assistance.

Following an MOH directive to coordinate procurement, the EP and GF have formed a cooperative procurement and management strategy for essential HIV-related commodities with national authorities. The government of Cote d'Ivoire buys small amounts of commodities with its own funds for this national "virtual pipeline." This approach is being monitored through an evolving joint implementation plan and a joint procurement plan. The procurement plan includes all commodities for MOH-accredited service-delivery sites in the country. All partners are participating in this joint exercise in good faith, but much work remains to be done to ensure smooth operation. Due to the GF's recurring difficulties in delivering critical products to the national program on time, coupled in the past with a lack of information-sharing on GF order delays, SCMS and other EP partners had to procure critical products through emergency orders. It is clear that even with improved information-sharing among stakeholders, more sophisticated systems for feeding information up on commodities needs are required to ensure transparent coordination of supplies and needs of all partners in the national HIV/AIDS program.

The program has strengthened commodities-management systems and practices at the district level in three health districts, aiming to ensure continuing availability of commodities needed at service-delivery points. This involved the installation of the SIMPLE1 and SIMPLE2 ARV dispensing software at 21 treatment sites and the training of 50 pharmacy staff and data-entry operators in their use.

SCMS has created enormous improvements in the availability of reliable data for decision-making, needs projections, and stock management at all levels of the national program. Site-specific commodities and ARV use data are being integrated and analyzed together with new electronic patient records by installing MACS software at the Public Health Pharmacy (PSP) to provide a more complete clinical and management picture of the care and treatment program. SCMS technical assistance has also enhanced the institutional capacity of the PSP (the central medical store and director of the joint procurement plan in Cote d'Ivoire), health districts, and targeted facilities by training 15 trainers at the central level and 325 service providers at districts and treatment sites on HIV/AIDS commodities management and introducing ARV dispensing tools (ADT) at all treatment sites. SCMS is working to ensure the adequate management of HIV/AIDS products and other health commodities at all levels. The project installed the MACS warehouse-management system at the PSP to help the government manage the movements and security of all commodities processed through the central warehouse. Ongoing TA has strengthened the PSP's ability to forecast and manage commodities and thus avoid supply problems. SCMS has also provided TA to the GF to help improve commodities planning and management, and has facilitated regular coordination of joint procurement planning and tracking by the PSP.

For several years, the MOH and partners have been working to develop an integrated facility-based health management information system (HMIS) as part of a strategic information plan in support of the national HIV/AIDS program. Many partners are supporting specific components of this effort, including RETRO-CI, Measure Evaluation, and EGPAF, in collaboration with the MOH/DIPE (Directorate of Information, Planning, and Evaluation) and the National HIV/AIDS Care and Treatment Program (PNPEC). SCMS will collaborate with these partners to prevent duplication and ensure complementarity. Important elements of the required information systems already exist, including IT hardware and networks at most EP- and GF-supported sites. For instance, one treatment partner, ACONDA, is implementing a computerized patient-record system at all of its sites, with comprehensive records for all patients registered in the program (whether on ART or not). To gather accurate forecasting data for ACONDA, the HMIS and the new MACS software provided to the PSP will interface.

In addition to procurement of most HIV-related drugs and consumables for the EP program, FY08 funds will continue technical and management support to the PSP in its leadership and coordination roles. SCMS will be held accountable for specific performance results and will adjust its operational plan, in consultation with the USG team 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.

SCMS will provide (non-procurement) technical assistance, training, and systems/infrastructure development to the MOH and key EP partners for ARV management as described below. This total is distributed among the COP program areas of ARV Drugs, Lab Infrastructure, and Strategic Information. This will cover all SCMS staff, consultants, operations and overhead, and technical assistance and training.

To further improve the quality of SCMS' technical inputs, the project will also elaborate a monitoring and evaluation plan using HIV/AIDS pharmaceutical management indicators. At district and treatment-site levels, SCMS will ensure that ARV tracking and management software is installed and staff are trained so that ARV commodities management improves and all sites are able to generate accurate monthly reports on commodities inventories and consumption. The SCMS FY08 target is to ensure that all treatment sites are reporting regularly, with a view to handing over the management of the process to PSP in the future.

• **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, 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 to continue transferring these skills, and will conduct regular cross-over analyses to compare commodities dispensed by the PSP and specific sites with the

Activity Narrative: actual patient data to inform clinical-services decisions.

To strengthen transparency and national ownership of supply-chain responsibilities, SCMS will generate regular monthly reports showing all pending orders and deliveries, specific quantities, and expected delivery dates to the PSP. The project will also provide monthly inventory and dispensing reports from each EP-supported 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. (Projected virtual stock is the sum of current inventory and expected consumption, plus realistically expected new deliveries.) SCMS will ensure that regular monthly reporting and computerized proactive supply-chain management systems include detailed information on OI drugs, lab reagents, and testing materials, as well as commodities for palliative care and OVC support.

In collaboration with the MOH and other partners, SCMS will establish and maintain a Web-based ordering and inventory tracking system for EP-procured HIV commodities. Service sites and other authorized partners will be able to log in and place orders from the PSP, track their delivery progress, and confirm historical data on consumption and projected scale-up at their sites. This is expected to greatly enhance transparency of commodities management and decrease stock-outs and emergency orders due to inadequate forecasting at all levels. SCMS will train the PSP, PNPEC, DIPE, and national reference laboratory staff as well as NGO staff in forecasting and supply planning for ARVs, OI drugs, lab commodities, and care kits.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10192

Related Activity: 15149, 16781, 17125, 15150, 15151

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22362	5846.22362.09	U.S. Agency for International Development	Partnership for Supply Chain Management	9646	5414.09	Supply Chain Management System	\$410,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15149	11155.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$300,000
16781	10189.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,493,750
17125	17125.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$506,200
15150	4572.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$26,864,486
15151	10191.08	7061	5414.08	Supply Chain Management System	Partnership for Supply Chain Management	\$6,672,050

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	42	False

Indirect Targets

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5053.08

Activity System ID: 15114

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$600,000

Activity Narrative: Since 2004, the USG has funded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist the Ministry of Health (MOH) in supporting and expanding HIV/AIDS care and treatment and PMTCT programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. EGPAF supports program implementation through a variety of sub-recipients (NGO/CBO/FBO/private-sector partners) to provide HIV services in the health sector. To support and motivate these sub-partners, EGPAF developed a performance-based contracting (PBC) approach under which sites agree to deliver services according to predefined protocols and are funded in accordance with their documented patient loads.

With EP-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.

EGPAF/Washington has finalized the development of a Web-based worldwide HIV/AIDS database (called GLASER) to monitor PMTCT, treatment, and care programs that EGPAF implements in 17 countries. Data from April-June 2007 is the first to be entered directly into the database via Internet. Based at each country's EGPAF headquarters, the database collects site and partner characteristics in addition to standard M&E indicators. It allows data-quality improvement with built-in quality checks and generates standard and ad-hoc reports at site, district, and country level for performance assessment and use for program improvement.

In Cote d'Ivoire, EGPAF will support the rollout of a national electronic tool, and when the new national tool is effective, EGPAF will develop a specific module to link the national electronic tool with GLASER. Standard and ad-hoc reports will continue to be generated through GLASER and will feed back to sites and districts for use for program improvement. FY08 funding will be used in part to adapt the GLASER database to produce all of the Côte d'Ivoire-specific reporting required by partners, including the MOH department in charge of data management.

In FY07, EGPAF has supported 25 health districts to be computerized for data management, and five 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 have received telephones and Internet for data transmission, and seven districts have received motorcycles to collect data from far-flung sites. EGPAF has also supported significant training in the area of SI, including training 25 health districts in epidemiologic data collection and conducting seven training sessions 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 downwards.

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 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 is being piloted at five sites and will roll out to all 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 site level
- 7) A lack of personnel devoted to M&E at the district and site levels

FY08 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 clerks.
- 3) Train EGPAF multidisciplinary care teams on how to use 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 USG team.
- 5) Participate in quarterly SI meetings organized by the USG strategic information branch and implement decisions made during these meetings.
- 6) Submit articles to peer-review journals.

Site- and District-Level Activities

EGPAF will:

- 1) Hire, orient, and continually train and supervise 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 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.). EGPAF will maintain the wireless network installed in the university hospital complex (CHU) of Treichville, with expansion to CHU-Cocody and the TB center (CAT) in Adjamé, and will computerize patient records at the CHU-Treichville with technical support from UCSF.

Activity Narrative: 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 EP SI team and district data managers.
 - 3) Collaborate with the PNPEC and other partners to use a unique patient identifier to follow 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 system, which will monitor all care and treatment commodities data for EP programs in Cote d'Ivoire.
 - 6) Organize regular working sessions with the MOH and other key stakeholders for the deployment of tools for data management at all EGPAF-supported sites.
- EGPAF will work closely with other SI partners – including the MLS and MOH data-management divisions for the development of national data-collection software as well as JSI, 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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10074

Related Activity: 15110, 16524, 16771, 15111, 15112, 15113, 15115, 15109, 17119, 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22427	5053.22427.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$800,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15115	10337.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	60	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	175	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5301.08

Prime Partner: Ministry of Health, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5055.08

Activity System ID: 15135

Mechanism: MOH- CoAg #U2G PS000632-01

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$200,000

Activity Narrative: The Ministry of Health (MOH), through its Department of Information, Planning, Monitoring, and Evaluation (DIPE), is responsible for HIV/AIDS data within the health sector. Effective management of strategic information is a prerequisite for meeting the MOH objective of providing universal access to care and treatment for PLWHA who need these services. As described in the 2006-2010 National HIV/AIDS Strategic Plan and the National Monitoring and Evaluation Plan, having reliable information in usable form on time (monthly, quarterly, and yearly) is critical for decision-making and rational scale-up of HIV/AIDS services.

Since 2003, the MOH has worked to reinforce the national health management information system (SIG) using the Performance of Routine Information System Management (PRISM) conceptual framework developed by Measure Evaluation and JSI. The MOH implementation of PRISM aims to (1) improve the technical quality of procedures and tools for data management, (2) increase the individual capacities of actors to understand and use data, and (3) improve the ministry's management practices using M&E data.

With FY06 funds, the USG supported strengthening of MOH capacities in monitoring and evaluation in order to support the scale-up of HIV/AIDS activities (counseling and testing, PMTCT, adult and pediatric ART, palliative care) under the National HIV/AIDS Care and Treatment Program (PNPEC). The MOH assessed integration of HIV interventions by comparatively analyzing all CT, PMTCT, ART, and other HIV services. Intervention sites of implementing partners and funding sources (JHPIEGO, MOH, SCMS, JSI, JHU/CCP, EGPAF, Alliance Cote d'Ivoire, ANADER, CARE International, Abt Associates, FHI) have been studied as well. Such assessments are designed to allow the MOH to develop a consolidated work plan for a better repartition of HIV/AIDS activities in the health sector.

With FY07 funds, the MOH is working to:

- Develop training tools and promote performance standards in order to improve the management and quality of trainings at central, regional, and district levels, with technical assistance from JHPIEGO.
- Advocate the computerization of data-management processes through the ministry.
- Provide SI-related equipment (computer hardware and software, printers, Internet connectivity) to the DIPE and PNPEC.
- Train and supervise MOH human resources in M&E at the central and district levels.
- Conduct a sentinel sero-surveillance survey.

In FY08, based on lessons learned in FY06 and FY07, the MOH'S DIPE and PNPEC will:

- Set up a nationwide longitudinal HIV-positive patient-monitoring system using an adapted version of the electronic system currently used by ACONDA.
- Assure reliability and validity of data collection by developing and executing a data-quality improvement plan with technical assistance from external contractors and in close collaboration with district data managers.
- Work with the PNPEC and other partners toward the use of unique patient identifiers as a way of following patients through time and space.
- Reproduce and disseminate self-evaluation tools (for CT, PMTCT, and adult and pediatric ART) at 16 CT sites, eight PMTCT sites, and six treatment sites, in preparation for an evaluation exercise.
- Disseminate computer kits and applications to nine regions (bringing coverage to all 19 health regions), in accordance with the extension plan elaborated in 2007.
- Continue to train field providers in the use of data-collection tools. A semi-annual supervision visit will follow these trainings.
- Continue the ARV resistance surveillance initiated in 2007.
- Continue the development and dissemination of reports, including a periodic newsletter/bulletin on HIV/AIDS activities.
- Conduct operational research in health centers (on data control, quality of care, users' satisfaction) in order to improve the quality of services when scaling up programs.

In all, FY08 activities will support SI training for 286 people.

The MOH 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, the MOH will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10421

Related Activity: 15134, 15136, 15137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22381	5055.22381.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	9652	5301.09	MOH- CoAg #U2G PS000632-01	\$500,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15137	9707.08	7057	4933.08	Track 1 MOH-CNTS (Blood Safety) #U62/CCU023649	Ministry of Health, Côte d'Ivoire	\$4,000,000
15134	12211.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$382,781
15136	5056.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	386	False

Indirect Targets

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5303.08

Prime Partner: Ministry of AIDS, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 4555.08

Activity System ID: 15133

Mechanism: CoAg Ministry of AIDS
#U62/CCU024313

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$210,000

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 multisectoral and decentralized national response to HIV/AIDS, and the ministry thus plays a central role in bringing together stakeholder to define national policy and strategies for the care, treatment, and prevention of HIV/AIDS.

Since 2004, the Emergency Plan 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.

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 MLS is currently in the process of implementing a new organizational model, with a renewed focus on coordination and the strengthening of its M&E activities. The EP, in turn, is refocusing its efforts on building and reinforcing the unique coordination role of the MLS to 1) increase communication among stakeholders, 2) collect and disseminate essential HIV/AIDS data, and 3) utilize this data for effective national and international advocacy in the fight against HIV/AIDS in Côte d'Ivoire.

The MLS will use FY08 funds to support coordination and M&E. Behavior-change communication activities, an important component of the National Strategic Plan for which the MLS received funding in previous years, will be executed in FY08 by other EP implementing partners (Alliance Cote d'Ivoire, PSI, FHI). The MLS will thus have more resources dedicated to implementing the national M&E plan and to 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.
- Implementation of training based on this assessment of training needs.
- 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.
- Reinforcement of the capacity of these structures to collect HIV/AIDS data and send to the central level in support of the national M&E plan.
- Elaboration, validation, and dissemination of the 2008 National HIV/AIDS Report.
- Implementation of a population-based survey in collaboration with the MOH and Project RETRO-CI.
- Strong performance in its role as the national, central source of HIV/AIDS information, including:
 - Analyzing, organizing, and displaying data to make it usable (e.g. in GIS maps, graphs, and interactive tools).
 - Creating a national data repository, in collaboration with other ministries, to store and manage information. In the process, the MLS will contribute to key preliminary milestones, such as the standardization of indicators and data-collection tools, creation of a data confidentiality policy, and creation of a national identification number for all health-services users.
 - Disseminating HIV/AIDS data/information via the following activities:
 - 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 will include community and local stakeholders.
 - Redesign of the existing 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 quarterly meetings of the national strategic information working group.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10425

Related Activity: 17062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22384	4555.22384.09	HHS/Centers for Disease Control & Prevention	Ministry of AIDS, Côte d'Ivoire	9654	5303.09	CoAg Ministry of AIDS #U62/CCU024313	\$300,000
10425	4555.07	HHS/Centers for Disease Control & Prevention	Ministry of AIDS, Côte d'Ivoire	5303	5303.07	CoAg Ministry of AIDS #U62/CCU024313	\$450,000
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/CCU024313	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17062	17062.08	7055	5303.08	CoAg Ministry of AIDS #U62/CCU024313	Ministry of AIDS, Côte d'Ivoire	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	50	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

18 Montagnes

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Moyen-Comoé

Savanes

Sud-Comoé

Vallée du Bandama

Worodougou

Agnebi

Marahoué

N'zi-Comoé

Sud-Bandama

Zanzan

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5554.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 5171.08

Activity System ID: 15172

Mechanism: CDC-RETRO-CI GHAI

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,443,000

Activity Narrative: With significant Emergency Plan financial and technical support, the government of Cote d'Ivoire is improving national capacity to respond to the HIV/AIDS epidemic throughout the country. In the realm of strategic information, the primary technical contribution of the USG is implemented by the strategic information staff of Project RETRO-CI, which is a collaborative organization created jointly by the Ministry of Health (MOH) and the CDC. RETRO-CI is a critical partner in the development of the Three Ones principle of a unified national monitoring and evaluation system promoting coherent health management information systems (HMIS) and HIV/AIDS surveillance.

During the past three years, the RETRO-CI SI team has assisted EP partners to develop, implement, and coordinate comprehensive SI activities providing key data for decision-making in the fight against HIV/AIDS. RETRO-CI continues to provide HMIS and surveillance assistance to the Ministry of Health (MOH) and the Ministry for the Fight Against AIDS (MLS), including support for the development of a nationwide harmonized longitudinal patient-monitoring system. RETRO-CI has conducted annual ANC HIV surveillance surveys and helped conduct the 2005 National AIDS Indicator Survey. In addition, the RETRO-CI SI team has participated, under the coordination of JSI/Measure Evaluation, in the harmonization of national HIV/AIDS indicators and the development of national data-collection tools for the tracking of facility-based and community-based activities.

With FY08 funds, the SI branch at RETRO-CI will continue to provide technical assistance to support the building and strengthening of a unified national M&E system and the conversion of HIV/AIDS data to useful information through the three components of strategic information — monitoring and evaluation, health management information systems, and surveillance.

Monitoring and Evaluation

RETRO-CI SI M&E activities will aim to collect and aggregate data to provide information to support the management of the EP program in Cote d'Ivoire. RETRO-CI has developed an SI strategy for PEPFAR Cote d'Ivoire and will provide technical assistance to EP-funded implementing partners to ensure that they have the capacity to meet EP reporting requirements and to use data effectively for program improvement. This activity will include the provision of French-language SI materials and training, the preparation of reports aggregating program data of EP implementing partners, and the presentation of written and oral reports to national partners and stakeholders. The USG will also begin the data-quality audit (DQA) process, including onsite supervision and partner-performance evaluation.

HMIS

The national M&E system lacks expertise in health information systems. The RETRO-CI SI team will provide continued technical assistance to the MLS, the MOH, the Ministry of Education, the Ministry of Family and Social Affairs, and other EP partners to implement a fully functional M&E system that will improve routine data reporting and data use. This will include support for revision, dissemination, and implementation of national strategies in strategic information. With CDC HQ technical assistance, Project 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 (CT, 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.
- Supporting ongoing adaptation and scaling up of the national-level Training Information and Management System (TIMS) software to track the coverage of human resources providing HIV/AIDS-related services
- 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 the use of data for decision-making by using data visualization and building GIS core competencies that address EP 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.
- Providing all EP-funded partners with data-management software (MESI) for data storage and decision-making, with Solutions technical assistance.

In addition, the RETRO-CI SI team will provide support in informatics to a variety of government actors, NGOs, and other organizations. Specific activities will include:

- Training in the use of data-management and statistical software packages, such as Epi Info, CRIS, MESI, and PMS.
- Assisting the MOH with its next-generation national health management information system, which integrates HIV indicators with other health-outcome measures.
- Assisting with the development and implementation of a national M&E system while supporting the achievement of EP 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 for facilitating the integration of data collection in the field, with the aim of reinforcing 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 in support of creating a functional national M&E system.

Surveillance and Surveys

For the past two decades, RETRO-CI surveillance activities have been the main source of country-level HIV/AIDS data in Cote d'Ivoire. Within the framework of knowledge transfer to the host government, RETRO-CI will support the MOH and MLS (ministries in charge of the country's HIV/AIDS surveillance system) and other EP partners by:

1. Providing technical and logistical assistance to the MOH to support the development and execution of a dissemination plan for the 2007 national antenatal HIV surveillance survey (ANS). With FY07 funds, 100 health personnel were trained, blood samples were collected at 30 urban and 12 rural sites and tested at Project RETRO-CI's laboratory, and data was entered into a database.

- Activity Narrative:** 2. Informing programmatic decision-making by conducting further analyses of available surveillance and program data (CT, PMTCT, ART) through a data-triangulation exercise, with the aim of describing the patterns that drive the HIV epidemic in Cote d'Ivoire as well as the impact of the national response. Technical assistance for protocol development and implementation will be provided by CDC headquarters.
3. Providing technical and logistical assistance to the MLS to carry out a population-based HIV survey (either a Behavioral Surveillance Survey or a Demographic and Health Survey) to assess the impact of prevention, care, and treatment interventions. Assistance will support 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 (paper reports, CD-ROM, Web site).
4. Providing technical and logistical assistance to the MOH and to Abt Associates, in collaboration with the WHO and other partners, to complete dissemination of the findings of a recent service provision assessment (SPA) through a workshop, training, written reports, and a CD-ROM (started in FY07).
5. Providing technical assistance as needed to support a variety of in-country partners with the implementation of public health evaluations (PHEs) and targeted evaluations. 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 part of palliative care). 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 be sought from CDC HQ for conducting initial assessments, developing protocols and guidelines, and planning activities.

Regional Support

RETRO-CI will collaborate with other francophone African countries to support the development of their strategic information capacities. Building on two decades' experience in SI (including translation into French of Epi Info and TIMS software), RETRO-CI continues to manage data related to tens of thousand of patients that has supported the publication of more than 300 peer-reviewed articles. RETRO-CI will take advantage of this extensive experience to assist other francophone countries by:

- 1- Organizing regional SI workshops and trainings in French.
- 2- Supporting the development and implementation of health information systems in French.
- 3- Providing French-speaking experts to other countries for technical assistance in strategic information.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10199

Related Activity: 15159, 15160, 15167, 15168, 17297, 15169, 15162, 15170, 15171, 15163, 15166, 15173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10199	5171.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5383	5383.07	CDC & RETRO-CI (Base)	\$1,121,060
5171	5171.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3605	3605.06	CDC & RETRO-CI (Base)	\$1,119,908

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	7	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	False

Coverage Areas

18 Montagnes
 Bas-Sassandra
 Denguélé
 Haut-Sassandra
 Lacs
 Lagunes
 Moyen-Comoé
 Savanes
 Sud-Comoé
 Vallée du Bandama
 Worodougou
 Agnebi
 Marahoué
 N'zi-Comoé
 Sud-Bandama
 Zanzan

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5324.08 **Mechanism:** JSI Tasc 3
Prime Partner: John Snow, Inc. **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 4574.08 **Planned Funds:** \$0
Activity System ID: 15158
Activity Narrative: Deleted--moved funds to new mechanism.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10076
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10076	4574.07	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	5324	5324.07	Measure Evaluation: UNC/JSI	\$0
4574	4574.06	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	3383	413.06	Measure Evaluation	\$700,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	3	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	359	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7220.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 17299.08

Activity System ID: 17299

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

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$200,000

Activity Narrative: ICAP-Columbia University, a new PEPFAR partner in Cote d'Ivoire, received FY07 plus-up funds to help the Ivorian Ministry of Health to expand provision of a basic package of HIV/AIDS services at health facilities in the midwestern part of the country. By the end of FY07, ICAP anticipates initiating HIV counseling and testing, PMTCT, palliative care, and ART services, with integrated HIV prevention activities, at five sites and conducting baseline assessments and training at five more sites. In FY08, ICAP will support this package of services at all 10 FY07 sites and expand to an additional 34 sites, for a total of 44 sites.

In the past three years of implementing large-scale HIV care and treatment programs in other African countries, ICAP has developed expertise in establishing effective data-management systems in low-resource settings. The overarching goal of the SI component of ICAP's program is to develop and conduct high-quality, timely, and sustainable monitoring and evaluation of project-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 and program impact within and across sites and countries.

In Côte d'Ivoire, ICAP will implement the nationally approved M&E system and tools, including harmonized patient-monitoring tools, and will participate in EP and national committees and work groups to review and revise M&E tools. ICAP will establish an M&E team to support accurate site-level data collection and reporting, as well as aggregate reporting of required indicators, to the MOH and EP using existing harmonized patient-monitoring tools. ICAP technical and site staff will use available data to assess the quality of care and develop and implement quality-improvement activities. ICAP's New York-based M&E team will provide technical support to ensure effective implementation of data collection and reporting systems at sites.

As project activities were starting in the fourth quarter of FY07, ICAP was hiring and orienting key staff in Abidjan, recruiting and training data clerks at new sites, implementing the national patient-monitoring and M&E tools at new sites, and electronically capturing patient-level data for reporting, monitoring, and evaluation.

In FY08, ICAP will fund activities to support M&E data collection, management, use, and transmission at the site level as well as data integration, analysis, use, and reporting at the country headquarters level. The M&E country team based in Abidjan, reinforced by technical assistance from ICAP headquarters, will participate in the building and strengthening of a unified national M&E system. Specifically, ICAP will implement the following activities:

ICAP 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 clerks.
- 3) Train EGPAF multidisciplinary care teams on how to use 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 USG team.
- 5) Participate in quarterly SI meetings organized by the USG strategic information branch and implement decisions made during these meetings.
- 6) Submit articles to peer-review journals.

Site- and District-Level Activities

ICAP will:

- 1) Hire, orient, and continually train and supervise site-level data clerks as necessary.
- 2) Provide SI-related materials to each site, including computer hardware and software, printers, registers, forms, and Internet connectivity.
- 3) Send field staff to specific workshops, conferences, or classes that bolster their technical capacities.
- 4) Support the SI capacity development of all personnel within the health facilities hosting ICAP activities.

Strengthening of National SI Activities

In support of the national SI system, ICAP 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 ICAP'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) Develop and execute a data-quality improvement plan with technical assistance from external contractors and in close collaboration with the CDC/Project RETRO-CI SI team and district data managers.
- 3) Collaborate with the PNPEC and other partners to use a unique patient identifier to follow patients through time and space.
- 4) 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 system, which will monitor all care and treatment commodities data for EP programs in Cote d'Ivoire.
- 5) 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 conducted in close collaboration with the MOH and other government decentralized entities (mayors, general councils).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16768, 16525, 16770, 16777,
16778, 17122, 17080, 16992

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16768	16036.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$654,000
16525	16525.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$100,000
16770	16770.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$10,000
16777	16777.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$350,000
16778	16040.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$425,000
17122	17122.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$60,000
17080	17080.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$300,000
16992	16042.08	7220	7220.08	International Center for AIDS, Care and Treatment Program (ICAP)	Columbia University	\$2,340,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	15	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	45	False

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7225.08

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 17383.08

Activity System ID: 17383

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$100,000

Activity Narrative: To help meet Government's need to assess and build human capacity in support of quality HIV service delivery in Côte d'Ivoire, JHPIEGO, with the support from CDC, developed a Training Information Monitoring System (TIMS©) to track training events, participants and trainer development in the area of HIV in Côte d'Ivoire (including VCT, PMTCT and Care and Treatment but applicable to a broader range of activities).

A Microsoft Access™ database application, TIMS© allows senior and mid-level program managers to monitor a range of training activities and track results from a variety of perspectives. It is designed to be part of an organization's training information system, replacing paper-based reporting and aggregation with a computer database. Ministries of health, national training programs and nongovernmental organizations can use TIMS© to supplement service information for policy decisions on training, retraining and provider deployment.

To date the following has been achieved with the TIMS© program:

1. Adaptation and customization of TIMS© to the Ivorian context
2. Translation of TIMS© into French
3. Training of two DIPE data managers in TIMS© database system
4. Stakeholders meeting in September 2006 to review and finalize data collection forms and endorse the use of TIMS©
5. Recruitment and training of local data entry clerk (seconded to DIPE) in data collection, entry and analysis of TIMS© data
6. Workshop to train PEPFAR implementing partners and government officials on the application and use of TIMS©.
7. Consultative meeting to outline role of key point persons identified to oversee TIMS© at partner organizations and to develop a data collection system to provide data centrally to DIPE
8. Collection, entry and analysis of TIMS© data for generation of monthly and quarterly reports for partners and other stakeholders

Efforts are currently underway to accelerate and maximize the use of TIMS© in-country by PEPFAR implementing partners and other partner organizations. To date a total of 10 PEPFAR implementing partners, 4 donors, and 13 departments within the Ministry of Health and Public Hygiene, the Ministry of HIV/AIDS, the Ministry of Education and the Ministry of Family and Social Affairs report into TIMS©. A total of 250 service providers who have received training in HIV/AIDS have been entered into the TIMS© database.

DIPE data managers are working closely with the JHPIEGO Country Team and the local IT expert to:

1. Ensure that the data collection system developed with partners is in place
2. Follow-up and review data quality and determine if data collection forms are being filled out correctly by partners
3. Data entry and analysis is being effectively carried out
4. Generate monthly and quarterly reports to disseminate to partners and other stakeholders (a first run of reports should be available at the end of July 2007)

Once the number of trainees entered into the database reaches 300 entries, the data entry clerk will clean the data to ensure that there are no errors or duplication. A copy of the database file will also be sent to JHPIEGO/Baltimore for review. Key technical staff that supervise and manage JHPIEGO's TIMS© programs will check the data to ensure that it is being entered and analyzed correctly. Systematic cleaning and verification of Cote d'Ivoire data will be conducted periodically.

Several follow-up meetings will be organized during FY07 to make specific recommendations for generating standard monthly and/or quarterly reports; to ensure that partners needing TIMS© data have access to it; to discuss how the data can be used to inform program planning with partners; and to promote wider use of the database. These meetings will also be used as a forum to problem-solve any obstacles regarding TIMS© implementation and data-sharing.

During the most recent follow-up meetings held in August 2007 to solicit feedback on the implementation of TIMS© to date, several recommendations were made to ensure the inclusion and use of TIMS© among partners. These included:

- Adding the completion of TIMS© forms to all training agendas i.e. making sure TIMS© is a mandatory component of every training event;
- Including the collection and submission of completed TIMS© forms to DIPE in all trainers' terms of reference; and
- Developing certificates of attendance to certify that trainees have participated in and completed training courses. (Based on discussions held with PNPEC, DFR and DIPE, a consensus was reached that certificates would be developed, printed and signed by the NGOs or PEPFAR partners organizing and conducting the trainings).

In FY08, TIMS© data collection, entry and analysis activities will continue and will be expanded to include additional partners reporting to TIMS© (25). The TIMS© database will also be expanded to include other domains of health (TB, malaria etc). Existing TIMS© forms will be revised to include these new areas. Efforts will also be made to link TIMS© to other existing training databases in order to integrate training data files and to provide comprehensive training information for Cote d'Ivoire. Once a sufficient amount of data has been entered into the TIMS© database, data files can be linked with other data sources such as government service delivery databases, human resource information systems and geographic information systems (GIS), giving the flexibility to use TIMS© data beyond training monitoring.

The information collected through TIMS will be used by DFR, PNPEC, DIPE and PEPFAR partners to monitor trainings and keep track of trainees based on their competencies and skills. It will also be used to inform program planning at both the organizational and national levels.

Activity Narrative: In addition to the above, the feasibility of introducing a web-based version of TIMS© that is currently being pilot-tested in Mozambique and Ethiopia will be presented to CDC, PNPEC, the relevant Ministries and PEPFAR partners. Once pilot-tested, scaled-up and integrated, the web-based system will allow partners to enter data directly into TIMS©, and track customized training information (by using the customizable fields available in the database) to inform strategic decision-making and program planning and to meet program needs at the organizational-level.

Meetings will be held with Abt Associates, CDC, PNPEC, other PEPFAR implementing partners and relevant Ministries in FY07 to discuss the additional role and use of TIMS© in gathering follow up data on trained providers. Preliminary results from a program implemented in Ethiopia that followed-up 659 trained providers provided detailed information on attrition by cadre and training content that is now being expanded to include selected partner follow up data both at hospital and health center level. This type of follow-up can result in very interesting data as to health provider longevity in public sector HIV service delivery sites.

If endorsed and funded by CDC, during FY08, JHPIEGO will work closely with Abt Associates, DIPE, and other relevant Ministries to develop a joint program for gathering key follow-up data on trained providers in Cote d'Ivoire. The follow-up information will supplement and add to the work that is currently being carried out by Abt Associates with the MOHPH in the area of human resources and capacity building.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16763, 17376, 17072, 17076

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16763	16763.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$200,000
17376	10531.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$323,000
17076	17076.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$450,000
17072	10130.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	25	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	False

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5383.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HVSI

Activity ID: 19138.08

Activity System ID: 19138

Mechanism: CDC & RETRO-CI (Base)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$0

Activity Narrative: Title: Evaluation of transmitted HIV drug resistance using specimens from unlinked HIV serosurvey

Budget: \$175,000 in FY07 carryover funds.

Project Description:

The use of ARV drugs has been associated with the development of HIV drug resistance (HIVDR). Because of the high mutation rate of HIV and because of the lifelong treatment of the disease, it is expected that some degree of HIVDR will occur among persons in treatment even if appropriate regimens such as HAART are provided and good adherence is supported. Antiretroviral treatment has been introduced in Côte d'Ivoire, specifically in Abidjan since 1998.

Hypotheses are the followings:

1. During the first ten years during which ART is being rapidly scaled up in Côte d'Ivoire, well-functioning ART programs will result in transmitted HIVDR prevalence remaining below 5% for each drug used in the standard first-line regimen(s).
2. If transmitted HIVDR prevalence is > 15% to a particular drug or drug class in Abidjan, specific public health actions will be taken to minimize the emergence and transmission of HIVDR.

The purpose of the project is to evaluate the extent of transmitted HIV drug resistance in Abidjan, the economical capital of Côte d'Ivoire, where the prevalence of HIV drug resistance is likely to be higher, than in other areas of the country where antiretroviral treatment (ART) is not, or previously has not been, readily available to the treatment-eligible population.

Results will alert planners, clinicians, and program staff if additional measures should be considered to prevent unnecessary emergence of HIVDR and to evaluate whether initial ART regimens will continue to be effective.

Methodology:

Study design/location

The study design is a cross-sectional survey, utilizing data and portions of eligible specimens collected in HIV sentinel serosurvey.

In Côte d'Ivoire, the target population for sentinel serosurveys is made up of women attending antenatal clinics (ANC), in both rural and urban areas. In order to restrict the evaluation to persons relatively recently infected with HIV, eligibility is restricted to specimens from persons < 25 years of age, and, in ANC, to women in their first pregnancy. No client data will be collected other than those that are collected routinely for sentinel serosurveys.

Population of Interest:

For this survey, the relevant variables are age group, number of previous pregnancies, and, if available, information on last negative and first positive HIV tests and previous ART exposure. The duration of this study is 6 months; eligibility criteria are as follows:

1. Women whose age is < 25 years
2. Women in their first pregnancy.
3. The specimen, when tested for the HIV serosurvey, is confirmed as HIV-1 positive

Using a method based on binomial sequential sampling, up to 47 consecutively collected eligible specimens will be used. One milliliter of serum is recommended for HIV drug resistance testing. HIV-RNA will be extracted and amplified for genotyping in the laboratory of CDC/RETRO-CI in Abidjan. The protease region and relevant positions in the reverse transcriptase region of the pol gene will be sequenced to detect mutations known to be associated with resistance to drugs in standard first line regimens and other drugs of interest.

The prevalence of resistance will not be estimated precisely, but will be rather classified (for each drug or drug class) as <5%, 5-15%, and > 15%. If prevalence is classified as <5% to all relevant drugs, the survey is repeated two years later. If prevalence is classified in the higher categories, additional surveys or more resource-intensive surveillance may be required, as well as additional public health actions.

HIV-1 subtype distribution will also be evaluated using the nucleotide sequence information obtained in the HIVDR-TS

Five ANC sentinel sites in Abidjan district will be involved in this survey; the projected eligible sample size from all these ANC sites is 60 eligible specimens.

The ability to obtain 60 eligible HIV positive specimens depends upon the sample size of the HIV serosurvey in the geographic setting, the proportion of women < 25 years of age in their first pregnancy enrolled in the previous serosurvey in the setting and the HIV prevalence among women in the age group of interest. According to 2005 ANC survey in Côte d'Ivoire, the 2 sentinel sites in Abidjan had a total serosurvey samples of 600 pregnant women; among them, we found 40% proportion of pregnant women (281) aged under 25 years and in their first pregnancy. Among these 281 young women, 19 were HIV positive; so to obtain 60 eligible HIV positive specimens, we need to involved 3600 pregnancy women in all the five sentinel sites selected in Abidjan for this study.

Budget Justification:

Fringe benefits: \$2,000

Training, counseling and testing support, psychological support, and monitoring: \$50,000

Travel and supervision: \$60,000

Laboratory supplies and reagents: \$13,000

Other costs (per diem, lodging, conference room rental, transportation, training supportive documents, incentives for clients, tools for results communication): \$50,000

Total: \$175,000.00

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9205.08 **Mechanism:** ITECH (U of Washington)
Prime Partner: University of Washington **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 21078.08 **Planned Funds:** \$370,000

Activity System ID: 21078

Activity Narrative: The International Training and Education Center on HIV (I-TECH), a collaboration between the University of Washington (UW) and University of California, San Francisco (UCSF), will continue its partnership with the UW-based Clinical Informatics Research Group (CIRG) to implement an open-source electronic laboratory information system (LIS) at the CDC/Projet Retro-CI lab and two other national laboratories in Cote d'Ivoire.

I-TECH and CIRG have collaborated on the development and nationwide implementation of the iSanté electronic medical record for Haiti, which is now used at more 30 sites in that country. ITECH and CIRG are now working with the Haiti National Public Health Reference Laboratory to adapt the OpenELIS open-source laboratory information system for local use and to develop a system for training and scale-up of the computerized system. The first phase of Haiti LIS implementation includes a closely related paper-based log system that serves backup functions as well as informing standardized processes among laboratories.

This proposal will extend the adaptation and implementation of OpenELIS to Côte d'Ivoire's national reference laboratory for HIV testing and monitoring (Retro-CI), building upon I-TECH's related work in Haiti. This proposal includes both a requirements-gathering phase and a development and implementation phase, and the work plan and budget have been presented according to these discrete phases. Also, while this proposal specifically addresses needs for a LIS at Retro-CI and two other national laboratories, the approach is readily adaptable for use within other clinical laboratories in Côte d'Ivoire or for implementation in other countries and contexts, and the proposal could be modified accordingly for an expanded scope.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5309.08 **Mechanism:** ACONDA CoAg
Prime Partner: ACONDA **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Strategic Information
Budget Code: HVSI **Program Area Code:** 13
Activity ID: 10075.08 **Planned Funds:** \$900,000

Activity System ID: 15093

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 (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 and will provide ART to approximately 20,000 patients, including at least 2,000 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, who in turn trains others and provides regular supportive supervision to keep checks on 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 the EP, the National HIV/AIDS Care and Treatment Program (PNPEC), the MOH, and ACONDA partner ISPED.

This data-management system will be made available to all the health centers at which ACONDA will add HIV/AIDS activities in FY08. In many cases, this will require ACONDA to provide computers, other equipment, and training that will allow the new sites to use the system. In addition to rolling this system out to new sites, ACONDA will strengthen monitoring activities at its 74 continuing ART sites by providing refresher training and monthly supervision. In all, ACONDA’s FY08 activities will train 330 people in strategic information and provide 90 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 EP 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 on how 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 taken during these meetings
- 6) Organize a quarterly workshop with the ACONDA M&E team and field staff to talk about practical issues in the field and appropriate solutions
- 7) Organize an annual meeting to review M&E activities at all sites
- 8) Attend specific workshops, conferences, or classes that bolster staff members’ technical capacity
- 9) In collaboration the USG team, submit articles for publication in peer-reviewed journals.

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 session followed by a 10-day practicum
- 2) ACONDA will provide SI-related material to each site, including computer hardware and software, printers, registers and forms, and Internet connectivity
- 3) The ACONDA field staff will attend specific workshops, conferences, or classes that bolster their technical capacity
- 4) ACONDA will support the SI capacity development of all personnel at health facilities hosting ACONDA sites.

Strengthening National SI Activities

To strengthen the national SI system, ACONDA will:

- 1) Design or adapt additional management tools to improve follow-up of patients, based on each district’s data-management needs. These tools 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 reports 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 PNPEC, to feed 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 partners toward the use of unique patient identifiers as a way of following patients through time and space;
- 6) Feed into 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 FY08;
- 7) Participate in ongoing national efforts to maintain and improve a harmonized national longitudinal HIV-positive patient-monitoring system.

Activities Supporting the National Electronic Patient-Monitoring System

To support the use of ACONDA’s PMMS software at the national level, ACONDA will assist the national program to develop additional measures as necessary, with technical support from ISPED/Bordeaux. The current technical support of University of Bordeaux (ISPED) consists in analysing data to follow-up major program outcomes and potential pitfalls are essential. The ISPED computer network specialist supervised ACONDA data managers to enhance their routine analytical capacities. ISPED developed a quarterly report

Activity Narrative: system on the quality of the data. ISPED work closely, in partnership with ACONDA, with all national and international partners to improve and adapt the electronic software and the M&E procedures for a decentralized national use. In FY08, ACONDA/ISPED will:

- 1) Assist electronic patient-monitoring system stakeholders (ACONDA, EGPAF, ICAP-CU, DIPE, and 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) Continue the follow-up training of local data managers to develop local statistical capacities to analyze program outcomes.
- 4) Continue to control the quality of collected data through direct supervision and through cross-matching of data by an experienced data-management team. Site-level data will be analyzed in order to monitor the progress of individual sites, and will be summarized in monthly reports;
- 5) In collaboration with the USG team, submit articles for publication in peer-reviewed journals.

To promote sustainability, the hiring of staff will be done in close collaboration with the MOH and decentralized government entities (mayors, general counsels).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10075

Related Activity: 16759, 16522, 16767, 15089, 15090, 17114, 15091, 15092

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22469	10075.22469.09	HHS/Centers for Disease Control & Prevention	ACONDA	9676	5309.09	ACONDA CoAg	\$600,000
10075	10075.07	HHS/Centers for Disease Control & Prevention	ACONDA	5309	5309.07	ACONDA CoAg	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16759	10040.08	7038	5309.08	ACONDA CoAg	ACONDA	\$1,750,000
16522	16522.08	7038	5309.08	ACONDA CoAg	ACONDA	\$150,000
16767	16767.08	7038	5309.08	ACONDA CoAg	ACONDA	\$30,000
15089	10053.08	7038	5309.08	ACONDA CoAg	ACONDA	\$510,000
15090	10338.08	7038	5309.08	ACONDA CoAg	ACONDA	\$400,000
17114	17114.08	7038	5309.08	ACONDA CoAg	ACONDA	\$130,000
15091	10063.08	7038	5309.08	ACONDA CoAg	ACONDA	\$352,000
15092	10070.08	7038	5309.08	ACONDA CoAg	ACONDA	\$3,360,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

* Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	90	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	330	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Bas-Sassandra

Lagunes

18 Montagnes

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$5,560,000

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Effective coordination and decentralization of the national multi-sector response to the HIV/AIDS epidemic – including community-based interventions, workplace programs, and resource mobilization – remain major challenges in Cote d'Ivoire. To better address them, the government initiated a restructuring of the Ministry for the Fight Against AIDS (MLS) in FY07 with the creation of a National Technical Secretariat in charge of operational planning and coordination. The Ministry of Health (MOH) leads the health-sector response (testing, care, treatment, drugs) but also faces major challenges in terms of planning, coordination, and monitoring and evaluation, as well as effective collaboration with other technical ministries, such as Education (MEN) and Family and Social Affairs (MFFAS, for OVC), whose contributions are critical for scaling up the national HIV/AIDS response.

Despite substantial increases in USG funding for HIV, with the Global Fund as the second-largest donor, overall donor presence remains inadequate, and wraparound opportunities are limited. Human and institutional capacities remain key issues. With USG support, the Ivorian government conducted assessments of human resources for health (HRH) capacities in the public and private sectors, as well as a service provision assessment across the country. These assessments clearly demonstrated the need for innovative approaches to increase health-sector capacity to deliver quality HIV/AIDS services.

FY07 Response

Mobilizing the Private Sector

In addition to expanding its support for HIV-in-the-workplace programs, the USG in FY07 helped mobilize private-sector involvement in sports-based HIV-prevention and life-skills programming for youth (Sports for Life) and built partnerships between PEPFAR service-delivery partners and private companies (e.g. EGPAF for HIV care and treatment within large agribusinesses). The USG team continued its policy dialogue with the Ministry of Economy and Finance for the development of public-private sector initiatives to contribute to the sustainability of expanded HIV prevention, care, and treatment services.

New Partner Initiative (NPI) Support to Add Partners and Build Sustainability

To maximize opportunities to use the NPI for sustainable local partnerships, PEPFAR funded selected partners to provide technical assistance to help local NGO/CBO/FBOs prepare strong USG-compliant proposals and (if successful) manage NPI grants. PEPFAR's assistance aims to build sustainability through transfer of financial, technical, programmatic, and M&E capacities as well as linkages among services and referrals within geographic regions. New staff was added to the USG country team to effectively monitor the work of successful NPI grantees.

Decentralized Approach and Health-Economic Interventions

To support the decentralized approach of the MOH and MLS, PEPFAR helped build planning, coordination, and M&E capacities at central and decentralized levels of the health sector. PEPFAR partners also assessed the cost and feasibility of incentives to motivate MOH district staff, the cost of health services at the decentralized level, and the feasibility of pilot community-based health-insurance schemes around clinical HIV services.

Human Resources Capacity Building

To address HRH shortages, the USG supported an assessment of HR needs to expand HIV services while meeting basic health-service delivery priorities. This included an assessment of private health sector HR capacity, a facility-based service provision assessment, and a review of existing human-capacity development initiatives. These assessments informed the development of a national HRH strategy, including plans to address management and policy-making capacity issues in the sector. PEPFAR partners also provided technical assistance for MOH systems strengthening and capacity building, including for institutional capacity building at the National Institute for Health Professionals (INFAS) to address critical shortages of nurses and laboratory technicians; for the development of a pool of master trainers to strengthen pre-service training institutions for health professionals; and for the deployment of the TIMS management system for training.

FY08 Priorities

Strengthening Coordination and Implementation Capacity

The USG will seek to boost Ivorian government planning, coordination, and policy-making capacities in support of the national HIV/AIDS response. USG support will assist in the management of the Global Fund Country Coordinating Mechanism (CCM) and will build the capacity of the MLS and MOH to plan and coordinate HIV/AIDS services at regional and district levels. The USG will also help 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. Using findings from

the recent SPA, a USG partner will assist regional and 19 district teams in developing HIV/AIDS scale-up plans to address specific local needs. This activity will focus on planning, coordination, strategic thinking, and rational use of resources, taking into account existing limitations (e.g. finances, policies, human resources, involvement of communities). Key activities will include mapping district-level HIV/AIDS service provision data and providing on-site training to review and revise training management competencies and improve data collection, utilization, and dissemination. Building on training provided to managers from the MOH and district health teams in HIV/AIDS and other health services, 19 district management teams will be assisted to develop district-specific strategies and micro-plans to improve HIV/AIDS services.

Human Capacity Building

The assessment of public-sector human resources for health conducted in FY06 showed not only shortages but also high attrition among all cadres and identified gaps in critical skills sets. Consistent with the HRH strategy, the USG will continue to support the strengthening of the Ivorian government's capacity to train and retain human resources needed for the delivery of quality HIV/AIDS services. Efforts will 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. In close collaboration with the national network of PLWHA organizations, the Ministry of Labor, and the Ministry of Professional Teaching, PEPFAR partners will explore the possibility of creating a new cadre for PLWHA working as lay counselors (e.g. through a certificate of professional competency), followed by the development of appropriate incentives to help address sustainability issues regarding their continued involvement in the HIV/AIDS response.

Strengthening Management Capacities of the MOH Department of Human Resources (DRH)

The DRH plays an important role in managing HRH for the HIV/AIDS response but faces many challenges, including 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 will provide technical assistance for a rapid participatory institutional review of the DRH, including interviews of key stakeholders such as donors and coordinating bodies (e.g. the CCM). Findings and recommendations will be used to develop an action plan for strengthening the DRH's ability to operationalize the HR Strategic Plan. PEPFAR's assistance to the MOH will also include the development of policy and advocacy skills through the training of policy champions at central and regional levels who will be able to advocate for policy changes to address HRH challenges. The USG will assist the DRH to develop 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.

Workplace Programs

Building on activities started in FY07 through FHI and PPP/GDA, the USG in collaboration with other donors, UN System partners, and the Global Fund will assist the MLS in strengthening collaboration platforms between the private and public sectors as a way to increase workplace HIV initiatives. The USG will support 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 will also provide technical support to the MLS in strengthening 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.

Building Capacity of Local NGO/CBO/FBOs

The USG funded a pilot capacity-building initiative (FY07) by awarding performance-based sub-contracts to regional bodies for delivery of HIV/AIDS services in public facilities in Agnibilekro and Dimbokro, under the supervision of the MOH and the Ministry of the Interior and in collaboration with the Ministry of Finance. This initiative was successful in improving care and treatment services. The USG will continue and expand these activities with FY08 funds by increasing the number of sub-grantees and helping communities mobilize wraparound resources to improve the sustainability of HIV services.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	304
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	183
14.3 Number of individuals trained in HIV-related policy development	575
14.4 Number of individuals trained in HIV-related institutional capacity building	1260
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	665
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	465

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7078.08

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: Central GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17295.08

Planned Funds: \$0

Activity System ID: 17295

Activity Narrative: RIP+ (Réseau Ivoirien des Organisations de Personnes Vivant avec le VIH), a nationwide umbrella network of PLWHA 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, advocacy, and mentoring, RIP+ seeks to strengthen the capacities of its 43 active affiliates to build national and local responses to the HIV/AIDS pandemic. A partner of the Ministry for the Fight Against AIDS (MLS) and the Ministry of Health (MOH), 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 (at least \$603,922 in FY07) as 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 testing day, (5) provide care and support to newly diagnosed PLWHA, and (6) provide home-based palliative care to those in need.

RIP+ will manage the project and provide sub-grants and organizational and technical capacity-building to its affiliate organizations. Direct care and support, as well as CT promotion and services, will be delivered by local staff members of affiliate PLWHA organizations. Over three years, the project is expected to result in HIV counseling and testing 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.

In conjunction with technical capacity development interventions, the project will help ensure that RIP+ affiliate organizations have the necessary management and organizational capacities to sustain their technical contributions to a scaled-up HIV/AIDS response at the community level. A special emphasis will be placed on networking, working in partnership with already-existing programs, and building capacity to leverage other resources as a way to ensure sustainability of their activities.

In FY08, in coordination with national authorities, key partners (including Alliance Cote d'Ivoire and JHU/CCP), and national stakeholders, the RIP+ will:

- Develop its headquarters capacity to provide sub-grants and technical and administrative/management support to its NGO affiliates;
- Provide the necessary technical support for the organizational development of 25 affiliate organizations, including support to develop their internal systems and procedures. In consultation with local stakeholders, a Project Selection Committee will be formed, and competitive and transparent granting systems will be established;
- Continuously work to promote and enforce an 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 rules while creating an enabling environment in which PLWHA can collectively determine their goals. The code will address themes such as values, transparency, good governance, accountability, and partnership. RIP+ will reinforce the Code of Conduct by leading by example;
- Reinforce the capacities of the 25 affiliate NGO/CBO/FBOs to contribute to HIV prevention, care, and/or treatment services, with technical support to promote good governance, develop effective advocacy skills, and build capacity in basic bookkeeping, partnership building, resource mobilization, and monitoring and evaluation;
- Develop lessons learned and recommendations for sustainability and continuity of quality services, focusing on networking models and fund-leveraging capacity with local governments, the private sector, and diverse donors.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17293, 16779, 17292, 17082

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17293	17293.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
16779	16779.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17292	17292.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0
17082	17082.08	7078	7078.08	NPI RIP+ GHH-A-00-07-00016-00	Network of People Living with HIV/AIDS	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	175	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7640.08	Mechanism: CDC TBD
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17145.08	Planned Funds: \$0
Activity System ID: 17145	
Activity Narrative: Deleted.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	5	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	10	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	5	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5	False

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5321.08

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 9925.08

Activity System ID: 15086

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

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$1,910,000

Activity Narrative: Abt Associates has been providing technical assistance to the Ministry of Health (MOH) to strengthen the national health system's capacity to deliver HIV/AIDS services. Building on previous activities and strong relationships developed with the MOH and the USG/CI, Abt proposes to provide substantial technical assistance to build the institutional capacities of the MOH, Ministry of the Fight Against AIDS (MLS), MOH's Department of Human Resources (DRH), National Training Institute for Health Agents (INFAS), Department of Training and Research (DFR), and National HIV/AIDS Care and Treatment Program (PENPEC). The main purpose of FY08 activities is to continue strengthening the managerial and leadership capacities of program managers, administrators, and policy-makers at central, district, and community levels to respond to the HIV/AIDS epidemic. These activities will support USG partners and the Ivorian government in achieving PEPFAR and national objectives.

The following eight activities are targeted for central and decentralized levels:

Strengthening the DRH's Institutional Capacity to Manage Human Resources for Health (HRH). The DHR faces many challenges, including inadequate capacity to provide sustained supervision and management of HR, a weak HRH information system, and limited infrastructure. Abt will address these challenges by:

1. Conducting a rapid participatory institutional review of the DRH to look at issues such as personnel, infrastructure, and roles and responsibilities as they relate to and support HRH. The review will ensure the DRH's ownership of results by including its viewpoint, vision, and input on strategies for improving its performance.
2. Identifying and interviewing key stakeholders, such as donors and coordinating bodies (e.g. the Global Fund Country Coordinating Mechanism) to better understand how they articulate their plans, problems, and strategies vis-à-vis the DRH.
3. Preparing a summary report outlining challenges and opportunities and making recommendations for future steps.
4. Creating an action plan to align and strengthen HRH at all levels of HIV/AIDS care. The plan will facilitate resource mobilization to operationalize the HR Strategic Plan.

Building the DRH's Sustainable Policy Capacity. DHR staff will need to learn new skills to implement existing policies and mobilize resources to hire, train, and retain human resources at all levels of care. Abt will strengthen policy skills and expertise by integrating the concept of policy champions. Efforts to build in-country capacity will focus on identifying and strengthening policy skills among 30 policy champions, 20 regional-level managers, and 10 central-level policy specialists. Policy champions will be trained in three key policy areas: policy review, policy development, and policy evaluation. At the end of this intervention, trained champions will be able to develop and implement strategies to advocate and to mobilize resources at national, regional, and sub-regional levels.

Developing a Computerized Human Resource Information System. Abt will support DRH efforts to develop an information system capable of providing up-to-date HR data. The Human Resource Information System (HRIS) will monitor HR needs to support the sustained delivery of quality HIV/AIDS services. The project will interface with JHPIEGO's Training Information Management System (TIMS). The HRIS will monitor employment, skill levels, distribution, and staffing needs in the health sector. Abt will support the DRH to develop, test, and install HRIS electronic and paper-based systems in 30 facilities with high HIV/AIDS patient volume in five regions. The components installed at health centers will operate and generate required reports using only paper-based tools. Those installed at provincial and district hospitals will be computer-supported to ease the burden of reporting.

Building MOH Capacity to Coordinate and Plan HIV/AIDS Services at Regional and District Levels. Abt will work with the MOH to develop and implement a minimum package of health management systems and competencies for HIV/AIDS service delivery in the public sector. Using findings from the recent HIV/AIDS service provision assessment (SPA), the team will assist regional and 19 district teams in developing HIV/AIDS scale-up plans to address specific local needs. Key activities will include (1) mapping district-level HIV/AIDS service provision data, (2) providing on-site training to review and revise training management competencies, (3) assisting management teams to use strategic information and SPA data to develop decentralized district-level targets and strategies, (4) facilitating presentation of each district's management strategy to the MOH, and (5) distributing district management plans to health facilities in each district.

Building Long-Term Institutional Capacity of District Health Institutions to Deliver HIV/AIDS and Other Priority Services. As the health sector moves forward with administrative and financial decentralization, regional and peripheral institutions urgently need capacity building to assume their new roles. Abt, in consultation with the National Public Health Institute (INSP) and Department of Training and Research (DFR), will build management capacity of district health institutions to deliver HIV/AIDS and other priority health services. The project will collaborate with the PNPEC to align this activity with the development of micro-plans for the districts. Key activities will include (1) developing the minimum package of capacity-building activities for district managers, coordinators, and local government officials, (2) developing criteria for identifying pilot districts, (3) identifying key staff to participate in off- and on-site intensive training, and (4) provide long-term mentoring to pilot districts. Abt will sign a sub-agreement with the INSP and DFR to undertake this activity. Activities will include quality control and M&E to ensure optimum integration of all HIV/AIDS interventions by the INSP and DRF.

Strengthening a New Generation of Faculty at INFAS Nursing Schools. This activity will build on the recent HR assessment and HR policy strategy to strengthen the production of quality nurses and laboratory technicians. INFAS has requested assistance from Abt to strengthen a new generation of faculty at its three training institutions in Abidjan, Bouake, and Korhogo. Abt will collaborate with the Ministry of Education (MEN), DFR, JHPIEGO, and other key partners to train 10 master trainers/site preceptors and upgrade the skills of 60 nursing faculty to a higher level of training. Abt will focus on strengthening instructional design, while JHPIEGO will focus on effective teaching and course evaluations. To implement this activity, Abt will identify and train a core team of trainers in new instructional-design techniques focusing on emerging issues in capacity building. Master trainers will conduct four intensive in-service training sessions with about 15 participants for two weeks. This will also ensure the institutionalization and long-term sustainability of faculty training at INFAS. Abt will offer targeted mentoring support to 60 new instructors on-site and at the three INFAS sites. Training will include updating the teaching environment and incorporating new technology within each institution.

Activity Narrative: Matching Pre-Service Training With Real-World Skill Needs of INFAS and UFR Graduates. The INFAS and UFR have solicited further assistance from Abt to conduct a rapid appraisal of nurse and physician core skills needed in the changing environment. In the past three years, JHPIEGO has assisted the INFAS to integrate HIV/AIDS in existing curricula. In FY08, Abt will collaborate with the DFR and JHPIEGO to conduct a rapid appraisal of nursing skills. Abt will apply state-of-the-art tools to interview current and would-be employers to understand core skills required for nurses and lab technicians to work effectively in the health sector. Key activities will include 1) review of the core curriculum in collaboration, (2) building consensus with key stakeholders on the assessment approach, (3) conducting targeted interviews with current and would-be employers on core skills, (4) analyzing and disseminating the findings to all key stakeholders. Findings from this assessment will assist JHPIEGO and other partners in updating pre-service clinical training at the INFAS and UFR.

Strengthening the INFAS Reference Library. Training a new generation of nurses and lab technicians requires INFAS to be up to date with emerging issues in HIV/AIDS patient management. Abt will facilitate twinning of the INFAS with the George Mason School of Nursing to strengthen the INFAS reference library. George Mason will assist the INFAS with print and electronic reference materials, while Abt will identify and print publicly available reference documents from key institutions such as WHO, CDC, UNAIDS, USAID, FHI, etc. The project will provide four desktop computers and printers to facilitate student access to electronic documents.

Conducting a Comprehensive National Health Systems Assessment. The MOH believes that a comprehensive health system assessment is needed to give an overview of the health system's functionality. In collaboration with MOH, Abt proposes to diagnose the system's performance by identifying strengths and weakness and developing practical strategies and recommendations based on an understanding of priorities and programming gaps in Cote d'Ivoire. The project will gather information on key health system functions, including governance, health financing, health service delivery, human resources, pharmaceutical management, and health information systems.

To help build a unified national M&E system, Abt will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9925

Related Activity: 17079

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22472	9925.22472.09	U.S. Agency for International Development	Abt Associates	9679	5321.09	ABT Associates 20: 20 GHS-A-00-06-00010-00	\$2,000,000
9925	9925.07	U.S. Agency for International Development	Abt Associates	5320	5320.07	Private Sector Partnership One (PSP One)	\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17079	9924.08	7036	5320.08	Private Sector Partnership One (PSP One)	Abt Associates	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	15	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	False
14.3 Number of individuals trained in HIV-related policy development	30	False
14.4 Number of individuals trained in HIV-related institutional capacity building	300	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

Other

Teachers

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7225.08

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 10130.08

Activity System ID: 17072

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$350,000

Activity Narrative: With USG funding since 2004, JHPIEGO provides technical and logistical assistance to build human capacity in support of quality HIV service delivery in Côte d'Ivoire. Working in collaboration with the Ministry of Health (MOH), its National HIV/AIDS Care and Treatment Program (PNPEC), and PEPFAR implementing partners, JHPIEGO has provided technical support to strengthen and scale up in-service training by building national pools of trainers and of master/advanced trainers with expertise in HIV/AIDS. Part of a larger strategy to build organizational capacity rather than simply individual capacity, master/advanced trainers are able to train and supervise other trainers. Achievements include:

- Development of national pools of trainers in PMTCT (20), CT (20), and medical management of people living with HIV/AIDS (20 trained in ART).
- Development of a national pool of advanced trainers (15).
- Follow-up, supervision, and mentoring of JHPIEGO-trained trainers conducting PEPFAR partners' trainings.
- Tracking of service providers and trainers trained in HIV/AIDS-related services through the Training Information Monitoring System (TIMS). TIMS collects a wide variety of data related to HIV/AIDS trainings, including background information and skills of service providers trained, the content and number of training workshops carried out by partners, the qualifications and skills of trainers, and the geographic location of service providers and trainers.

Trainers from the national pool have provided trainings for a number of PEPFAR partners, including FHI, EGPAF, ACONDA, the National OVC Program, and ANADER, as well as other partners in-country (UNICEF).

With FY07 funds, and in collaboration with the MOH, PNPEC, WHO, and PEPFAR implementing partners, JHPIEGO is continuing the process of follow-up, supervision, and mentoring of JHPIEGO-trained trainers as well as data collection on training through TIMS. Twenty more advanced trainers are being trained.

In FY08, JHPIEGO will provide technical support to the MOH and PNPEC to continue to build human capacity and increase the pool of national trainers in Abidjan and 10 health districts. This will help address concerns that the pool of national trainers is insufficient to meet partners' training needs and that a majority of national trainers are Abidjan-based and not accessible at regional levels. With FY08 funding, JHPIEGO will:

- Reinforce human capacity at the national level by training 25 more advanced trainers, increasing the number of advanced trainers from 35 (as of FY07) to 60.
- Conduct five clinical training skills trainings (in PMTCT, CT, ART, OVC, and laboratory skills (CD4 count and HIV testing)) to increase the national pool of trainers from 60 to 160. JHPIEGO will ensure that these trainings include trainers from the 10 health districts (40 regional trainers).
- Monitor new trainers as they lead training sessions to provide feedback on training techniques.

All logistics and arrangements will be supported by the PEPFAR coordinating partners; JHPIEGO will provide the materials and technical assistance.

Building on current work to strengthen both pre-service and in-service HIV/AIDS training, JHPIEGO will explore the feasibility of introducing innovative learning approaches and media to continually update the skills and knowledge of faculty, students, clinical preceptors, and already-deployed service providers to ensure quality HIV/AIDS-related services.

As a first step, JHPIEGO will conduct a basic needs assessment to determine perceived needs of the three key teaching institutions (UFR, INFAS, and INFS), affiliated hospitals, the MOH, and Ministry of the Fight Against AIDS (MLS). The assessment will explore the continuing-education interests and needs of faculty, students, preceptors, service providers and other stakeholders and government representatives, including where they currently get their HIV/AIDS information and updates; their access to computers, e-mails, and the Internet; and their comfort levels with using computers and software programs. Findings will be shared with the MOH, PNPEC, and USG team and used to develop a continuing-education strategy and interventions for Cote d'Ivoire.

To respond to the immediate need to provide faculty, students, preceptors, and service providers with the most up-to-date information on HIV/AIDS, JHPIEGO will collaborate with the MOH to produce a periodic newsletter on HIV/AIDS, to include case studies, new developments, research findings, innovative programs, best practices, and lessons learned. The newsletter will be developed and disseminated on a quarterly basis and will include contributions from other PEPFAR partners, providers, and faculty members.

In FY08, JHPIEGO will also explore the feasibility of developing and implementing an HIV/AIDS-specific electronic learning management system (LMS) for Cote d'Ivoire that involves adapting approved HIV/AIDS training packages (on ART, CT, PMTCT, and others to be determined) into a modular electronic training format. LMS programs can be implemented at teaching institutions so that teaching faculty can use them as a resource for teaching students, and they can be installed at the hospital level to support providers (JHPIEGO is currently implementing a similar program in Ethiopia).

If determined to be feasible, a pilot LMS program will be designed to focus on pre-service education and/or in-service training in Cote d'Ivoire. A non-Internet-based LMS in HIV/AIDS content will be developed, reflecting a variety of learning methodologies. The process includes mapping content and designing and recording lectures, games, video demonstrations, and other interactive learning methods to technical content. The LMS program will be installed and field-tested at the three teaching institutions in Abidjan. Key faculty at the three institutions will be selected as core champions of the program and will be trained on using the LMS. They will also be oriented on methods of incorporating use of the LMS into HIV/AIDS teaching sessions.

To ensure the functional ability and appropriate implementation of the LMS, JHPIEGO will procure essential IT equipment and provide IT-specific technical assistance to maintain the LMS program at the three institutions. JHPIEGO will work with Abt Associates to identify appropriate partners to help with the proposed plans for strengthening these institutions.

Activity Narrative: JHPIEGO will monitor the implementation of the LMS pilot program and document the practices of instructors incorporating the LMS into their HIV/AIDS teaching practices, their interest in expanding electronic learning for HIV/AIDS teaching, and the use of the LMS by faculty, students, and others.

A stakeholders meeting will be held after three to six months to review the pilot program and determine whether it should be expanded to the in-service level at a first cohort of hospitals.

JHPIEGO will implement an M&E plan tracking project-specific, 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, JHPIEGO will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10130

Related Activity: 16763, 17376, 17383, 17076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22399	10130.2239 9.09	U.S. Agency for International Development	IQC AIDSTAR	9660	7225.09	IQC AIDSTAR	\$400,000
10130	10130.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	5323	5323.07	CoAg #U62/322428 JHU UTAP (JHPIEGO/JHU Communication)	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16763	16763.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$200,000
17376	10531.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$323,000
17383	17383.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$100,000
17076	17076.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	150	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5320.08

Mechanism: Private Sector Partnership One (PSP One)

Prime Partner: Abt Associates

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 9924.08

Activity System ID: 17079

USG Agency: U.S. Agency for International
Development

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$200,000

Activity Narrative: The fight against HIV/AIDS in the workplace in Cote d'Ivoire is coordinated by the Ministry of the Fight Against AIDS (MLS) and has two main target groups: the public sector and the private sector. In the public sector, 26 ministries have established HIV/AIDS sectoral committees, which coordinate activities by 20 functional sub-committees targeting about 40,000 civil servants. Each sectoral anti-HIV/AIDS committee is chaired by the minister in charge of the sector and is responsible for coordinating and monitoring the strategic orientation of all sectoral activities with regard to HIV/AIDS. In the private sector, companies have set up 200 HIV/AIDS committees targeting about 25,000 individuals and their families. These companies are part of three umbrella organizations that are members of the Business Coalition (CECI).

With FY07 funds, in collaboration with the MLS, Abt subpartner, FHI is providing technical assistance to the sectoral committees and the private-sector umbrella organizations in support of HIV prevention and care activities in the workplace, in partnership with GTZ, ILO, the Global Fund, and other partners.

FHI provides technical support to MLS in strengthening 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.

FHI is working to strengthen collaboration and coordination among service-delivery organizations by supporting them in the establishment and operation of technical working groups and assisting in the design and implementation of activities. Seven ministries (Labor, Health, Education, Industry, Security, Family and Social Affairs, and Agriculture), three trade unions, and the CECI business coalition are benefiting from this support in providing services to staff infected and affected by HIV as well as to their families and communities, including HIV prevention interventions, counseling and testing, peer support, and linkages to health and social services offered by providers from the public and private sectors. FHI is also supporting these partners in developing and implementing HIV/AIDS activities in the workplace, including introductory HIV/AIDS sessions through sensitization of public- and private-sector managers, establishment of technical task forces, and development of training curricula and training workshops for peer educators.

FHI is supporting workplace networks and labor unions (UGTCI, FESACI and DIGNITE) in the development of operational plans and follow-up of activities in the areas of prevention and referral for counseling and testing, care, treatment, and support.

With FY07 funds, FHI is continuing to disseminate the national HIV-in-the-workplace policy, best practices, and other norms and standards documents. FHI continues to assist the Ministry of Education (MEN) and the Ministry of Health (MOH) by supporting activities of seven technical task forces and the training of 20 trainers and 40 peer educators. In addition, FHI has extended its support to the public sector by targeting additional ministries (Handcraft, Interior).

FHI is also contributing to strengthening the monitoring and evaluation system for workplace interventions through training sessions, revision of indicators and data-collection tools, and support for implementation of M&E plans.

FHI is also receiving \$30,000 from the World Cocoa Foundation (WCF) to help build and strengthen health and wellness activities for the Sustainable Tree Crop Program (STCP) over an 18-month period ending in September 2008. The project targets four villages in the district of Abengourou and is designed to mitigate the impact of HIV/AIDS and malaria on the agricultural population. With funds allocated by WCF and in collaboration with key partners (STCP, MLS, MOH, ANADER, GTZ, CECI, and FDPCC), FHI is working to conduct a situational analysis, develop prevention sessions through peer education, conduct training sessions, and establish a referral network for services including HIV counseling and testing, care and support, antiretroviral treatment (ART), and OVC care. Linkages have been established between the project and local NGO/CBOs (CERAB, APROSAM). FHI is advocating for additional funds from WCF and/or others to replicate the project in other villages and regions.

With FY08 funds, FHI will continue to assist the MLS and its Multisectoral Division in the establishment of a collaboration platform between the private and public sectors in order to share materials and best practices for the coordination of HIV activities in the workplace.

Based on the national workplace extension plan developed in 2006, FHI will use FY08 funds to support an increasing number of public- and private-sector workplace committees, as well as to pursue public-private partnerships through the STCP workplace interventions model.

Specific activities in FY08 will include:

1. Supporting the MLS Multisectoral Division in strengthening AIDS-control sectoral committees through elaboration/review and implementation of their action plans. Two additional sector committees (ministries of Trade and of Transport) will receive support, bringing to nine the number of workplace HIV/AIDS sectoral committees receiving support.
2. Pursuing advocacy for HIV/AIDS-in-the-workplace programs, focusing primarily on 40 supervisors, 80 employees, and 40 influential women in the public and private sectors. Advocacy activities will be conducted in partnership with GTZ, JHU/CCP, REPMASCI, and RIP+.
3. Continuing collaboration with PEPFAR and other partners, including the Chamber of Commerce, for the integration of AIDS-control interventions in the workplace in the three departments hosting the IRIS model (San Pedro, Abengourou, and Yamoussoukro), as well as in the four newly selected departments where IRIS will extend its activities in FY08.
4. Continuing support for the 15 public- and private-sector committees in the development and implementation of HIV/AIDS workplace activities, including the development and implementation of work plans.
5. In collaboration with UNAIDS and ILO, updating and disseminating best practices for HIV/AIDS workplace activities. FHI will re-examine and update a best-practice document elaborated in 2005, assess

Activity Narrative: existing practices, and organize a workshop to develop a consensus on best workplace practices and activities.

6. Continuing the dissemination of documents related to policy, charter, minimum package of services, cost analysis, and finance mechanisms for workplace programs.

7. In collaboration with Measure and CDC/Projet Retro-CI, continuing to strengthen the national M&E system for AIDS control in the workplace through the revision of indicators, evaluation and revision of data-collection tools, and training of 60 actors in the private sector and 20 from the public sector.

8. Supporting the MLS in mapping workplace interventions in order to better understand the distribution of public and private workplace activities and identify needs and gaps.

9. Pursuing additional funds to replicate the public-private partnership with the WCF and STCP in five additional villages of Abengourou and in two additional regions where STCP intervenes.

FHI will continue to implement an M&E plan tracking project-specific, 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, FHI will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9924

Related Activity: 15086, 15117, 15118, 17128, 15119

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22473	9924.22473.09	U.S. Agency for International Development	Abt Associates	9680	5320.09	Private Sector Partnership One (PSP One)	\$300,000
9924	9924.07	U.S. Agency for International Development	Abt Associates	5321	5321.07	ABT Associates 20: 20 GHS-A-00-06-00010-00	\$1,750,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15117	4558.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$1,386,529
15118	5038.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$415,000
17128	5042.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$900,000
15119	5046.08	7047	5314.08	CoAg FHI/ITM (HVP) #U62/CCU324473	Family Health International	\$300,000
15086	9925.08	7037	5321.08	ABT Associates 20: 20 GHS-A-00-06-00010-00	Abt Associates	\$1,910,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	79	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	79	False
14.3 Number of individuals trained in HIV-related policy development	160	False
14.4 Number of individuals trained in HIV-related institutional capacity building	160	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	280	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	280	False

Target Populations

Other

Business Community

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7219.08	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: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 10568.08	Planned Funds: \$500,000
Activity System ID: 17066	

Activity Narrative: The political situation in Cote d'Ivoire has left only two primary donors for HIV/AIDS: PEPFAR and the Global Fund (GF). Côte d'Ivoire is the recipient of a Round 2 GF grant for HIV/AIDS in the amount of \$46,139,043, beginning Dec. 1, 2003, and ending Nov. 30, 2008. The principal recipient of this grant was the United Nations Development Program (UNDP), with PricewaterhouseCoopers as local fund agent. The GF withheld funds from a Phase 2 disbursement planned for Oct. 31, 2006, after UNDP failed to meet conditions (described in a modification-to-grant agreement) that included a revised procurement plan, transparency and accountability regarding the cost-recovery system for care and treatment, and revised guidelines for selecting sub-recipients and monitoring sub-recipients' activities.

Earlier, in August 2006, PEPFAR had to issue an urgent order using country funds to avoid an imminent stock-out of ARVs due to a previous GF disbursement withholding. Cote d'Ivoire's Minister of Health requested assistance from funding partners to provide ARVs during this crisis period. In response, the USG PEPFAR team in Côte d'Ivoire and the Office of the U.S. Global AIDS Coordinator (OGAC) authorized the Partnership for Supply Chain Management (SCMS) to procure ARVs for six months (three months of stock until March 2007 plus three months of buffer stock), at an estimated cost of \$3 million. As of Jan. 25, 2007, SCMS had committed \$2,343,902 to purchase ARVs.

In FY07, the USG country team worked in close collaboration with the GF Geneva team to engage Cote d'Ivoire's CCM in transparent processes for the nomination of a new PR and for reform of the CCM. A Management Sciences for Health (MSH) team concluded the first part of the CCM reform assignment in May 2007. It recommended the following steps:

- Change of the CCM (through modifications in its establishment decree) from an organization that is by default associated with the Ministry of Health (MOH), with the minister as CCM chair, to an organization that is associated with a technical section of the prime minister's office or the Ministry of Planning. This is the most feasible intermediate step to address the immediate, inherited conflict of interests while the CCM works toward a longer-term solution that would include establishing the CCM as an independent NGO.
- A transition process led by the current CCM, with milestones that include CCM members' election by their own sectors and dissolution of the current CCM and constitution of the new CCM.

PEPFAR plans to continue to fund technical assistance through the MSH team. In FY08, technical support will focus primarily on the Oversight Committee to ensure that quarterly oversight is provided and that committee members and resource persons acquire experience in identifying and resolving problems surpassing the authority of the PRs. Technical support will also focus on the Executive Committee and its relations with the full CCM, emphasizing transparency and referral of decisions to the full CCM and fostering open discussion and debate by all members. Support to the CCM will be directed to ensure that the CCM makes a timely and informed decision about a Round 8 submission based on a thorough and high-quality gap analysis for each disease.

Regarding support for a quality-controlled, capacity-building proposal-development process, MSH will provide a technical support team of facilitators and finance and targeting experts, as well as support for budgeting, partnership mobilization, and design. The team will guide the CCM/CI through a transparent proposal-development process mobilizing civil-society partners and based on gap analysis. Skills building with CCM members will focus on key decisions of themes, objectives, principal recipients, sub-recipients, size of project, and review of drafts. Skills building with national program managers and future partners will focus on producing a high-quality, multisector proposal that includes explicit grants-management and capacity-building activities.

MSH will scale back its support as the CCM demonstrates skills and transparent decision-making and acquires a strong local expert pool. This phase will end with a one-year evaluation of the CCM

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10568

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22386	10568.2238 6.09	U.S. Agency for International Development	Management Sciences for Health	9655	7219.09	Global fund technical support Tasc order	\$350,000
10568	10568.07	U.S. Agency for International Development	Management Sciences for Health	7324	7324.07	MSH	\$50,000

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	15	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas

18 Montagnes
 Agnebi
 Bas-Sassandra
 Denguélé
 Haut-Sassandra
 Lacs
 Lagunes
 Marahoué
 Moyen-Comoé
 N'zi-Comoé
 Savanes
 Sud-Bandama
 Sud-Comoé
 Vallée du Bandama
 Worodougou
 Zanzan

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7225.08	Mechanism: IQC AIDSTAR
Prime Partner: IQC AIDSTAR	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17076.08	Planned Funds: \$450,000

Activity Narrative: Although attempts have been made to improve pre-service education in Cote d'Ivoire, most teaching institutions use out-of-date teaching methodologies and curricula. Faculty have little access to up-to-date information, and there is a disconnect between didactic and practical learning, especially in the case of medical and nursing students. A lack of agility in systems to update curricula in response to changing national health-care needs is a problem that has resulted in inadequate levels of teaching and learning in critical "newer" health domains such as HIV/AIDS, TB, and malaria.

With USG support, JHPIEGO has been working in Cote d'Ivoire since 2004 to strengthen pre-service education and integrate HIV/AIDS into the curricula of three key teaching institutions: UFR-SMA (for physicians), INFAS (for nurses and other health agents), and INFS (for social workers). These efforts are expected to have a substantial downstream benefit as medical, nursing, and paramedical students graduate with the skills to immediately support HIV service delivery. By ensuring that medical and nursing students possess basic knowledge and skills in HIV/AIDS, strengthened pre-service education (i.e. training in which essential HIV/AIDS content has been integrated) has the potential to reduce the need for in-service training, thus saving the country valuable resources currently spent on in-service training.

Achievements to date include:

- Development and validation of comprehensive training materials for PMTCT, CT, and HIV treatment based on national and international standards and materials and adapted to the Côte d'Ivoire context;
- Integration of HIV modules in training curricula of the three teaching institutions;
- Formation of advisory groups to coordinate the pre-service strengthening process;
- Training of a critical mass of teachers (100) from these teaching institutions in adult training techniques and in use of standardized modules for PMTCT, CT, and ART to strengthen their teaching methodologies in classroom settings;
- Training of a pool of advanced trainers (20) affiliated with the teaching institutions in effective teaching skills to strengthen their ability to conduct competency-based training for their peers (other faculty).

With FY07 funds, and in collaboration with the Ministry of Health, the Ministry of Education, WHO, and implementing partners, JHPIEGO is in the process of:

- Reinforcing the three teaching institutions' capacity to acquire effective teaching skills by training:
 - 60 additional faculty in HIV/AIDS content, including staff from INFAS in Bouake and Korhogo
 - 20 additional advanced trainers (added to the 20 trained in FY06);
- Conducting follow-up visits to observe and mentor faculty as they teach in classroom settings and/or follow-up and monitor their students;
- Supporting faculty who are advanced trainers to train their peers in effective teaching skills;
- Working closely with the National HIV/AIDS Care and Treatment Program (PNPEC) and EGPAF to begin identifying and selecting 10 clinical training sites for competency-based training for students.

With FY08 funds, JHPIEGO will build on FY07 interventions and expand its pre-service education activities to regional teaching institutions (UFR-Bouake, INFAS-Bouake, and INFAS-Korhogo). Based on action plans developed by each teaching institution during an effective teaching skills workshop in April 2007, the following activities were determined as key additional steps needed to strengthen pre-service education and to fully integrate HIV/AIDS into curricula for medical, nursing, and social work students:

1. Developing a critical mass of highly skilled trainers (master trainers and advanced trainers) among faculty from the three teaching institutions in Abidjan to build institutional capacity and promote ongoing curricula revisions using adult learning techniques;

- Instructional design training (20 participants) for faculty who participated in effective teaching skills training to become master trainers. This is the final step in JHPIEGO's mastery approach and is essential for developing master trainers and for building the capacity of the teaching institutions to develop their own courses and competency-based learning resource packages;
- A second effective teaching skills workshop to increase the pool of advanced trainers from 20 to 40. This is particularly important for UFR, since it has a total of 300 faculty that need to be trained in HIV/AIDS and only 10 UFR faculty participated in the first workshop;
- Two clinical training skills courses (40 participants total) with emphasis on coaching and demonstration skills for preceptors from the newly identified practical training sites.

2. Decentralizing the pre-service training approach to regional faculty in Bouake and Korhogo teaching institutions. (This is a continuation activity initiated in FY07).

- Conduct two clinical training skills trainings for UFR (20 participants) and INFAS (20 participants) faculty in regional teaching institutions (Bouake and Korhogo) to expand their pool of trainers;
- Include regional faculty in all advanced training activities (e.g. the effective teaching skills workshop mentioned above) to increase the pool of advanced regional trainers.

3. Conducting follow-up visits to supervise and mentor newly trained faculty to ensure that HIV/AIDS is fully integrated in curricula.

- Develop structured observation tools for follow-up visits to evaluate the effectiveness and quality of trainings;
- Conduct follow-up visits to classrooms to observe the skills of trained faculty while they are teaching. In particular, JHPIEGO staff will monitor the cascade training conducted by newly trained faculty who participated in the effective teaching skills training (advanced trainers) as they train and mentor their faculty peers. This will ensure the quality of teaching skills among faculty and the implementation of pre-service curriculum changes;
- Conduct follow-up visits to faculty from Abidjan and from regional teaching institutions (Bouake and Korhogo) in conjunction with advanced trainers from the teaching institutions. This will allow master and advanced trainers to build their supervision skills and strengthen UFR and INFAS capacities to monitor their own faculty, promoting sustainability;
- Follow-up visits to the training sites while newly trained preceptors are training and coaching students and while master trainers coach preceptors.

Activity Narrative:

4. Strengthening/upgrading skills-based labs at UFR and INFAS through the provision of anatomical models and other materials to strengthen the practical training and decision-making skills of students.

- Provide materials for four skill labs and the 10 new clinical training sites.

Materials include job aids, laminated learning guides for students to practice while they are role-playing, basic infection-prevention (IP) materials to simulate IP practices, and anatomical models (e.g. the Zoë model) to improve PMTCT services, since service providers are required to perform clean and safe deliveries.

5. Establishing 10 model clinical training sites for competency-based training for teaching institutions. (This is a continuation activity initiated in FY07.)

- Identify 10 model sites in collaboration with the PNPEC, UFR, INFAS, INFS, EGPAF, and ACONDA;
- Upgrade training competencies of preceptors (four preceptors per site) at selected model clinical training sites;
- Follow-up visits to mentor trained preceptors at selected sites and to provide technical updates on HIV/AIDS;
- Provide necessary equipment, materials, and supplies to strengthen the 10 sites.

JHPIEGO will work closely with the dean of the faculty of medicine, the directors of both INFAS and INFS, the Department of Training and Research (DFR), and other relevant ministries and PEPFAR partners (including Abt Associates) to ensure that all of its pre-service activities are integrated and linked to Cote d'Ivoire's National Human Resources Strategy and complement other in-country human development capacity efforts and interventions. JHPIEGO will work with Abt Associates and the PNPEC to ensure that the model sites are in MOH pilot districts and among those receiving support to develop micro-plans.

JHPIEGO will implement an M&E plan tracking project-specific, 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, JHPIEGO will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16763, 17376, 17383, 17072

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16763	16763.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$200,000
17376	10531.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$323,000
17383	17383.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$100,000
17072	10130.08	7225	7225.08	IQC AIDSTAR	IQC AIDSTAR	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	120	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5303.08

Prime Partner: Ministry of AIDS, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 17062.08

Activity System ID: 17062

Mechanism: CoAg Ministry of AIDS
#U62/CCU024313

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$400,000

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 achievements from this collaboration include the following:

- 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.
- Procurement of essential information technology infrastructure to strengthen the M&E unit.
- Creation and ongoing dissemination of the National BCC Strategy.
- Provision of various BCC training sessions for key partners.
- Production of BCC materials promoting abstinence and delay of sexual debut.
- Forums with communication partners to create new BCC messages and tools focused on women.

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 currently in the process of implementing a new organizational model, with a renewed focus on coordination as opposed to the 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.

With USG FY07 funds, MLS is continuing to implement the national M&E plan and to build its capacity for planning and M&E through:

- An evaluation of the implementation of functional M&E units in 13 administrative regions of the country under government control.
- Reproduction and dissemination of data-collection tools and other support materials.
- Coordination of M&E activities for community-level partners and other stakeholders, in collaboration with Alliance Cote d'Ivoire.

FY07 activities focus mainly on information, education, and communication; on training; and on the key issues of gender and stigma/discrimination. To reinforce institutional capacity for the fight against HIV/AIDS, the MLS is pursuing decentralization efforts by providing capacity building and training in BCC and HIV/AIDS information for:

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

Policy and systems strengthening activities for FY08 will focus primarily on continuing to build the capacity of the MLS to adequately fulfill its role as the key player in the central coordination of all HIV/AIDS activities. Activities will support increased information sharing and advocacy activities among stakeholders, including donors, international and bilateral partners, NGOs, and ministries, through the following activities:

- 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 Committee 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 fights against HIV/AIDS in Côte d'Ivoire.

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

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15133

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15133	4555.08	7055	5303.08	CoAg Ministry of AIDS #U62/CCU024313	Ministry of AIDS, Côte d'Ivoire	\$210,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	200	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8657.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 19372.08

Activity System ID: 19372

Mechanism: N/A

USG Agency: Department of State / African Affairs

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$320,000

Activity Narrative: In FY08, the USG will continue to contribute to the policy dialogue with the Ivorian Ministry of Economy and Finance for the development of public-private sector initiatives that can contribute to the sustainability of expanded HIV/AIDS prevention, care, and treatment services. However, PEPFAR programs will also expand beyond traditional public-private partnership (PPPs) by partnering with Embassy Abidjan's Political and Economic Section. The goal is to utilize the expertise and strengths of the State Department to leverage a more effective policy dialogue.

Specific activities of the Political/Economic Section with PEPFAR support will include:

- Creating partnerships based on the Global Development Alliance (GDA) model with U.S. and foreign NGOs (B/M Gates Foundation, others) to support private companies in building PPPs. Several private companies are currently focusing on sensitization efforts addressing child labor in the cocoa industry (Cote d'Ivoire is the world's top cocoa producer). The Pol/Econ section will work to expand and link these efforts while introducing a PEPFAR-supported HIV/AIDS component. In addition, the Pol/Econ section will target companies that are interested in corporate social-responsibility efforts in Cote d'Ivoire (e.g. Kraft, OLAM) to implement such activities in rural and urban settings.
- Leveraging other donors and partners (such as the World Bank, IMF, AfDB, EC, and GTZ) to promote good-governance campaigns focusing on civil society. The Pol/Econ section has experience with the Transparency Initiative national committee and similar structures created to enhance transparency within the agribusiness sector by focusing on training in financial and project management and accounting, financial auditing, the process of issuing RFPs and tenders, and the drafting of legislation. In partnership with other donors, the Pol/Econ section will expand its training to include a portion of PEPFAR's many local HIV/AIDS NGOs.
- Partnering with other donors to extend outreach of services to agribusiness producers in underserved areas. NGOs such as the Sustainable Tree Crops Program, Winrock, and others are interested in reaching out to farmers' groups in the North, especially groups that depend on products whose prices are currently in distress (cotton, raw cashews, unprocessed mangoes). PEPFAR partner ANADER (the National Agency for Rural Development) will reach out to farmers' groups in underserved areas. Using the Farmer Field School method, such groups will convene members of cooperatives and other farming groups to discuss methods of boosting yields, quality, and family incomes. In the context of each seminar or workshop, farmers will be sensitized on HIV/AIDS issues, including gender-based violence and the importance of educating children (particularly girls).
- Creating forums for an open dialogue on key policy and social challenges. The PEPFAR team will work closely with the Pol/Econ section to select discussion topics and processes that contribute to the fight against HIV/AIDS in Cote d'Ivoire. For example, with support from other donors, the Pol/Econ section will conduct seminars and roundtables focusing on building women's leadership, promoting good governance and transparency, eliminating the trafficking of girls, and the like. Ivorian civil society, senior government leadership, and other potential change agents will be part of the target audiences selected to participate in the seminars.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	10	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	5	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	5	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8657.08

Mechanism: N/A

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 19375.08

Planned Funds: \$30,000

Activity System ID: 19375

Activity Narrative: This activity is designed to enhance the effectiveness of Emergency Plan efforts through public outreach, information-sharing, and diplomacy functions and events. FY07 funds will be allocated to the State Department to help build both the public image and the social and technical networks of EP representatives for maximum effectiveness at policy-making, technical implementation, and public-relations levels. Examples of possible funded activities include a working breakfast with an interfaith coalition of religious leaders and a USG-sponsored campaign featuring public appearances by positive, unifying role models such as soccer stars to deliver behavior change communication (BCC) messages promoting delay of sexual debut, fidelity, partner reduction, HIV counseling and testing, and positive gender and social norms.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8262.08

Mechanism: Department of Defense

Prime Partner: US Department of Defense, In-Support

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 18816.08

Planned Funds: \$100,000

Activity System ID: 18816

Activity Narrative: Cote d'Ivoire is slowly emerging from a politico-military crisis and moving towards stability. In March 2007, peace accords were signed amongst the various political parties. This peace accord has allowed the US DOD to re-engage with the Ivorian armed forces. Therefore, the DoD will provide technical assistance to the Ivorian Ministry of Defense (MOD) to revise and implement a comprehensive HIV management policy. This activity will strengthen the partnership between the MOD and the USG to mobilize the MOD towards policy development and aggressive management of HIV and AIDS. Up to 20 key MOD commanders and staff members will be trained on HIV stigma reduction and two commanders conferences will be held to explain the latest MOD HIV/AIDS policy and stigma reduction program. The DOD EP program cocordinator will manage this program and administer funding through an experienced HIV/AIDS contractor that will be selected through a competitive process.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18813

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18813	18813.08	8262	8262.08	Department of Defense	US Department of Defense, In-Support	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Civilian Populations (only if the activity is DOD)

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Denguele-Bafing

Fromager

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen Cavally

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7225.08

Prime Partner: IQC AIDSTAR

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 17395.08

Activity System ID: 17395

Mechanism: IQC AIDSTAR

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$300,000

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

The USG country team believes that ANS-CI needs strong technical assistance in organizational capacity development to achieve its objectives and create sustainable systems. Therefore, the EP in FY08 will fund an AIDSTAR technical-assistance provider to be responsible for providing necessary capacity-development assistance and training to improve ANS-CI's performance and competitiveness and help the organization move toward achieving sustainability.

The TA provider will design and implement capacity-building interventions, including but not limited to:

- Provision of technical assistance and training in organizational development (technical capacities, good governance, procurement and human-resource management systems), based on a needs assessment
- Provision of technical assistance and training to improve financial management, based on the results of an ongoing pre-audit assessment
- Identification of management and financial costing tools and provision of training in their application
- Identification of other appropriate mechanisms for leveraging corporate competencies and incorporating them into the program for funding during subsequent years.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Coverage Areas

18 Montagnes
Agnebi
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Marahoué
Moyen-Comoé
N'zi-Comoé
Savanes
Sud-Bandama
Sud-Comoé
Vallée du Bandama
Worodougou
Zanzan

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5301.08

Prime Partner: Ministry of Health, Côte d'Ivoire

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 5056.08

Activity System ID: 15136

Mechanism: MOH- CoAg #U2G PS000632-01

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$500,000

Activity Narrative: Côte d'Ivoire is the country most severely affected by HIV/AIDS in West Africa, with an adult prevalence rate of 4.7% (National AIDS Indicator Survey, 2005). In pursuit of the Ministry of Health (MOH) objective of providing universal access to ART for all eligible 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 USG 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 technical assistance from PEPFAR partners. With FY07 funds, the MOH:

- Reinforced national coordination frameworks through the development of a consolidated plan and mapping of interventions;
- Reinforced local coordination bodies at the decentralized level in 10 of 19 health regions (18 Mountains, Bas-Sassandra, Denguele, Haut-Sassandra, Lakes, Lagoons, Moyen-Comoe, Savannes, South-Comoe, and Valley of Bandama);
- Strengthened the involvement and capacities of local authorities (mayors, presidents of general councils, district governors), including through resource mobilization, in order to promote local leadership and sustainability of the HIV/AIDS response;
- Led a human-resources assessment to inform development of a policy for the reinforcement of human resources for health, including an activity implementation plan (in collaboration with Abt Associates);
- Coordinated the development of a twinning relationship between the National Public Health Laboratory (LNSP) and the CDC/Retro-CI laboratory and worked to ensure that PEPFAR and Global Fund trainings are complementary to facilitate tracking of progress and standardization of services.

In FY08, the MOH will use USG funds to work through central, regional, and departmental structures to continue and strengthen interventions to improve planning, coordination, and capacity building for effective scale-up of HIV/AIDS activities in the health sector.

A particular effort will be made to improve national coverage in HIV counseling and testing, PMTCT, pediatric HIV/AIDS care, and antiretroviral treatment, with increased involvement of PLWHA and the community. The MOH will document best practices and promote a standard of excellence at the district level. To implement these activities, the MOH will engage technical assistance from national and international TA providers.

To accelerate the process of decentralizing HIV/AIDS services, the MOH will update decentralized care and treatment plans with a mapping of HIV/AIDS interventions in the health sector, including plans for integrated care and treatment and the development of micro-plans in the nine remaining regions. The MOH will also focus on the elaboration of a dissemination plan for all national documents related to HIV/AIDS care and treatment. All interventions will be implemented in close collaboration and coordination with other partners, especially Abt Associates, JHPIEGO, and EGPAF, in order to elaborate district models that can serve as best practices and be easily replicated.

To improve coordination of health-sector interventions, the MOH will:

1. Ensure the reproduction and dissemination of directives, norms, and standards of quality of care (CT, PMTCT, ART, pediatric treatment, palliative care);
2. Revise national care and treatment policies (clinical treatment, including pediatric treatment, as well as CT, STI management, PMTCT, palliative care, drugs and other commodities, nutrition, and TB/HIV);
3. Revise norms, guidelines, and standards of quality of care for trainers in service delivery (trainer guides, participant books, reference handbooks) in pediatric treatment, HIV rapid testing, PMTCT, CD4 count, and STI management;
4. Organize quarterly, semi-annual, and annual coordination meetings of all actors implementing health-sector HIV/AIDS interventions, along with meetings of the relevant working technical working groups (CT, PMTCT, palliative care, treatment). Funds will also contribute to organizing National and World AIDS Day activities in collaboration with the Ministry of the Fight Against AIDS (MLS).

The MOH will focus on the elaboration of quality-assurance tools and training materials and approaches (in collaboration with JHPIEGO); evaluation of training effectiveness; assessment of training needs (in collaboration with the Department of Training and Research (DFR) and the Department of Human Resources (DRH)); the creation of a documentation center at the PNPEC; and the production and dissemination of a quarterly journal on health-sector HIV/AIDS interventions. In addition, the MOH will participate in national and international meetings to remain relevant and current on HIV/AIDS policies and implementation.

The MOH will continue to implement an M&E plan tracking project-specific, 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, the MOH will participate in quarterly SI meetings and will implement decisions taken during these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10372

Related Activity: 15134, 15135, 15137

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22382	5056.22382.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Côte d'Ivoire	9652	5301.09	MOH- CoAg #U2G PS000632-01	\$1,000,000
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15137	9707.08	7057	4933.08	Track 1 MOH-CNTS (Blood Safety) #U62/CCU023649	Ministry of Health, Côte d'Ivoire	\$4,000,000
15134	12211.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$382,781
15135	5055.08	7056	5301.08	MOH- CoAg #U2G PS000632-01	Ministry of Health, Côte d'Ivoire	\$200,000

Emphasis Areas

Construction/Renovation

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

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

- * Family Planning
- * Malaria (PMI)
- * Safe Motherhood
- * TB

Wraparound Programs (Other)

- * Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	9	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	9	False
14.3 Number of individuals trained in HIV-related policy development	250	False
14.4 Number of individuals trained in HIV-related institutional capacity building	250	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

18 Montagnes
Bas-Sassandra
Denguélé
Haut-Sassandra
Lacs
Lagunes
Moyen-Comoé
Savanes
Sud-Comoé
Vallée du Bandama
Agnebi
Denguele-Bafing
Fromager
Marahoué
Moyen Cavally
N'zi-Comoé
Sud-Bandama
Worodougou
Zanzan

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5306.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 10337.08

Activity System ID: 15115

Mechanism: EGPAF Rapid Expansion
(country supp)

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$150,000

Activity Narrative: Since 2004, the USG has funded the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to assist the Ministry of Health (MOH) in supporting and expanding HIV/AIDS care and treatment and PMTCT programs while building on and complementing other programs supported by PEPFAR, the Global Fund, UNICEF, and others. Policy work has been an integral part of this expansion.

EGPAF supports program implementation through a variety of sub-recipients (NGO/CBO/FBO/private-sector partners) to provide HIV services in the health sector. These partners face diverse organizational challenges in achieving service-delivery goals and meeting USG reporting requirements, largely due to a lack of experience in HIV/AIDS program implementation and/or weak administrative and financial management systems. Building the technical and organizational capacity of these sub-grantees remains a high priority in the pursuit of sustainable quality services in Cote d'Ivoire.

EGPAF initially supported its local partners largely through cost-reimbursement grants but quickly saw varying output-to-cost levels and a lack of a strong drive to expand services since there was no direct relationship between the level of funding they received and the number of clients they served each quarter. In response to this problem and the need to support smaller CBOs and FBOs with no USG financial accounting experience, EGPAF developed a performance-based contracting (PBC) approach (modeled on the USG fixed obligation grant model) in which sites agree to deliver services according to predefined protocols and are funded in accordance with their documented patient loads.

This approach essentially pays recipients for services delivered and does not require the recipient organization to have as comprehensive an administrative or financial structure supporting the grant agreement. This makes awarding the grants significantly easier. However, EGPAF notes that smaller civil-society sites still need significant training in administration, financial management, stock management and forecasting, and M&E to deliver consistent high-quality services. EGPAF has been dealing with these issues largely through technical assistance but is moving toward a more formalized training approach that would cover more civil-society partners.

With FY07 funding, EGPAF has:

- Signed MOUs with the faculty of medicine of the University of Abidjan and the social workers training school and is close to signing an MOU with the pharmacy faculty. These agreements aim to address issues such as the lack of HIV/AIDS service-delivery training for young physicians, social workers, and pharmacists and the fact that there is a one-year gap between completion of training and employment in the public sector. EGPAF is integrating an HIV prevention, care, and treatment curriculum focused on service delivery as an option for students in the last year of their studies, coupled with a 6- to 12-month internship at EGPAF sites. The first 100 students to take advantage of this program will be sent out to 25 EGPAF-supported sites in mid-September 2007, greatly expanding the technical knowledge of HIV/AIDS service delivery at these sites.
- Contracted with GROFORMED (an association of infectious-disease specialists) and the pediatric health professional association to develop a mentorship and preceptorship training curriculum to be used throughout EGPAF's program, mostly for in-service training (but also applicable for pre-service training). The pediatricians association has developed the first pediatric HIV care and treatment guidelines validated by the MOH for further training of pediatric-care providers. GROFORMED is on track to finalize guidelines for routine testing in clinical settings and the first national preceptorship, attachment, and refresher training curriculum, to be validated soon.
- Developed a curriculum and instituted training for performance-based contract recipients on the concepts and requirements of such awards.
- Initiated planning of three workshops on USG funds management for its sub-grantees, with training in specific technical areas such as proposal development, strategic planning, and monitoring and evaluation for health programs.
- Conducted orientation and training workshops for the administrative and management staff of health professional associations (SIPE, SIPIT, SOGOCI, SIP, GROFORMED) to reinforce their administrative, financial, and program management capacities in support of their role in network development, training, and service delivery.

The need for EGPAF's performance-based partners to track patient visits closely, coupled with the poor quality of patient records in the country in general, has led to the development of a series of patient record forms, each linked to a particular type of visit, and an accompanying database that will allow both the grant recipients and EGPAF to follow program progress closely, with the added benefit of allowing for computer-based quality-assurance approaches. This patient record/PBC monitoring approach is being piloted at five sites and will be rolled out to all PBC-supported sites in 2008.

EGPAF is also pursuing demonstration projects in Agnibilekro and Dimbokro to fund the public sector, either through the health district or through local government (conseil general), under the leadership of the MOH, the Ministry of the Interior, and the Ministry of Finance.

FY08 funds will be used to continue and expand these activities to strengthen civil-society HIV/AIDS service-delivery organizations in Côte d'Ivoire by:

- Continuing to reinforce EGPAF subgrantees' technical and project-management capacity.
- Pursuing partnerships with health professional training institutions through the provision of scholarships to attend the university diploma course on HIV, TB, and malaria management developed in partnership with the University of Abidjan.
- Providing modern teaching equipment to these institutions and refurbishing the amphitheater of the faculty of medicine at the University of Abidjan.
- Purchasing IT equipment for various training partners conducting these activities.
- Sharing lessons and tools with government ministries and other USG partners that are providing sub-grants to local NGOs.
- Collaborating with the national network of PLWHA organizations, JHPIEGO, and Abt Associates, in partnership with the Ministry of Labor and the Ministry of Professional Teaching, to advocate for the establishment of a "certificate of professional competency" for PLWHA working as lay counselors, to facilitate their recruitment and employment by the government. This will be a major step toward resolving the issue of sustainable employment for PLWHA working as volunteers and supported by PEPFAR partners.

Ongoing and new activities complement EGPAF's work in both the public and private sectors to strengthen

Activity Narrative: national capacity by setting up well-performing commodity and data management systems. EGPAF also complements the work of other USG partners in building community-level or decentralized capacity, mobilizing resources, and empowering communities to mobilize wraparound resources to improve the sustainability and complementarity of HIV services.

All of these activities are being conducted in close collaboration with Ivorian ministries and other USG partners. They thus help pave the way for a sustainable program as they institutionalize activities that are currently undertaken on an ad hoc basis, and they greatly strengthen civil society, weakened after eight years of conflict, to step into its proper role in Côte d'Ivoire. EGPAF will strive to ensure that lessons learned will inform MOH strategies for sustaining HIV programs at the end of the project.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10337

Related Activity: 15110, 16524, 16771, 15111, 15112, 15113, 15114, 15109, 17119, 17081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22428	10337.22428.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	9668	5306.09	EGPAF Rapid Expansion (country supp)	\$400,000
10337	10337.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	5306	5306.07	EGPAF Rapid Expansion (country supp)	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15110	4591.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,800,000
16524	16524.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$440,000
16771	16771.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$50,000
15111	10336.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$700,000
15112	5041.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,895,000
17119	17119.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$340,000
17081	5045.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$550,000
15109	5495.08	7044	4937.08	EGPAF Track 1 ARV (Level funds)	Elizabeth Glaser Pediatric AIDS Foundation	\$6,422,257
15113	4592.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$1,452,743
15114	5053.08	7045	5306.08	EGPAF Rapid Expansion (country supp)	Elizabeth Glaser Pediatric AIDS Foundation	\$600,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	75	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

18 Montagnes

Agnebi

Bas-Sassandra

Denguélé

Haut-Sassandra

Lacs

Lagunes

Marahoué

Moyen-Comoé

N'zi-Comoé

Savanes

Sud-Bandama

Sud-Comoé

Vallée du Bandama

Worodougou

Zanzan

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$7,342,153

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The USG Cote d'Ivoire PEPFAR program continues to use innovative approaches to improve management and operations for a rapidly expanding program in West Africa emerging from several years of a socio-political crisis while maximizing cost-efficiency. For example, CDC is the primary agency funding clinical services such as TB/HIV, PMTCT, Lab and ART services while USAID's activities are focused on Supply Chain and commodities management, nutrition, and OVC. Both agencies contribute to health systems strengthening, prevention, and community based services.

After conducting a Staffing for Results (SFR) exercise soon after new CDC USG leadership team arrived in country, the CI PEPFAR team developed a unified functional interagency organizational structure that promotes one cohesive PEPFAR team that leverages CDC and USAID institutional strengths while streamlining costs by eliminating redundancy. In implementing SFR, PEPFAR staff, regardless of hiring agency, functionally report to their Branch Chief who in turn reports to the CDC or USAID Directors as appropriate. The Country Coordinator is the spokesperson for the overall program and is the primary contact with OGAC and the US Embassy front office. To systematize the process the PEPFAR Country Coordinator, in support of the interagency team's USG funded PEPFAR activities, created a PEPFAR Executive Team made up of CDC and USAID directors, CDC Deputy Director and senior management (Branch Chiefs) from the Program Management, Strategic Information, Laboratory, Prevention, and Care and Treatment branches. Weekly meetings provide opportunities for the interagency in country team to coordinate, plan program activities, and make interagency high level decisions. In addition, representatives of this Executive Team (PEPFAR Coordinator, USAID Focal Point, CDC Chief of Party, and CDC Deputy Director) meet twice a month with the U.S. Ambassador and DCM to discuss program activities and issues. In 2007 the USAID Focal Point joined the team through a permanent USAID PSC. This position has provided valuable support to USAID funded PEPFAR activities and is the key in country contact coordinating with USAID/West Africa. While USAID does not have a bilateral mission in Cote d'Ivoire, USAID program activities receive critical support through the USAID Western Africa Regional Program based in Accra, Ghana.

In order to best implement the PEPFAR vision and goals in CI the new executive staff and in country team members collaborate on a daily basis to implement the PEPFAR-CI program. Based on the SFR exercise, it was determined that 34 additional positions would need to be created to support the growing program areas in accordance with the PEPFAR-CI scale up plan, 17 of these positions to be financed with FY 07 funds (including plus up) and 15 new positions planned for FY 08. The SFR exercise also allowed for the development of a clear organizational structure which supports capacity building and growth for LES and offers opportunities for upward mobility and a strong, clear technical and program implementation team.

Although SFR is being implemented with significant progress made in filling senior management positions (SI Liaison, Lab Branch Chief, Care and Treatment Branch Chief), challenges with recruiting senior technical staff continue to persist. There remain two vacant USG FTE positions. Among the challenges in recruiting for these FTE positions are (1) Cote d'Ivoire remains an "adult only" post, (2) is a francophone country, (3) and insecurities remain related to the continued politico-military crisis. Additionally, the recruitment of senior technical and management LES continues to be a challenge hampered by the CAJE classification system, a slow HR process, Department of State and CDC agency cultural differences, changing or absent Embassy leadership, and competition with implementing partner organizations for technical experts in HIV/AIDS.

With regards to the staffing matrix, existing staff positions include the following: 5 technical leadership management positions (PEPFAR coordinator, CDC Chief of Party, CDC Deputy Director, USAID Focal Point, USAID/ WA health team lead), 40 technical advisor non M&S positions (including 17 program area and 23 lab positions), three filled program manager positions, one financial/budget position, no contracting officers, and 40 administrative/support staff positions. There are currently a total of 99 existing LES positions, two third country citizens working as contractors in leadership positions, and two PSCs. Plans include converting the two contractors to PSCs in FY 08. Two out the four CDC FTE positions are currently vacant and there are 20 vacant existing FSN positions, most of which were very recently created based on 07 plus up funding and are in the recruitment phase.

For FY 08, 15 new positions are proposed including one Project Manager for the USAID and CDC portfolios, two Prevention Branch Technical Advisors (one focusing on Highly Vulnerable Populations and another Prevention Advisor to be determined) , one HIV Treatment Services Advisor, one Laboratory Training and EQA Unit team leader, three laboratory assistants, one Administrative Assistant, one General Services Team Leader, one Financial Assistant, one driver, one IT management assistant, one Travel Assistant, and one Human Resources Assistant. In addition, a new DOD coordinator will be hired to support HIV/AIDS activities in the military and civilian population.

The USG PEPFAR team is co-located in two offices (the majority 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, as well as the RETRO-CI laboratory and strategic information branches.

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The USG PEPFAR team is co-located in two offices (the majority 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, as well as the RETRO-CI laboratory and strategic information branches.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5554.08	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: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10542.08

Planned Funds: \$1,849,153

Activity System ID: 15166

Activity Narrative: Despite the cost containment measures on the part of ICASS management as well as agency-specific efforts, Cote d'Ivoire has one of the highest ICASS costs in the African Region. This is partly due to the high cost of doing business in Abidjan, Cote d'Ivoire and the expense of operating a newly constructed embassy compound inaugurated in 2005. The operating costs of the new Embassy have increased due to building construction failures and the cost of fuel to run two generators to produce electricity rather than running directly off the national power grid. The need to generate power on site using diesel generators was necessitated by the frequent power surges placed sensitive embassy communications and other equipment at risk. To offset the increased costs of operating the embassy, there was a reduction in force of 12 LES this year, along with other cost saving measures.

Although Cote d'Ivoire is emerging from a lengthy politico-military crisis, agencies at post remain significantly downsized. CDC is one of the few agencies that has remained and bears a significant burden of the cost sharing of 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.

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 NEC, as well as increasing demands in support of the PEPFAR program for Embassy services with associated ICASS charges. \$1,400,000 is projected for total ICASS charges for FY08. The ICASS services which are used frequently include HR processing, procurement, contracts, financial and other activities needed to support the interagency PEPFAR program at post.

OBO costs in FY07 were paid from country budget allocations and this will continue in FY 08. The OBO charges (projected to be \$280,000 in FY08) apply to the total number of existing authorized positions for each US agency including both filled and vacant positions (includes all "persons" employed by the agency, FTEs, LES, PSCs and temporary appointees). The fully integrated interagency PEPFAR staff currently numbers 91, including 23 staff associated with the RETRO-CI laboratory; and the team anticipates hiring 15 additional staff in FY08. 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 and four members of its management and support staff in the NEC space. The majority of PEPFAR staff will continue to be located at the Ministry of Health/RETRO-CI site in Treichville. However, office space there is currently 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 will plan to locate 8-10 additional staff at the embassy in FY08.

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 continue to be challenging in country as a result of satellite limitations, electrical power outages, and a growing need to offer IT support to increased staff without an increase in IT support staff. In a much needed effort to address the growing IT needs for CDC operations overseas, in FY08 the CDC HQ based Information Technology Services Office (ITSO) will establish an annual support cost of \$3250 dollars per workstation and laptop at each location [projected to be \$341,250 for the PEPFAR Cote d'Ivoire interagency program] to cover the cost of Information Technology Infrastructure Services and Support provided by HQ. This cost will include funding to provide a base level of connectivity for the primary CDC office located in each country to the CDC Global Network, keeping the IT equipment located at these offices refreshed or updated on a regular 3-4 year cycle, financial resources for expanding the ITSO Global Activities Team in Atlanta as well as fully implementing the ITSO Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for each location.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10542

Related Activity: 15159, 15160, 15167, 15168, 17297, 15169, 15162, 15170, 15171, 15163, 15172, 15173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22344	10542.2234 4.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9637	5554.09	CDC-RETRO-CI GHAI	\$1,412,498
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15173	10352.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$3,933,000
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5387.08

Prime Partner: US Agency for International Development

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 10541.08

Activity System ID: 15159

Mechanism: USAID (TA+staff+ICASS)

USG Agency: U.S. Agency for International Development

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$1,360,000

Activity Narrative: 3 Oct 08:

In August 2008 reprogramming, the USG team added \$60,000 to this activity to support the PEPFAR Country Coordinator position and \$200,000 to support a commodities management specialist for the PEPFAR Cote d'Ivoire program.

USAID contributes to the Cote d'Ivoire USG Emergency Plan (EP) through an array of Washington-managed implementation agreements and "buy-ins" for field activities. Though there is no USAID bilateral mission in Cote d'Ivoire, USAID ensures local management and technical oversight of activities through a senior-level in-country USAID adviser, who serves on the PEPFAR integrated management team. This USAID in-country adviser participates fully in joint technical assistance and planning to all EP-funded partners and has primary project management oversight responsibilities for USAID-funded projects. The role of the USAID adviser is to provide direction, financial management, program oversight, and coordination for USAID projects as part of the larger EP program and to contribute broader policy, strategic, and agency perspectives as part of the EP country team. A range of technical and program management support is provided to the USAID adviser through ongoing virtual consultation and short-term field visits from the USAID West Africa Regional Mission based on Ghana, as well as from the USAID/Washington Office of HIV/AIDS.

In addition to the senior AIDS adviser, USAID will engage a number of locally engaged staff and expatriate professionals to provide more robust technical and management oversight for the PEPFAR program. The 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 Cote d'Ivoire. Contractor-engaged staff will necessarily serve as technical advisers and activity managers, to support the official decisions and duties of USG direct-hire staff. Notwithstanding their contractual status, these individuals will be expected to function on a day-to-day basis as full technical members of the USG in-country team in Cote d'Ivoire. All of these positions will be completely funded by PEPFAR/Cote d'Ivoire program funds, including associated administrative support and overhead costs (contractor-engaged staff). Some positions are 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, unless prohibited by OGAC. The bulk of these costs are already supported by COP07 funds. Resources from FY08 will complete the budget and support the continuing senior HIV/AIDS Adviser position, along with enhanced TDY technical assistance from USAID/West Africa.

Reprogrammed FY08 funds will support the recruitment of a health management information system (HMIS) specialist to help coordinate USG Cote d'Ivoire team responses to HMIS needs. The HMIS specialist will provide technical assistance for all HMIS activities supported by the USG in Cote d'Ivoire, including the design, strengthening, and maintenance of information systems (paper and electronic) to support HIV counseling and testing, prevention of mother-to-child transmission, antiretroviral treatment services, community-based care for HIV-infected persons and orphans and vulnerable children, and palliative care, including TB treatment services. Systems to be strengthened or developed will address the collection, management, analysis, and use of HIV/AIDS-related data for patient care tracking, program monitoring and evaluation, and measuring disease burden and trends.

Other illustrative Cote d'Ivoire-based staff (contractor-recruited):

1. HIV Services Program Manager. The incumbent will ensure planning, resource management, and performance monitoring of selected implementing partners and activities in the program. In addition, s/he may play a lead role in one or more key technical areas, such as Condoms and Other Prevention, Policy Analysis and Systems Strengthening, or Care and Support of HIV-infected people. (Expat position).
2. Communication Program Manager. The incumbent will ensure planning, budget tracking, and performance monitoring of selected implementing partners and activities in the program. The incumbent will be the designated overall coordinator for the development of the annual Country Operational Plan (COP) and may play a lead role in one or more key technical areas, such as strategic information, orphans and vulnerable children (OVC), or behavior change communication (BCC). (Expat position).

NARRATIVE CHANGES (Cont.)

3. Organizational Development and Capacity Building Adviser. The incumbent will oversee planning, resource management, and performance monitoring of selected Ivorian implementing partners and activities in the program. S/he will be the primary technical and management adviser to strengthen the capacity of indigenous Ivorian NGOs to provide HIV-related services. (Projected FSN 11-12 equivalent).
4. Community-Based Care and Treatment Coordinator. The incumbent will manage activities in the areas of community-level HIV/AIDS health services, including palliative/home-based care, OVC services, and public/private partnership care and treatment programs. S/he will oversee implementing partners involved in community-based care and treatment. (Projected FSN-11 equivalent).
5. Public-Private Partnerships Adviser. The incumbent will be the key point of contact for establishing and managing relationships with private-sector funding and in-kind donation partners, as well as with key public figures to serve as spokespeople for HIV/AIDS awareness and behavior change in Cote d'Ivoire. The position will also manage the Sports for Life initiative. (Projected FSN 11 equivalent).
6. HIV Facility-Based Care and Treatment Coordinator. The incumbent will manage activities in the areas of facility-based HIV/AIDS care and treatment services, including antiretroviral (ARV) clinical care, prevention of mother-to-child transmission of HIV (PMTCT), counseling and testing (CT), and TB/HIV services. (Projected FSN-11/12, equivalent).
7. Laboratory Management Branch Chief. The incumbent oversees all USG laboratory services under the PEPFAR/Cote d'Ivoire program. S/he supervises strategy development, operational planning and monitoring, and technical quality control of clinic-based and other laboratory services provided directly by the USG and through implementing partners. (Projected FSN 12 equivalent)
8. Monitoring and Evaluation Specialist. The incumbent supports routine activities monitoring and reporting on annual action plans, as well as use of performance data for decision-making. (Projected FSN 11 equivalent)

USAID/Ghana will provide additional support to the CI PEPFAR program in the form of short-term technical support visits (TDYs) to Cote d'Ivoire as well as enhanced Ghana-based administrative, technical monitoring, and procurement support from USAID/Ghana direct staff. In anticipation of increased bilateral procurement actions and awards to Ivorian NGOs, the USAID/West Africa regional mission will recruit one full-time locally engaged acquisition specialist to facilitate bilateral procurement actions on behalf of the Cote d'Ivoire program, including establishing and monitoring new competitively awarded agreements under the New Partners Initiative and others. The mission will also engage additional administrative support staff effort as required to adequately manage resources and performance of USAID implementing mechanisms operating in Cote d'Ivoire.

Activity Narrative: Ghana-based USAID direct-hire positions:
 9. Acquisition Specialist. The incumbent serves as an acquisition specialist in USAID/West Africa's Regional Contracting Office (RCO) and represents it as a full team member of the USAID/Ghana Health Team dedicated to the PEPFAR/Cote d'Ivoire country HIV/AIDS program. S/he independently performs the full range of acquisition duties, including developing comprehensive planning strategies and appropriate solicitation documents, and conducting the analysis, evaluation, and negotiation of a wide variety of acquisition and assistance documents, such as contracts, cooperative agreements, grants, endowments, etc. (Projected FSN 9-10)
 10. Administrative Assistant. The incumbent provides administrative support to USAID-funded technical and management staff based in Ghana and Cote d'Ivoire managing the PEPFAR/Cote d'Ivoire program. S/he will assist in communication, resource tracking, and reporting on program progress. (Projected FSN 8)
 The USG integrated team will be supported by joint agency (CDC-funded) technical and operational positions, thereby reducing redundancies and lowering costs. Additionally, where possible, CDC Cote d'Ivoire will provide EP staff with equipment and other necessary support (e.g. IT, travel, and motor pool). This will minimize the USAID ICASS bill and reduce overall EP ICASS costs in Cote d'Ivoire.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10541

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22345	10541.22345.09	U.S. Agency for International Development	US Agency for International Development	9638	5387.09	USAID (TA+staff+ICASS)	\$2,280,000
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 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5383.08 **Mechanism:** CDC & RETRO-CI (Base)
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 10352.08 **Planned Funds:** \$3,933,000
Activity System ID: 15173

Activity Narrative: The PEPFAR Cote d'Ivoire USG interagency team continues to use innovative approaches to improve management and operations while minimizing costs. The PEPFAR CI team was built on the platform of the CDC Projet RETRO-CI, which was established in 1988 as a research collaboration between the CDC and the Cote d'Ivoire Ministry of Health to study the HIV epidemic in West Africa. Among the highlights in the history of RETRO-CI are interventional research studies which have led to international policy recommendations on HIV care and treatment, including short course zidovudine (AZT) as a safe and effective intervention to reduce mother-to-child transmission and cotrimoxazole prophylaxis as a simple intervention to reduce hospitalizations and mortality among HIV-infected persons. 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, SI and administrative staff became almost exclusively focused on the 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 leveraging USAID contracting mechanisms as needed to expedite the hiring of staff.

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 fully coordinated interagency approach that includes: 1) weekly PEPFAR-CI (interagency) senior management 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 EP funded partners via an integrated team of project managers and technical advisors (regardless of funding agency); 4) joint agency staffing positions (such as the proposed new FY08 positions: a project management specialist and a community liaison specialist); 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 facilitate optimal management, coordination, and performance of USG funded activities and results in a decrease in the number of USG directly supported staff, reduction in redundancies, capitalization of technical strengths, improvements in coordination and greater compliance with USG financial requirements.

With a significant increase in the number of implementing partners and activities supported by PEPFAR Cote d'Ivoire (along with a significant increase in budget—a near tripling of the PEPFAR-CI budget from FY06 to projected FY08), there is a need for additional staff to responsibly manage the growing portfolio. Hence, the human capital cost for USG Cote d'Ivoire's management and operations continues to increase. A large percentage of the management and operations budget is driven by ICASS and OBO charges associated with the construction and now maintenance of the current embassy compound (see ICASS/OBO narrative). The chronic politico-military crisis, while slowly improving, is yet to be resolved and has increased transactional costs including the costs of goods and services. Security in Cote d'Ivoire remains a concern and general operations costs for the USG reflect additional expenses for security and communications.

With the successful recruitment of multiple senior positions, including a permanent PEPFAR DDO, SI Liaison/Branch Chief, Care and Treatment Branch Chief, Program Management Branch Chief, and Laboratory Branch Chief, and the creation of a number of program manager, technical advisor, and administrative support staff positions in 07—in conjunction with regular step/performance increases and the overall PEPFAR interagency salary costs have increased.

PEPFAR-CI has focused considerable attention and invested significant human resource time into the development of high level LES position descriptions for technical and program management staff. PEPFAR -CI, with support of the Chief of Mission, is working closely with HR staff at the Embassy to address concerns with the State Department CAJing system to achieve grading which accurately reflects the responsibilities and competencies of the positions. For FY08 15 new PEPFAR interagency positions are anticipated (described in detail in the Management and Staffing Overview).

Even though CI appears to be emerging from a long politico-military crisis, the security situation remains of concern and the post remains a critical threat post and is currently “adult only” with minor dependents not permitted. This coupled with French language requirements creates additional challenges in filling international positions. Retaining LES staff remains 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. In FY 07 two newly hired key LES leadership and technical advisors accepted positions in other countries because of greater opportunities for professional growth and financial security. In addition, the team is losing a critical operations management position due to retirement.

Despite efforts in 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 were difficult to implement due to staff shortages, change in senior USG leadership, and a rapidly expanding program which is responding to change in the politico-military situation. With recent success in recruiting a number of senior staff positions, FY08 offers the promise of a USG team that is both broader and deeper in its program management capacity, which should pay dividends not only for the management of our PEPFAR programs, but also for the USG team itself.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10352

Related Activity: 15159, 15160, 15167, 15168, 17297, 15169, 15162, 15170, 15171, 15163, 15172, 15166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22336	10352.22336.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9636	5383.09	CDC & RETRO-CI (Base)	\$2,591,502
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

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15160	5161.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$96,000
15167	5162.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$550,000
15168	10345.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$50,000
17297	17297.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$75,000
15169	10346.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$90,000
15162	5164.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$160,000
15170	5166.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$105,000
15171	5168.08	7067	5383.08	CDC & RETRO-CI (Base)	US Centers for Disease Control and Prevention	\$575,000
15163	5170.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$3,001,933
15172	5171.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,443,000
15166	10542.08	7066	5554.08	CDC-RETRO-CI GHAI	US Centers for Disease Control and Prevention	\$1,849,153
15159	10541.08	7065	5387.08	USAID (TA+staff+ICASS)	US Agency for International Development	\$1,360,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8262.08	Mechanism: Department of Defense
Prime Partner: US Department of Defense, In-Support	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 18813.08	Planned Funds: \$200,000
Activity System ID: 18813	

Activity Narrative: Cote d'Ivoire is slowly emerging from a prolonged politico-military crisis. With the signing of peace accords in March 2007, DOD was given the permission to re-engage with the Ivorian armed forces. Therefore, the EP will support a DOD Coordinator position in FY 2008. Responsibilities for the DOD Coordinator are broad and include management, coordination, and support of all EP military activities in Cote d'Ivoire. In addition, this funding supports costs for DOD technical assistance, which furthers development, monitoring and evaluation of new and existing programs. Additionally, these funds for the coordinator will support travel, training, workshops and equipment.

In addition, in FY 2008 through DOD the EP will support the training of military physicians. The objective of the program is to train key foreign military clinical physicians, using a TOT approach, in state-of-the-art HIV prevention, diagnosis, clinical management and treatment with the expectation that they will transfer information into operational use in country. The program emphasizes treatment of opportunistic infections, provision of anti-retroviral therapy, prevention and clinical management of HIV, epidemiologic surveillance and clinical laboratory diagnosis. Given the scale-up of USG support to ARV services in the military, five Ivorian physicians will attend this program in FY 2008. This activity supports the Cote d'Ivoire EP 5-year strategy to develop human capacity and strengthen the capacity of the armed forces to treat the military population, their families, and nearby communities.

To better support the new DOD coordinator and to rapidly implement DOD activities the EP will support direct technical assistance from DOD headquarters in San Diego.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18816

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18816	18816.08	8262	8262.08	Department of Defense	US Department of Defense, In-Support	\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Special populations

- Most at risk populations
- Military Populations

Coverage Areas

18 Montagnes
 Agnebi
 Bas-Sassandra
 Denguélé
 Denguele-Bafing
 Fromager
 Haut-Sassandra
 Lacs
 Lagunes
 Marahoué
 Moyen Cavally
 Moyen-Comoé
 N'zi-Comoé
 Savanes
 Sud-Bandama
 Sud-Comoé
 Vallée du Bandama
 Worodougou
 Zanzan

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			8/15/2008
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
If yes, Will HIV testing be included?		Yes	No
When will preliminary data be available?			
If yes, Will HIV testing be included?		Yes	X
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	X	Yes	No

Other Significant Data Collection Activities

Name: TE EGPAF

Brief Description of the data collection activity:

ARV pregnancy registry surveillance protocol

Preliminary Data Available:

12:00:00 AM

Name: TE FHI #2

Brief Description of the data collection activity:

Estimated sex workers population TE

Preliminary Data Available:

12:00:00 AM

Name: EGPAF PHE #1

Brief Description of the data collection activity:

Evaluation of the effectiveness of HIV Care and Treatment within project HEART

Preliminary Data Available:

12:00:00 AM

Name: EGPAF PHE #3

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

Preliminary Data Available:

12:00:00 AM

Name: TE Retro-CI

Brief Description of the data collection activity:

HIV drugs resistance TE

Preliminary Data Available:

12:00:00 AM

Name: TE FHI #1

Brief Description of the data collection activity:

Increase condom use amongst sex workers

Preliminary Data Available:

12:00:00 AM

Name: PHE of ACONDA

Brief Description of the data collection activity:

PHE of the Cost Effectiveness of HIV/AIDS service delivery

Preliminary Data Available:

12:00:00 AM

Name: EGPAF PHE #2

Brief Description of the data collection activity:

Role of private providers in the delivery of EP services

Preliminary Data Available:

12:00:00 AM

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Partner Justification above 8% for EGPAF-COP08 FINAL.doc	application/msword	9/17/2007	EGPAF partner justification (over 8%)	Justification for Partner Funding	OTossou
TX earmark waiver 2008-bh-12sept07 FINAL.doc	application/msword	9/17/2007	Cote d'Ivoire Treatment waiver document	Justification for Treatment Budgetary Requirements	OTossou
Cote d'Ivoire Global Fund Supplemental-JS sept 11.doc	application/msword	9/17/2007	Cote d'Ivoire Global Fund Supplemental	Global Fund Supplemental*	OTossou
2007-09-20-DDO-ExcelMultiStaffingRH.xls	application/vnd.ms-excel	9/20/2007	Cote d'Ivoire Staffing database	Other	OTossou
CDC Organigram.pdf	application/pdf	9/20/2007	CDC Cote d'Ivoire Management Chart	Other	OTossou
PEPFAR Interagency Organigram Final Sept 20th for COP front page.pdf	application/pdf	9/20/2007	Cote d'Ivoire Functional Staff Chart	Other	OTossou
CI Letter to Ambassador Dybul.pdf	application/pdf	9/26/2007	Cote d'Ivoire letter to Ambassador Dybul	Ambassador Letter	OTossou
Target-Setting-Supplement-25sept07.doc	application/msword	9/25/2007	Cote d'Ivoire Explanation of Targets Calculations	Explanation of Targets Calculations*	OTossou
Exec Summary CI-26sept07.doc	application/msword	9/27/2007	Cote d'Ivoire Executive Summary	Executive Summary	OTossou
Program Planning Functional Staff Chart 08 Cote d'Ivoire.pdf	application/pdf	9/27/2007	Cote d'Ivoire Functional Staff Chart	Other	OTossou
CI budget requirement worksheet sept 27 FINAL.xls	application/vnd.ms-excel	9/27/2007	Cote d'Ivoire budgetary requirements worksheet	Budgetary Requirements Worksheet*	OTossou
Planned Activities 2009 JS-bh-9sept07.doc	application/msword	10/5/2007	Cote d'Ivoire Fiscal Year 2009 Funding Planned Activities	Fiscal Year 2009 Funding Planned Activities*	OTossou
Cote d'Ivoire FY08 COP HCD-Salary Support.xls	application/vnd.ms-excel	11/20/2007		Other	AChavez