



**Cote d'Ivoire**  
**Operational Plan Report**  
**FY 2012**



## Operating Unit Overview

### OU Executive Summary

#### Country Context

Côte d'Ivoire is returning to stability after more than 10 years of civil unrest that divided the country, impoverished the population, decimated health and social services, and culminated in a six-month political and military standoff that brought the country to a virtual halt. About half the population of 22 million lives in rural areas with high illiteracy rates; a similar proportion survives on less than \$2 a day. Maternal and infant mortality remain high, at 4.7 and 63.2 deaths per 1,000 live births, and life expectancy is low (57.25 years, 194th in the world). According to the National Poverty Reduction Strategy (2009), "Côte d'Ivoire has been weakened by a break in social cohesion, increasing insecurity, a slowdown in economic development, massive youth unemployment, and the spread of poor governance." The poverty rate worsened from 10% in 1985 to 48.9% in 2008. According to the World Bank Governance Matters 2009 report, Côte d'Ivoire fell from the 41st to the 7th percentile in government effectiveness and corruption control between 1998 and 2008. Despite these problems, the country has remained a regional economic and migratory hub, and prospects are hopeful. After average gross domestic product growth of 2.8% in 2004-2010, predictions are for 8.5% growth in 2012 (National Development Plan 2012-2015).

Following the 2010-2011 crisis, the new government moved quickly to develop ambitious reforms aimed at improving security, governance, and infrastructure, with a focus on attracting foreign investment for economic development. The achievement of highly indebted poor country (HIPC) benchmarks, a goal for 2012, would trigger significant funding, including for the health and social sectors, from the World Bank, the French and possibly other donors. Parliamentary elections in December 2011, the first in 10 years, were peaceful but were boycotted by the previous president's political party. A disorganized security sector remains a concern. A new National Development Plan posts ambitious targets in every sector, and a culture of accountability is being promoted at the highest levels, with ministers held responsible for achieving results. Although complex social and institutional challenges may pose speed bumps, the country is clearly on the road to recovery.

#### The Health System

Shortly after his inauguration in May 2011, the new president enacted a policy of free public health services and medicines. Although welcomed as proof of the new government's social welfare intentions, the policy suffered from insufficient planning, and increased service utilization soon strained providers and equipment in a system weakened by a decade of poor governance and under-funding. Slow public procurement has led to stockouts in essential medicines and supplies, although HIV commodities remain



available. Health care personnel continue to be paid and are present in sites, but health centers have been only partially reimbursed for billed costs, and with no income from patient contributions, services have declined.

In early 2012, the Government of Côte d'Ivoire (GoCI) shifted toward a program of “targeted free services” for pregnant women, children, and medical emergencies. Implementation is being planned now, and will be included within the National Plan for Health Development (PNDS). A national health insurance scheme is being developed to generate funding, however at present, the planned budget for the MSLS does not cover estimated needs in terms of essential medicines, let alone ARVs. Given that HIV/AIDS services are fully integrated into the public health system, PEPFAR is participating with other donors in this process to try and ensure that the new policy is based on realistic assumptions, draws from best practices, and is appropriately costed both now and into the future.

In the organization of the fight against HIV/AIDS, the national response has been strengthened by the fusion of two former ministries into a single Ministry of Health and AIDS (MSLS). Two General Directorates are charged, respectively, with the planning, budgeting, and coordination of the national HIV/AIDS response (DGLS) and with oversight and coordination of health services at all levels (DGS). Specific roles and processes, important for the success of the HIV response, are still being clarified.

#### Epidemiology of HIV/AIDS

Côte d'Ivoire has the highest adult HIV prevalence in West Africa, estimated at 3.4% (UNAIDS, 2010). Both HIV-1 and HIV-2 are prevalent. Among 450,000 adults and children with HIV/AIDS, about 150,000 are estimated to be in need of antiretroviral treatment (ART) based on CD4 =200, and about 230,000 based on CD4 count =350 (UNAIDS, 2010). HIV-related orphans and vulnerable children (OVC) are estimated to number 440,000, including 63,000 children living with HIV; about 29,000 of these are estimated to be in need of ART. About 24% of TB patients tested for HIV are HIV/TB co-infected (PNLT, 2010), and TB is the leading cause of AIDS-related deaths.

Data from the National AIDS Indicator Survey (AIS, 2005) describe a generalized epidemic marked by striking differences in prevalence between men and women and among geographic areas. In all age groups, females are far more likely than males to have HIV (6.4% vs. 2.9% overall, 4.5% vs. 0.3% among ages 20-24). Prevalence peaks among women ages 30-34 at 14.9%. Lower male prevalence may be explained in part by near-universal (96%) circumcision. Adult prevalence is marginally higher in urban settings and markedly higher in the South and East (5.5% or higher) than in the Northwest (1.7%). Prevalence is higher among employed men and women, and among women in the highest wealth quintile. By mid-2012, the country's first Demographic Health Survey in 12 years, which includes HIV testing, will provide updated population-based health and HIV-related data.



The epidemic is driven by early sexual debut, multiple and concurrent sexual partnerships, transactional and intergenerational sex, weak knowledge about HIV, and low condom use during at-risk sex (occasional, transactional, etc.). Most-at-risk populations (MARPs) include sex workers and men who have sex with men (MSM); recent data on male sex workers at a clinic in Abidjan showed HIV prevalence of 50%. Other at-risk groups include sero-discordant couples, the uniformed services, economically vulnerable women and girls, transportation workers, migrants, prisoners, and OVC. Gender inequality and gender-based violence (GBV) heighten HIV risk across all socio-economic and cultural backgrounds. More than 35% of women ages 15-49 have undergone some form of female genital cutting, with rates above 80% in some regions (UNICEF MICS, 2006). A study in Abidjan found that 68% of women in relationships had experienced physical violence (UNFPA, 2007), and the AIS noted that 17% of women reported that their sexual debut was a rape.

#### Status of the Response

While a review of the National Strategic Plan for HIV/AIDS (NSP-HIV/AIDS) 2006-2010 indicated greatly expanded access to prevention, care, and treatment services, the national response remains hampered by poorly equipped and under-staffed health and social services, particularly at decentralized levels. Access to and uptake of prevention of mother-to-child HIV transmission (PMTCT) and other gateway services remain insufficient, particularly in rural areas. As of December 2010, only 8% of HIV-positive children and 18% of children in need of ART had been identified and were receiving lifesaving care. National guidelines and tools to ensure a continuum of response (CoR) are in place, but implementation is a challenge, and ART patients lost to follow-up after one year remains high at 19% (ART study, 2011).

A PEPFAR-World Bank health sector assessment in 2010 revealed systemic barriers to improved performance. The national budget allocation for health lingers below 5%. Human resources for health (HRH) remain a barrier to service scale-up. A series of HRH assessments found irrationally deployed staff, new graduates lacking critical skill sets, high attrition rates (24% among nurses, 20% among physicians), limited public-sector ability to absorb and retain professionals, and limited HIV/AIDS services in the better-staffed private sector. Data from non-public health facilities is not collected regularly, although it is estimated that 80% of the population seeks care from private clinics and traditional healers.

The national HIV testing and counseling (TC) and ART programs have continued to grow, with monthly ART enrollment increasing from 1,800 in May 2009 to 2,500 in May 2010 and stabilizing at 2,000 by October 2011. The GoCI has adopted WHO guidelines prescribing ART enrollment at a CD4 count below 350, and roll-out in 2012 will increase the number of ART-eligible clients.

The national quantification committee was revising HIV-related commodity estimates in February 2012,



after seven months of delays during which an outdated supply plan was revised and used for ordering. This process epitomizes Côte d'Ivoire's key challenges – a lack of accurate and timely information and of central leadership. In the Partnership Framework (PF) spirit, it also represents an important opportunity for joint action to address these challenges.

### The Role of PEPFAR

In this evolving context, PEPFAR stands as the most significant partner for the HIV/AIDS sector, providing trusted procurement of 75% of national ARV and laboratory commodities, bringing technical expertise to all major HIV-related forums, supporting technical assistance (TA) and direct services by 35 partners and more than 200 subpartners, and insisting on systems–strengthening aspects of every funded activity. Its performance as a steady partner in a time of transition and need was keenly appreciated during the post-election crisis, when the World Bank and Global Fund froze activities while PEPFAR implementing partners (IPs) maintained lifesaving drug and blood distributions and ART, PMTCT, and OVC services while providing support for contingency planning that served as a model for other health programs.

PEPFAR IPs currently support 351 ART and 552 PMTCT service delivery sites (out of 1,500 public health-care sites) around the country to ensure quality comprehensive prevention, care, and treatment services for adults and children, engaging local organizations and community counselors to ensure the CoR and move toward sustainability. PEPFAR is the largest donor for strengthening the national supply chain, blood safety and infectious waste management programs and has successfully pushed advances in HIV testing (whole blood, finger-prick, provider-initiated) and MARPs support strategies. PEPFAR supports pre-service training institutions and in-service training in all technical areas, as well as efforts to rationalize training nationally. CDC/Retro-CI, with PEPFAR support, serves as a regional reference laboratory for quality control, a training ground for technical leaders, and an engine for national laboratory capacity building and accreditation. PEPFAR is an integral member (and sometimes a backseat driver) of the national response in Côte d'Ivoire.

Looking to the future, PEPFAR is working to sign a Partnership Framework (PF), with goals and objectives that align with the new NSP-HIV/AIDS 2011-2015. Discussions have led to a draft document and will continue with the aim of developing a PFIP with select activities jointly determined by PEPFAR and representatives from the government, civil society, and private sector. FY 2012 funds will be used to engage TA to support PFIP development that will include an evaluation framework that sets benchmarks for monitoring progress in achieving PF goals. Funds may also be used to recruit key staff to support PF implementation, transition advocacy, and continuous engagement with public and private sector counterparts.

With FY 2012 funds, support will aim to build strong and sustainable systems that are able to ensure an



efficient and effective national response to HIV/AIDS. This will be done by assessing institutional and systemic weaknesses to clearly identify and describe why obstacles are blocking scale up. This evaluation will be used to target support to improve leadership, effective management, and coordination of the national HIV/AIDS response (ensuring improved accountability and transparency); strengthening the policy analysis and advocacy capacity of GoCI, civil society, and the private sector, and helping to develop a framework for interaction between the public and private sectors in order to improve inter-sectoral health services planning, monitoring, and reporting, as well as mobilize additional funds needed to fill the gap between national targets and resources provided by development partners.

As PFIP discussions progress, specific activities will be selected to improve the functionality of the National Public Health Pharmacy (PSP), national supply chain and laboratory network, strengthen information systems for surveillance, community-based activities, research and evaluation, support human resources planning, deployment, and supervision. Innovative strategies and partnerships will be explored to better leverage our investments to go further with community mobilization to extend the reach and uptake of prevention, care and support services, reduce LTF, and monitor adherence. Policy, advocacy, coordination and implementation support will create an environment that reduces the vulnerability and increases the well-being of families, women and girls.

#### Other Donor Contributions and Coordination

The USG holds one of two development-partner seats on the Global Fund Country Coordinating Mechanism (CCM) and promotes all major coordination efforts, including HIV/AIDS technical working groups (TWGs), the GoCI Partners Forum, and a monthly donor coordination group for which UNAIDS serves as the secretariat. In August 2010, joint PEPFAR, WHO, and European Union (EU) advocacy led to the creation of a donor forum led by the MSLS, which allowed for regular discussion around strategic planning, however this forum has not functioned since the post-election crisis began. Ad hoc meetings are conducted as needed, as in preparation of studies (EU), transitions (Clinton Health Access Initiative (CHAI), and planning and review (World Bank, GF, UNAIDS).

Côte d'Ivoire has six active Global Fund (GF) grants for TB, malaria, and HIV, with more than \$350 million in approved funding. Implementation of two Round 9 HIV grants, approved at \$45 million for the first two years, has been delayed due to the crisis and the application of the GF "additional safeguard policy" to Côte d'Ivoire. These grants will support HIV prevention, care, and treatment in 29 under-served health districts. About half of the funds will go to the MSLS to support clinic-based service delivery, with half to Alliance CI for ensuring a CoR via community-based HIV prevention and care. Côte d'Ivoire also receives small-scale support from the regional Corridor Project targeting truck drivers and sex workers between Abidjan and Accra, Ghana.



Other donors in HIV/AIDS include the EU, which is beginning a project to provide management strengthening to MSLS leadership, the National Public Health Pharmacy (PSP), and the MSLS Department of Pharmacy and Medicines; UNAIDS and WHO, which work to address policy concerns, advocate for the application of new evidence, and assist the MSLS with coordination; and UNFPA and UNICEF, which support small projects in the field and research (nutrition, gender, condom use, DHS+) and strengthen the Ministry of Women, Families, and Children. The USG is working with WHO and other partners to set up a pharmaco-vigilance system for ARV drugs and increase the number of accredited laboratories. KFW (the German cooperation), UNFPA, GF, and PEPFAR are the largest providers of condoms (though KFW support may be declining or ending) and are working to quantify national needs, develop a national social marketing plan, and harmonize distribution strategies for male and female condoms.

Two donors are shifting their support away from HIV/AIDS. The Clinton Foundation, which has provided TA for the national quantification process as well as pediatric and PMTCT-related drugs and commodities, will end its support by December 2012. The World Bank will end its \$5 million/year HIV/AIDS project in 2012 and shift to indirect funding for health systems strengthening (HSS).

#### PEPFAR Priorities

PEPFAR CI has identified the following activities as priorities for the coming year:

##### Country Ownership and Partnership

- \* Signature of the NSP-HIV/AIDS 2011-2015 by the National AIDS Committee (CNLS)
- \* Finalize the PF and PF Implementation Plan
- \* Agree with the GoCI on country ownership indicators
- \* Agree with the GoCI on plans to transition responsibility for data managers, community counselors, and other PEPFAR-supported human resources, as well as the blood safety program, incinerator management, laboratory maintenance contracts, and routine laboratory services for HIV/AIDS.
- \* Develop a PPP strategy to effectively engage and leverage the private sector
- \* Agree on national harmonized reporting tools for providing information to GoCI
- \* Continue the transition to Ivoirian NGOs for the support of treatment sites

##### Program Management

- \* Overcome obstacles to improve performance of cooperative agreements with ministries
- \* Strengthen systematic review of prime and sub-partner financial management
- \* Conduct an overall PEPFAR program evaluation

##### Prevention

- \* Improve targeting and focus on preventing the next new infection



- \* Support elimination of mother-to-child HIV transmission (e-MTCT) efforts and implementation of newly adopted WHO PMTCT guidelines
- \* Support extension of decentralized blood safety capacity in three under-served regions
- \* Encourage program extension based on evidence (Families Matter, Super Girls, Men as Partners)
- \* Go to scale with national life skills and HIV prevention curriculum with Ministry of Education
- \* Improve coverage and uptake of provider-initiated HIV testing and counseling

#### Treatment

- \* Support implementation of new WHO guidelines
- \* Increase treatment enrollment (active caseload) to 95,000 by September 2013
- \* Reduce loss to follow-up of ART patients from 19% to 16%
- \* Increase detection of infant HIV infection and improve pediatric treatment
- \* Strengthen the linkages between clinical and community services
- \* Scale up community mobilization to increase utilization of HIV services by women

#### Care and Support

- \* Improve the quality and reach of care and support services
- \* Strengthen the integration of nutritional services
- \* Scale up positive health, dignity, and prevention (PHDP) services in clinic settings
- \* Develop community-based PHDP interventions
- \* Scale up cervical cancer prevention interventions for HIV-positive women
- \* Improve cotrimoxazole prophylaxis delivery and reporting
- \* Achieve marked increase in reported TB screening among HIV patients and HIV screening among TB patients

#### Governance and Management

- \* Support key elements of a capacity development plan for the MSLS' directorate for HIV/AIDS
- \* Achieve PSP reform
- \* Strengthen CCM capacity for oversight and internal management
- \* Include PEPFAR budget data in the national financial information system

#### Supply Chain

- \* Ensure there are no ARV stockouts as the country transitions to new treatment guidelines
- \* Develop and implement a national policy and standard operating procedures for management of expired pharmaceuticals and laboratory waste
- \* Extend installation and training of pharmacy managers on commodity tracking software





#### Strategic Information (SI)

- \* Improve the HIV and STI case reporting system
- \* Develop an SI-focused MPH program in Abidjan
- \* Perform a routine data quality assessment for OVC
- \* Deploy the national HIV/AIDS electronic patient monitoring system (SIGDEP) in 50 new sites
- \* Extend the new OpenELIS laboratory information system to three more central laboratories
- \* Use data from a study on transactional sex to formulate a strategy to more effectively address womens' and girls' vulnerability to HIV/AIDS

#### Human Resources for Health (HRH)

- \* Strengthen regional branches of the national health worker training institute (INFAS)
- \* Roll out the GESPER HRH information system in 30 more districts
- \* Train supervisors on conducting competency-based evaluations

#### Laboratory Systems

- \* Achieve WHO accreditation for CDC/Retro-CI and at least four other laboratories
- \* Achieve signature of the national laboratory strategic plan
- \* Develop a plan for transferring routine laboratory activities to the national public health laboratory

#### PEPFAR and the Global Health Initiative (GHI) in Côte d'Ivoire

Côte d'Ivoire does not have a GHI strategy yet, due to the crisis situation and sanctions that barred other USG assistance until summer 2011. However, PEPFAR COP 2012 programming aligns with the GHI and PEPFAR 2 principles of health and social systems strengthening for sustainability, improving coordination and leveraging our investments, promoting learning through research and innovation, and addressing the gender aspects of the epidemic.

#### Health Systems Strengthening

Based on a health systems assessment (PEPFAR-World Bank 2010) and consultations with the GoCI, the USG is targeting the following key elements of the health system for strengthening: a) health information systems; b) HRH; c) coordination, governance, and management; d) supply chain; e) laboratory services; and f) civil-society capacity. Given major health system weaknesses, other needs will be addressed through additional PF funding. FY 2012 funds will support these priorities, as detailed in the Governance and Systems technical area narrative.

#### Leveraging Other Efforts – Integration Across the USG

While sanctions that limited opportunities in the past have been lifted, for the moment PEPFAR remains



the only source of health-focused USG funding. To ensure synergy with existing and new USG efforts, PEPFAR participates in weekly USG assistance meetings chaired by the Ambassador to build cross-sector understanding and jointly define common USG objectives for the mission. This also allows the veteran PEPFAR program to share lessons learned and insights with new USAID and DOD programs. We are coordinating efforts with the new USAID team, as well as existing State and DOD teams, to develop the overall USG transition assistance strategy focusing on good governance, security-sector reform, economic development, and humanitarian assistance. Building good governance and supporting the GoCI to extend services throughout the country is a goal of shared strategic importance across these sectors, and we aim to coordinate investments that result in synergies to improve overall USG support.

#### Leveraging Other Efforts – the Private Sector

PEPFAR will conduct an assessment of PPP opportunities this year and will continue to collaborate with the U.S. Embassy's Pol/Econ and new USAID sections to engage with private companies seeking opportunities for leveraging support for improved employee health and/or social development. Assessment results will guide the development of a PPP strategy and portfolio and the possible hiring of a PPP focal point in 2013. Discussions with the International Labor Organization regional office in Dakar are exploring a partnership to help frame and advance the public-private sector relationship in CI, also an objective of the new NSP-HIV/AIDS 2011-2015. PEPFAR will continue efforts to improve administrative capacity of the local NGO managing the free national HIV/AIDS hotline, in collaboration with the cell-phone company foundation MTN. Partnership with Beckton-Dickinson will also continue, to test transportation options for laboratory samples with the goal of installing a sustainable system in the medium term.

#### Research and Innovation

PEPFAR continues to push for accelerated results by applying evidence-based approaches, including new treatment and PMTCT directives and targeted prevention activities that respond to the mixed-epidemic context and are justified by specific demographics in a given region (which vary considerably across the country). With support from CDC Atlanta, respondent-driven sampling methods will be used to identify and describe stigmatized populations such as sex workers and migrants and inform evidence-based prevention programs. The first major study of the MSM community in Abidjan, its HIV prevalence, and related behaviors, currently underway, will serve to reach a higher percentage of this hidden and highly vulnerable population.

The PEPFAR research agenda for COP 2012 includes supporting partnerships between scientists from developed countries and Côte d'Ivoire while developing local expertise in ethical and scientific review. Ivoirian researchers will be supported to conduct operations research linked to improved HIV prevention, care, and treatment programs. The national ethics committee and research centers will be supported



through the promotion of sub-regional and intra-country networks to strengthen “weaker” centers and enhance their effectiveness, efficiency, and impact. These capacity development activities aim to create core leadership and research skills that will be measured in terms of manuscripts published in peer-reviewed journals, decisions made, and policy developed using PEPFAR-funded research findings.

In terms of innovation, PEPFAR supported the evaluation and approval process for new PMTCT technology and will procure 93 mobile CD4-count (PIMA) machines with FY 2012 funding, allowing for rapid results for pregnant women. Performance-based financing of health districts is a new concept in CI, and results from PEPFAR-supported pilot efforts will be used to demonstrate the positive impact of small additional resources, introduced at the local level, combined with a system that holds health supervisors accountable for their results.

#### Woman and Girl-Centered Approaches

FY 2012 funds will be used to apply lessons from 2010 assessments to address gender-related vulnerabilities that cut across all programs. The Men as Partners approach will continue with male teachers and other target groups, and programs will focus on engaging male partners in supporting PMTCT programs and family health. The Ministry of Social Affairs will be supported to build the capacity of service providers to serve victims of sexual violence and ensure the availability of post-exposure prophylaxis. PEPFAR partners are exploring income generation as an intervention to benefit vulnerable women and stabilize community-based prevention organizations. Targeted work will be expanded to change attitudes about gender equity and norms and to reduce girls’ and young women’s vulnerability.

PEPFAR is increasing its funding for PMTCT services by 25% this year and will continue collaboration with the National Reproductive Health Program in strengthening access to family-planning and maternal and child health services for women living with HIV. As a component of quality care and treatment, strategies to address gender will include PHDP interventions, especially for discordant couples; promotion of partner and family HIV testing; and stigma-reduction campaigns. All reported indicators will be disaggregated by sex to monitor achievements, including in the health systems strengthening area. After years of delay, PEPFAR CI is also eagerly participating in the international transactional sex study and will use results to develop a strategy to address the complex factors that affect the vulnerability of women and girls in the informal sector.

#### Country Ownership and the Partnership Framework

All PEPFAR investments are designed to strengthen the capacity of the GoCI, civil society, and private sector to plan, implement, and monitor the CoR that is essential for quality HIV/AIDS prevention, care, and treatment services and improved health outcomes. In all planning, the current NSP-HIV/AIDS guides the selection of priorities.



During COP development, PEPFAR engages with the GoCI directly at the central level, working closely with key ministry authorities to address policy questions, as well as with national technical leaders and TWGs to align technical priorities and interventions.

In July 2011, a three-day PEPFAR strategic review with deputy-principal participation analyzed needed adjustments, taking into account recent events in CI and S/GAC guidance. One full day was dedicated to exchanging with GoCI counterparts. The outcomes of this review informed the COP 2012 process, launched via a presentation with partners and technical-level GoCI representatives. Since then, PEPFAR has met regularly with newly installed cabinet-level ministry representatives (Health and AIDS, Education, Social Affairs, Finance/Economy, Planning) to explain PEPFAR review plans, discuss issues of common concern, and ensure alignment of PEPFAR TA with ministry needs. At a technical level, review sessions to align COP 2012 plans were conducted with national authorities and TWGs (e.g. for laboratory, care and treatment, HRH, and supply chain).

PEPFAR also works through prime and subpartners at the regional and district level to engage GoCI authorities, community stakeholders, health workers, and local NGOs implementing HIV prevention, treatment, care, and support services. To justify budget allocations in COP 2012, every partner in every technical area was required to describe in writing how proposed service-delivery and TA activities will contribute to National Strategic Plan objectives and to note which national structures and TWGs were consulted in developing their proposed activities.

The impact of these engagement efforts, particularly important with new ministry leadership, has been a growing understanding of PEPFAR and how we operate, manifested by requests for specific collaboration and support by GoCI representatives at the cabinet, technical program, and district levels. These requests have concerned, among other things, management capacity building, budget information, curriculum overhauls, policy development and roll-out, and support to conduct supervision visits and coordination meetings at all levels.

Over the past eight months, PEPFAR has leveraged its participation in national strategic planning processes and meetings to advance the inclusion and alignment of PEPFAR plans within national planning activities, including the National Health Policy, National Health Development Plan, and over-arching National Development Plan. Working with other donors, PEPFAR has pushed the debate on a number of key issues with national authorities. However, it is also clear that policy issues involving vested interests require going above these forums. An example is the much-needed reform of the PSP, which is moving forward only after significant advocacy and interest at the level of the president. This is likely the case for other important initiatives, such as increased GoCI spending on HIV/AIDS and health



and concrete progress on decentralization in the health sector.

The COP process culminated in a presentation to key ministries, donors, and civil society, during a session led jointly by the Minister of Health and AIDS and the U.S. Ambassador. Priority strategies, targets, and budgets were presented for each technical area, and questions were invited. Feedback included the need for further coordination, specifically with ministries not funded by PEPFAR; the need for a clear research agenda to be shared with the GoCI, the importance of continuing USG support for both adult and pediatric treatment (foreseeing treatment as prevention), a debate about implementation of WHO guidelines, and a palpable sense of starting down a path toward better partnership. PEPFAR will soon organize a week of detailed workplan review with partners, GoCI, and donors that goes further in reviewing select activities.

#### Country Ownership Assessment

Challenges and opportunities exist for the Ivorian government and community actors in each of the four dimensions of country ownership.

**Political ownership/stewardship:** Côte d'Ivoire has articulated its national priorities through the development of the NSPHIV/AIDS 2011-2015, a collaborative effort by ministries, civil society, the private sector, and donors. The document represents an opportunity for assertive MSLS leadership and measurable progress, especially once it is complemented by a PF and PFIP.

**Institutional and community ownership:** Building community ownership is a recognized challenge. Engagement with national NGO networks (of HIV/AIDS organizations, journalists, religious leaders) has faltered over the past two years, weakened by cases of USG funds mismanagement, political in-fighting, and an inability to fulfill their mandate (as coordinating networks rather than implementers) or their advocacy role despite years of support from PEPFAR and the GF. A lack of clear indicators linking investments in capacity building to tangible outcomes for the program has also led the team to make strategic investments in partners that clearly contribute results, i.e. NGOs directly implementing activities. In recognition that ownership and partnership among national NGO coordination networks is not visibly growing, PEPFAR will conduct an assessment of civil-society opportunities this year to inform the development of a strategy for building civil-society capacity (particularly for advocacy) and ownership.

**Capabilities and Accountability:** The ability of national counterparts to plan, manage, and oversee programs varies by technical area. At the top of the health pyramid, the new Minister of Health and AIDS and cabinet members have demonstrated strong leadership in sector planning (as evidenced in sector strategic plans), signifying a renewed focus on creating national frameworks to guide health interventions. The Ministry of Social Affairs is also developing a social sector development plan, and is co-leading the



national health insurance development process. Technical authorities such as the National HIV/AIDS Care and Treatment Program (PNPEC) and the national programs for OVC, TB, and nutrition, have all developed and updated national guidelines and tools in the recent past.

However, translating these plans into action is a major challenge. Material, financial, and human resources are lacking at decentralized levels, weakening the ability of local authorities to properly manage the roll-out and supervision of central directives. Quality data necessary to make informed decisions is not available in a timely manner through routine collection methods, and data that is available is often not analyzed or used. Perhaps most importantly, the implementation of new initiatives and policies and the extension of oversight measures into the field are hampered by weak management and leadership skills that prevent key government authorities from holding regional and district levels accountable for clearly defined results..

For health managers interested in accountability, the past decade was very challenging. Politics interrupted chains of command and brewed mistrust among staff from different political parties. A tendency toward inertia grew, due to fear of reprisals, and few were ready to make tough decisions, such as sanctioning an employee for misconduct or negligence. Initiatives to build and extend systemic accountability, such as decentralization, supportive supervisions, and competency-based evaluations of staff, were put on hold. As a result, accountability remains a central challenge for the national HIV/AIDS response, the MSLS, and the GoCI.

Against this backdrop, the new government's promotion of results-based management represents an opportunity for positive change.

#### Common Vision for Country Ownership

During a 2010 PEPFAR retreat, one (very optimistic) vision of PEPFAR CI in 2015 was of a single staff member at the U.S. Embassy providing TA to GoCI for HIV/AIDS. The USG team vision for country ownership is coherent on the ultimate goal of GoCI and civil society funding and managing the fight against HIV/AIDS with minimal or no USG support needed.

The steps and timeline to reach this goal remain to be defined together. The GoCI vision appears to move more rapidly than the USG's, and with less anxiety, toward the "control" part of country ownership. There is agreement that national priorities are outlined in the NSP-HIV/AIDS 2011-2015 and that donor contributions should directly help in achieving the plan's objectives. But MSLS representatives refer regularly to the Rwanda model, with a "common basket" where donors combine funding and from which national authorities fund the decisions they make. Yet the USG team's experience calls for caution. Working closely with national counterparts, PEPFAR staff see varying levels of leadership, coordination,



and even program management ability. Capacity building efforts to improve governance and management show mixed results. Ministry CoAgs are chronically underspent, and PEPFAR managers continue to see a need to tightly monitor and preapprove expenditures. The GoCI understands that different donor rules and regulations make the “common basket under GoCI control” a longer-term goal, and that for now, the idea of a “common basket of intervention decisions” could serve as a mechanism whereby donors explain what they can support and the GoCI makes decisions about where and how those interventions take place. This idea is included in the NSP-HIV/AIDS 2011-2015 but remains to be operationalized.

During the February 2012 visit of Michel Sidibe to Côte d'Ivoire, the Minister of Health and AIDS clearly supported the idea of increasing GoCI funding for HIV/AIDS and decreasing dependence on external funding sources. It remains to be seen to what extent others in the new government are committed to this important step in building country ownership.

Nonetheless, the USG and GoCI are jointly pushing ahead with smaller steps in each of the four dimensions of country ownership:

Political ownership/stewardship:

- \* PEPFAR promotes the principle of “Three Ones” and follows the NSP-HIV/AIDS 2011-2015 and other national guidelines.
- \* PEPFAR continues to support (and push) GOCI to take the lead on coordination and planning.
- \* PEPFAR continues to support the MSLS with organizational development capacity building to ensure more effective national leadership.
- \* PEPFAR has supported key studies to inform national strategic discussions, including the DHS+ (underway), a health systems assessment (June 2010), a National Health Accounts exercise (July 2010), an HIV/AIDS policy analysis and agenda (January 2010), and task-shifting policy and implementation (ongoing).

Institutional and community ownership:

- \* PEPFAR is investing significant effort and funding in the transition of Track 1.0 ART programs to national ownership through five awards (two for Ivorian implementers, three for TA providers).
- \* PEPFAR is building the capacity of the National Blood Transfusion Center and moving toward a full transfer of blood safety program responsibility to GOCI.
- \* PEPFAR is developing PSP skills in forecasting, warehousing, distribution, and tracking of commodities. All PEPFAR orders are approved by the PSP.
- \* PEPFAR supports the MSLS Directorate for Public Hygiene to work with health districts and mayors to develop local community responsibility for incinerator management





- \* PEPFAR care and support partners are putting in place income generating projects to enable local PLWHA and OVC support groups to “own” the responsibility of future support.

#### Capabilities:

- \* PEPFAR supports training to strengthen project and financial management capabilities within each of the funded ministries (health, social affairs, education). It is clear that both sides would need to place a stronger focus on developing these skills in order to achieve a level of comfort in handing over budget and program responsibility to the GoCI.

- \* PEPFAR is engaging TA for the CCM and GF principal recipients (PNPEC, Alliance CI) to improve the management and reduce risk for the GF Round 9 grants.

- \* PEPFAR will strengthen capacities of MSLS monitoring and evaluation (M&E), maintenance, commodity procurement, and other divisions to take over roles currently played by PEPFAR implementing partners.

#### Accountability:

- \* PEPFAR is promoting a national matrix to gather and consolidate donor information, which will help leaders to ask donors to report on results.

- \* The PF and PFIP, expected this year, will help greatly with accountability efforts, providing a framework for regular meetings to review results together.

PEPFAR has taken steps to be a model of transparency by sharing information with the GoCI and other stakeholders. We have worked hard to engage ministries, particularly at the cabinet level, to share our plans and ensure common awareness of problems; have responded quickly to GoCI requests for budget and expenditure information; and have provided data for national quantification and reporting efforts. PEPFAR has initiated coordination meetings with both GF principal recipients and the World Bank to jointly review our work plans on a regular basis.

PEPFAR's structure and staff supports country ownership in the following ways:

- \* PEPFAR CI staff is composed of 90% host country nationals, including the current treatment, laboratory, prevention, and SI branch chiefs.

- \* The team's new HSS branch will have the mandate of supporting the GoCI with developing a clear strategy for HSS.

- \* With FY 2012 funds, PEPFAR will hire a health economist to support the MSLS and help link PEPFAR better with national budgeting processes.

- \* The team will consider requiring TA partners to place expert staff within ministries as part of a transition to GoCI institutions.





## Partnership Framework

Some of the team's highest hopes for building country ownership rest with the Partnership Framework. Building national capacity is the guiding principle and ultimate objective of the PF, and our main strategy for building country ownership.

In July 2010, the U.S. Ambassador and CI Minister of AIDS launched PF steering and technical committees representing stakeholders from the public and civil society sectors. Together, these committees served as effective forums to engage in open dialogue with multi-sector stakeholders. In August-November 2010, a five-year PF document was drafted that outlines shared objectives and respective contributions, representing our best mechanism for comprehensive information sharing with other stakeholders in the country. Pending elections in 2011 created considerable uncertainties about the respect of pre-election engagements, and with the onset of the post-election crisis, the process was put on hold.

Under the new government, significant restructuring of the health sector has taken place, which has made finalizing the PF a challenge. In fall 2011, the General Directorate for HIV/AIDS (DGLS) was created within the MSLS, providing PEPFAR with a welcome interlocutor. With DGLS leadership, the new NSP-HIV/AIDS 2011-2015 was finalized and budgeted; it is set for validation by the National AIDS Control Committee. Using the plan as a guide, the PEPFAR team reviewed the draft PF technical sections in January 2012 to ensure that objectives clearly fit within the national priorities, and is now poised to move the document forward. The next step is to obtain signature, and begin to define the content of the PFIP. As mentioned earlier, the PF/PFIP will seek to support the GoCI, civil society, and the private sector to: 1) reduce new HIV infections; 2) increase access to quality care and treatment and improve the quality of life for people living with HIV/AIDS (PLWHA); 3) reduce the impact of HIV/AIDS on public and private sectors, communities, and families; and 4) ensure the strengthening of governance, financing, and health systems necessary for an optimal national response.

By initiating a planned, purposeful transfer of responsibility for planning and oversight of the PEPFAR program, with clearly delineated benchmarks, the PF and PFIP will strengthen GoCI ownership of the HIV/AIDS response and decrease the need for USG assistance over time. In process and content, the COP 2012 reflects USG efforts to advance that transfer.

## Population and HIV Statistics

Population and HIV		Additional Sources
--------------------	--	--------------------

Statistics	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	380,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	03	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	63,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	36,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults	11,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	17,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	729,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women	18,000	2010	Global HIV/AIDS response:			

living with HIV needing ART for PMTCT			epidemic update and health sector progress towards universal access: progress report 2011			
Number of people living with HIV/AIDS	450,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	440,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	200,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	220,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

### Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)



## **Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies**

**In what way does the USG participate in the CCM?**

Voting Member

**What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.**

7+ times

**What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.**

4-6 times

**Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.**

Yes

**In any or all of the following diseases?**

Round 11 HIV, Round 11 HSS

**Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?**

Yes

**If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.**

The Round 9 HIV grant for clinical activities will end Phase I in March 2013. The PR will need to submit a proposal by January 2013. This grant has had difficulty getting started, but will cover 29 health districts allowing for a sharing in geographic coverage of the country with PEPFAR. Without this grant, PEPFAR will be the only HIV/AIDS partner providing support for comprehensive service provision beyond a single health district, apart from the Corridor Project (which supports a few sites along the coastal road). UN agencies such as UNICEF and UNFPA have small scale programs, targeted as specific activities, in very



restricted locations. The World Bank HIV/AIDS project will close end of 2012.

To help support the CCM and ensure that PRs that are effectively implementing grants, and will develop successful Phase II proposals, PEPFAR CI is engaging MSH to provide Technical Assistance through the Leadership Development Project. This TA will focus on improving the performance of GF PRs, ensuring a model CCM, and building trust with Geneva. Expected results from this TA include systematic use of the CCM dashboard tool for identifying and addressing issues quickly; two successful Phase 2 grant proposals for Round 9 HIV leveraging additional resources for health, a model CCM with regular meetings, better communication, and an effective proposal development process. Imparting the skills to the PRs will improve Round 9 HIV/AIDS grant performance, a key goal of this project.

**In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?**

Redacted

**Did you receive funds for the Country Collaboration Initiative this year?**

No

**Is there currently any joint planning with the Global Fund?**

Yes

**If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)**

Redacted

**Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.**

Round	Principal Recipient	Assistance Provided	Value of Assistance (If	Programming Impact	Causes of Need
-------	---------------------	---------------------	-------------------------	--------------------	----------------

			Known)		
9	Alliance Cote d'Ivoire	PEPFAR was obliged to request additional funds to cover ARV gap in 2010-2011, particularly when end of Round 2 Continuation of Services procurement was ultimately NOT paid for by the GF. Their risk mitigation strategy ultimately left PEPFAR picking up the pieces/filling in the gaps, again, and left CARE in a difficult state of not being able to meet commitments.			USG programming impacted by need for reprogramming to cover
9	National HIV/AIDS Care and treatment program	Round 2 ended May 2010, Round 9 has only just begun, and GF is pre-approving slowly. PEPFAR covered with purchase of ARV Drugs, and also by re-directing prime partners to provide Treatment and PMTCT support at some previously supported GF sites. These sites have			USG programming impacted by need for reprogramming to cover

		been moderately 'covered' and has meant that PEPFAR is covering essentially the entire country, apart from entirely new sites in a few districts under Round 9.			
--	--	---	--	--	--

**Public-Private Partnership(s)**

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	Expanded Use of Audiovisual Materials					The World Bank program will fund the use and broadcasting of television ad campaigns produced in 2007-2010 by JHU/CCP with PEPFAR support to promote HIV prevention, testing, and care and support among the general population and among targeted high-risk groups.

	Becton, Dickinson & Co. / PEPFAR Lab Strengthening Partnership		Becton Dickinson			The Becton Dickinson Lab Strengthening Partnership aims to work with PEPFAR Cote d'Ivoire, the Cote d'Ivoire Ministry of Health and AIDS (MSLS) and local stakeholders to improve the technical competence and increase number of laboratory technicians, to improve TB specimen referral, to provide TA to extend experience at the national level, and to strengthen laboratory quality assurance, in support of Cote d'Ivoire's National Strategic Plan for Laboratory Services.
	Vacances Santé	13635:Beha	Johns	20,000	21,644	"Vacances



		<p>Behavior &amp; Social Change Communication in Cote d'Ivoire (PACT: Active Prevention &amp; Transformation Communication) (Bilateral award ending Sept2013)</p>	<p>Hopkins University Bloomberg School of Public Health, United Nations Children's Fund, United Nations Population Fund</p>		<p>Santé" is a vacation program for girls who participate in Sports for Life (HIV prevention in conjunction with soccer) in which issues of sexual health, HIV prevention, etc., are addressed. FY 2010 was the first year of this partnership, whose duration will be determined based on post-test results, client satisfaction, and continued other donor support. Contributions by UNICEF and the Ministry of Education, Department of School Health are in-kind (school kits, T-shirts, printed materials, sport materials, and insurance).</p>
--	--	---	---	--	--

						JHU/CCP planned contributions were \$20,000, while other donors and partners were to contribute materials in the value of just over \$21,000. This camp was not held in 2011 due to the civil crisis, but is planned to take place in 2012.
2012 COP	MTN Foundation / National HIV/AIDS Hotline	13635:Behavior & Social Change Communication in Cote d'Ivoire (PACT: Active Prevention & Transformative Communication) (Bilateral award ending Sept2013)	Fondation MTN Cote d'Ivoire	15,000	50,000	MTN Foundation will continue to support the free InfoSIDA HIV/AIDS information hotline by providing, installing, and supporting maintenance for needed telephone equipment and by identifying and implementing a communication/promotion plan for the hotline.

						JHU/CCP provides technical assistance for the hotline, which is managed by an Ivoirian NGO.
2012 APR	Becton Dickson - PEPFAR Lab Strengthening Partnership - APR_2012		Becton Dickinson	250,000	250,000	The Becton Dickinson Lab Strengthening Partnership aims to work with PEPFAR Cote d'Ivoire, the Cote d'Ivoire Ministry of Health and AIDS (MSLS) and local stakeholders to improve the technical competence and increase number of laboratory technicians, to improve TB specimen referral, to provide TA to extend experience at the national level, and to strengthen laboratory quality

						assurance, in support of Cote d'Ivoire's National Strategic Plan for Laboratory Services.
2012 APR	MTN Foundation / National HIV/AIDS Hotline - APR_2012	13635:Behavior & Social Change Communication in Cote d'Ivoire (PACT: Active Prevention & Transformative Communication) (Bilateral award ending Sept2013)	New Partner	170,000	175,000	This duplicates the MTN Foundation-JHU. CCP PPP described in a separate listing.
2012 APR	Vacances Santé - APR_2012	13635:Behavior & Social Change Communication in Cote d'Ivoire (PACT: Active Prevention & Transformative	United Nations Children's Fund	20,000	21,664	"Vacances Santé" is a vacation program for girls who participate in Sports for Life (HIV prevention in conjunction with soccer) in which issues of sexual health, HIV prevention,

		<p>Communication) (Bilateral award ending Sept2013)</p>			<p>etc., are addressed. FY 2010 was the first year of this partnership, whose duration will be determined based on post-test results, client satisfaction, and continued other donor support. Contributions by UNICEF and the Ministry of Education, Department of School Health are in-kind (school kits, T-shirts, printed materials, sport materials, and insurance). JHU/CCP planned contributions were \$20,000, while other donors and partners were to contribute materials in the value of just over \$21,000. This</p>
--	--	---	--	--	---

						camp was not held in 2011 due to the civil crisis, but is planned to take place in 2012.
2012 APR	Expanded Use of Audiovisual Materials - APR_2012		World Bank MAP Project	0	55,000	The World Bank program will fund the use and broadcasting of television ad campaigns produced in 2007-2010 by JHU/CCP with PEPFAR support to promote HIV prevention, testing, and care and support among the general population and among targeted high-risk groups.

### Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	ANADER Program Evaluation Study	Evaluation	General Population	Other	N/A
N/A	Analysis of Prevention-of Mother-to-Child HIV transmission program routine	Evaluation	Pregnant Women	Development	N/A

	Data for HIV surveillance (Evaluation of the Utility)				
N/A	ANC Evaluation sentinel survey using PMTCT routine data in place of unlinked anonymous testing (UAT)	Evaluation of ANC and PMTCT transition	Pregnant Women	Other	N/A
N/A	Assessment of Hygiene, Injection Safety and Waste-management	Other	Other	Development	N/A
N/A	Behavioral survey among Most At Risk Population	Behavioral Surveillance among MARPS	Injecting Drug Users	Planning	N/A
N/A	Cote d'Ivoire Expanded Responds to AIDS (CIERA) Project; an Investigation into the perception of fidelity among married persons	Population-based Behavioral Surveys	General Population	Planning	N/A
N/A	Documentation of the political and financial contribution of the decentralized communities in the installation and the operation of community HIV Voluntary Counseling and Testing Centers (VCT)	Other	Other	Planning	N/A
N/A	Epidemiology of HIV-2 or HIV-1/HIV-2 infected patients	Evaluation	Other	Development	N/A
N/A	Evaluation of National Testing Day Activities (mobilization and KAP)	Evaluation	General Population	Other	N/A
N/A	Evaluation of National testing Day Impact	Evaluation	General Population	Other	N/A
N/A	Evaluation of Nurse-led HIV Care and Treatment Services	Evaluation	Other	Development	N/A

	- Pilot in Côte d'Ivoire				
N/A	Evaluation of Sport for Life program evaluation study	Evaluation	Youth	Implementation	N/A
N/A	Evaluation of the impact of Economic Strengthening Interventions on OVC Well-being	Evaluation	Other	Other	N/A
N/A	Evaluation of the impact of interventions on Abstinence and Fidelity in the implementation of the "KENEYA Project"	Evaluation	General Population	Development	N/A
N/A	Evaluation of the impact of psychosocial Support Interventions on OVC Well-being	Evaluation	Other	Implementation	N/A
N/A	Evaluation of the Program of Alliance Côte d'Ivoire	Evaluation	Other	Planning	N/A
N/A	Evaluation study of HOPE CI program	Evaluation	General Population, Other	Development	N/A
N/A	Gender analysis	Other	Other	Other	N/A
N/A	HIV and Associated Risk Factors Survey	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	N/A
N/A	HIV/AIDS Infected Population Situation Analysis	Population size estimates	Other	Other	N/A
N/A	HIV/AIDS Situation analysis in prisons	Other	Other	Development	N/A
N/A	How to Optimize PMTCT Effectiveness - 2	Evaluation	Other	Other	N/A
N/A	KABP of young in HIV/AIDS	Other	General Population	Development	N/A



N/A	KAP assessment survey related to blood donation	Other	Other	Development	N/A
N/A	KAP Survey	Other	Other	Development	N/A
N/A	KAP Survey among clubs of young girls	Evaluation	Youth	Development	N/A
N/A	Literature review of adult risk behaviors	Other	General Population	Implementation	N/A
N/A	Mid-term external OVC program evaluation	Evaluation	Other	Development	N/A
N/A	Monitoring of CCP programs effects	Evaluation	Street Youth	Implementation	N/A
N/A	Perception of Faithfulness among couples	Other	General Population	Other	N/A
N/A	Review and development of Save the Children's Economic Strengthening Strategy for OVC and their families	Evaluation	Other	Other	N/A
N/A	Seroprevalence and Behavioral Epidemiology Risk Survey among armed forces	Behavioral Surveillance among MARPS	Uniformed Service Members	Development	N/A
N/A	Sero-prevalence and Behavioral Epidemiology Risk Survey	Other	Uniformed Service Members	Other	N/A
N/A	Situation analysis of the involvement of men in their partners' health issues	Evaluation	Other	Other	N/A
N/A	Situational Analysis	Evaluation	Migrant Workers	Other	N/A
N/A	Situational Analysis "Men As Partners (MAP)"	Evaluation	Uniformed Service Members	Other	N/A
N/A	STI/HIV/AIDS Sentinel Surveillance	Sentinel Surveillance	Female Commercial	Development	N/A

		(e.g. ANC Surveys)	Sex Workers		
N/A	Strengthening the care of HIV-2 infected patients. The construction of a clinical platform in Cote d'Ivoire (PHE N° CI.09.0223)	Evaluation	Other	Development	N/A
N/A	Third Demographic and Health Survey	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	TRaC Survey (Tracking Results Continuously)	Evaluation	Uniformed Service Members	Development	N/A
N/A	TRaC Survey 2 (Tracking Results Continuously)	Evaluation	Other	Development	N/A
N/A	Transactional Sex Survey	Other	Other	Implementation	N/A
N/A	Transmitted HIV Drug Resistance	HIV Drug Resistance	Pregnant Women	Implementation	N/A



## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			265,000		265,000
HHS/CDC	6,722,257	5,153,000	53,922,744		65,798,001
HHS/HRSA			873,000		873,000
HHS/NIH			0		0
USAID			63,244,307		63,244,307
<b>Total</b>	<b>6,722,257</b>	<b>5,153,000</b>	<b>118,305,051</b>	<b>0</b>	<b>130,180,308</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	USAID	AllOther	
HBHC		5,626,123			725,700		6,351,823
HKID		5,109,469			4,870,855		9,980,324
HLAB	209,750	3,173,891			1,321,892		4,705,533
HMBL		2,824,907			68,968		2,893,875
HMIN		496,561			18,968		515,529
HTXD		42,698			31,056,887		31,099,585
HTXS		12,021,773			2,238,452		14,260,225
HVAB		2,479,468			1,028,731		3,508,199
HVCT		2,746,661			4,214,668		6,961,329
HVMS	13,000	4,365,087			1,084,381		5,462,468
HVOP	13,000	4,989,708			2,360,307		7,363,015
HVSI	9,750	1,658,309	703,000	0	2,410,156		4,781,215
HVTB		3,662,090					3,662,090
MTCT		6,195,636			1,907,938		8,103,574
OHSS	19,500	6,262,104	170,000		9,607,952		16,059,556



PDCS		1,611,280			309,484		<b>1,920,764</b>
PDTX		2,532,236			18,968		<b>2,551,204</b>
	<b>265,000</b>	<b>65,798,001</b>	<b>873,000</b>	<b>0</b>	<b>63,244,307</b>	<b>0</b>	<b>130,180,308</b>



## National Level Indicators

### National Level Indicators and Targets

Redacted



## Policy Tracking Table

(No data provided.)



## Technical Areas

### Technical Area Summary

#### Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	6,351,823	0
HKID	9,980,324	0
HVTB	3,662,090	0
PDCS	1,920,764	0
<b>Total Technical Area Planned Funding:</b>	<b>21,915,001</b>	<b>0</b>

#### Summary:

Major Accomplishments in Last 1-2 Years:

FY 2011 achievements in HIV/AIDS care and support were greatly impacted by Côte d'Ivoire's post-election crisis, which hindered many partners from operating from December 2010 through June 2011. Despite this setback, the FY 2011 APR shows that PEPFAR partners were able to reach people infected and affected by HIV/AIDS with much-needed care and support services.

While the number of eligible adults and children provided with a minimum of one care service decreased slightly to 231,522, this still surpassed our target of 218,280 (106%).

Achievements in the area of Positive Health, Dignity, and Prevention (PHDP) over the past two years have been impressive, including the planning, implementation, and monitoring of the scale-up of PHDP interventions in clinical settings and the integration of a PHDP module into the national care and treatment training curriculum, validated by the government of Côte d'Ivoire (GoCI) in September 2010. In FY 2011, PEPFAR partners continued to scale up PHDP activities, training 384 health care providers from 136 sites. A nationally validated package of PHDP interventions was delivered to 40,419 people living with HIV/AIDS (PLWHA), representing 60% of the FY 2011 target of 67,000. Although not all health care workers have been trained to provide this package of services, PEPFAR CI was able to reach more than 50% of HIV patients receiving clinical care with PHDP interventions in FY 2011, with further improvements planned for 2012.

More than 114,000 HIV-positive adults and children received at least one clinical care service at a PEPFAR-supported site in FY 2011, an 8% increase from FY 2010 but short of the FY 2011 target of 134,000 (85%). By September 2011, 6,919 children ages 0-15 years were enrolled in care services (3,506 male, 3,413 female), among whom 996 were newly enrolled (464 male, 527 female). No data is available on the retention rate for children in care, a shortcoming that PEPFAR is working with partners to address.

A total of 3,117 HIV-positive children (1,608 male, 1,509 female) received cotrimoxazole (CTX) prophylaxis, representing 45% of the 6,919 children in care. CTX coverage among HIV-infected children will be improved in FY 2012, with a target of 8,675 representing 75% of the 11,566 children expected to



receive a clinical service.

The program was able to provide early infant diagnosis for 4,127 infants (41% of the target) and HIV testing and counseling (TC) to 50,907 children ages 1-14 in FY 2011. In FY 2012, 64,287 children ages 1-14 will receive TC, a 26% increase from FY 2011.

Over the past two years, PEPFAR CI has assisted the National Tuberculosis Program (PNLT) and National HIV/AIDS Care and Treatment Program (PNPEC) in developing a TB screening tool and algorithm for children (ages 0-15) infected with HIV in HIV care and treatment sites. These are being rolled out with the most recent WHO TB register, and the electronic TB register (ETR.net) is being scaled up. The USG is supporting free "opt-out" testing programs at all TB specialist centers and integrated TB diagnostic and treatment centers, resulting in 14,734 TB patients being tested for HIV and 3,558 TB patients co-infected with HIV being identified in 2011. By December 2011, with support from the Global Fund, PEPFAR, and international NGOs, 105 health facilities throughout the country had the capacity to diagnose and treat TB cases using the DOTS strategy. The USG improved smear microscopy through the roll-out of the CDC/WHO training package; increased the use of fluorescent LED microscopy as part of an effort to increase TB case finding; supported the PNLT to improve the quality of sputum smear microscopy by strengthening the quality-assurance system through external quality assessment by blinded rechecking; and developed a draft infection control policy to be validated and piloted in 20 sites in FY 2012.

In terms of nutrition support, 51,179 eligible clients – one-fourth of care patients – received food and/or other nutrition services (26% of the FY 2011 target). Only 1,338 HIV-positive clinically malnourished adults and children received therapeutic supplementary food (20% of FY 2011 target), representing 31% coverage among the 4,326 patients who were assessed as clinically malnourished. The program's performance against expected results is due to interruptions of activities (including a nascent Food by Prescription (FBP) pilot) during the civil war, as well as low dissemination of data collection tools and limited assessment of nutritional status by health workers. The relaunched FBP pilot should help improve results in FY 2012.

For orphans and vulnerable children (OVC), crisis-related disruptions impacted results, reducing 71,219 OVC the number of children who were reported as receiving services (75% of the FY 2011 target). Despite the crisis, the National OVC Program (PNOEV) engaged all stakeholders in a collaborative quality improvement process, and with PEPFAR-supported technical assistance (TA), quality standards for each of the 6+1 technical areas of OVC services were developed, validated, and piloted in four social centers (Yamoussoukro, San Pedro, Abidjan/Yopougan, and Bouake).

#### Alignment with Government Strategy and Priorities

The PEPFAR team collaborated with all national stakeholders from the public sector, civil society, and the private sector, as well as other donors, in the development of the National Strategic Plan for HIV/AIDS (NSP-HIV/AIDS) 2011-2015, and PEPFAR goals and objectives are aligned with the plan's priorities and strategies. PEPFAR continues to play a significant role in the development of national guidelines for care and support and strives to ensure that national standards, tools, and protocols are understood and implemented in clinic and community settings.

The national palliative-care policy, adopted in 2006 with USG support, defines the minimum standards for the provision of care services in clinic, community, and home settings. The national implementation plan for palliative care, last revised in 2007, outlines training and supervision activities needed to ensure that established standards are being rolled out to all sites offering care and support services. These national documents incorporate guidance on the provision of drugs, including CTX prophylaxis, which is prescribed with a CD4 count below 500. Progress is being made toward systematic application of this protocol.





The PEPFAR-supported national minimum package of care and support services for HIV patients includes: PHDP; prevention of opportunistic infections (OIs), malaria, and sexually transmitted infections (STIs); basic pain management; screening for TB; prevention of cervical cancer; psychosocial support; nutritional assessment and (if needed) supplementation; HIV testing for family members; and provision of safe-water systems, hygiene education, and long-lasting insecticide-treated nets (LLITNs). For reporting purposes, psychological support during post-test counseling or a routine clinical care visit qualifies as care received. All HIV-infected adults and children and their families are eligible to receive PEPFAR-supported clinic and community-based support services, but only those diagnosed as HIV-positive are counted and reported under the clinical-care indicator. According to FY 2011 reports, at least 95% of those testing HIV-positive received psychosocial care.

The national PHDP package includes: condom promotion and distribution, adherence counseling, risk reduction through sexual and alcohol counseling for partners testing positive, strengthening of the management of TB/HIV co-infection by improving HIV testing among TB patients, improving TB case finding among HIV-infected patients, clean-water systems and hygiene education, and provision of LLITNs.

The national OVC support package includes psychosocial support and counseling, nutrition assessment and food support, educational and vocational training, legal protection, shelter and clothing, health care, and economic strengthening. Services are provided based on individual needs assessed with the Child Status Index (CSI).

The national pediatric care package includes clinical care, psychological and spiritual support, and social and prevention services. Clinical care includes: EID, provider-initiated testing and counseling (PITC) for older children with signs or symptoms suggesting risk factors for HIV infection, prevention and treatment of OIs and other HIV/AIDS-related complications (malaria, diarrhea), pain and symptom relief, and nutritional assessment and food support.

National nutrition strategies include: standardized package of services through counseling and assessment for HIV-positive adults and children; therapeutic or supplementary food provision for HIV-positive persons who are clinically malnourished, including pregnant females (all ages) and children; and training based on national training manual to provide clinical care (including nutrition services).

National guidelines recommend that antiretroviral drugs (ARVs) be made available to eligible TB/HIV co-infected patients by providers trained to manage both infections. Isoniazid (INH) prophylaxis is not yet supported by national policy in CI. However, the current national TB/HIV policy has been aligned with the WHO Stop TB Strategy with a goal of achieving a significant reduction of TB cases by 2015 by ensuring that all patients receive universal access to quality TB diagnosis and treatment.

National reporting tools have been adapted to ensure the collection of gender-disaggregated data.

#### Strategies for the Coming Year

##### Care and Support

The PEPFAR 2 and Global Health Initiative principles of better coordination for increased impact, improved monitoring and evaluation, strengthening systems, and taking a woman- and girl-centered approach will be reflected in the targeted scale-up of efforts to improve the quality and reach of care and support services, strengthen the integration of nutritional services, scale up the roll-out of PHDP services in clinic settings, develop and pilot community-based PHDP interventions, scale up efforts to improve cervical cancer prevention interventions for HIV-positive women, and improve TB/HIV diagnosis and reporting and CTX prophylaxis delivery.



For all care and support areas, FY 2012 funding will continue to strengthen the district approach, aimed at building the capacity of district management teams to coordinate HIV-related care and support efforts. Specific support to the Ministry of Health and AIDS (MSLS) and Ministry of Social Affairs (MEMEASS) will allow for more regular coordination meetings, with the aim of improving planning and ensuring appropriate coverage of services.

The primary care and support goal for FY 2012 is building stronger linkages between clinic-based services and community-based organizations, with effective referral and counter-referral systems between care and treatment services, TB centers, TC services, and OVC sites. With assistance from peer educators, post-test counseling and support group sessions will be held following the disclosure of HIV testing results, and community counselors (CC) will refer HIV-infected persons to care and treatment services and will monitor those services to ensure that referred patients are enrolled in care. Patients who do not enroll in HIV care and treatment services will be contacted by phone or receive home visits from CC with support from TC partners. The USG will support the MSLS in the revision, printing, dissemination, and use of referral and counter-referral tools by service providers to ensure effective linkages.

In the community, PEPFAR will work to ensure that a comprehensive package of care services is provided to clients, including:

- The package of PHDP services, including HIV prevention services
- OVC support services
- Nutrition counseling and assessment
- Provision of therapeutic or supplementary food for HIV-positive persons clinically malnourished, including pregnant women or girls
- Malaria and diarrhea prevention tools (MILDA and water purification)

For children and adolescents, CTX, EID, and PICT services are integrated in the national package of maternal and child health (MCH) services. Child testing is offered at most TC sites, but integration at ANC, nutrition, immunization, and other sites not complete. Strategies to improve EID coverage will include support to the MSLS by clinical partners through the implementation of the new MCH card, which includes HIV testing status information that can be tracked at all entry points for pediatric care, and implementation of the national free care policy for pregnant women and their babies, which will result in an overall increase of MCH service uptake.

#### OVC

Based on the national OVC policy, standard criteria for OVC services (based on their needs and age) have been developed and disseminated. OVC are identified at service entry points in PMTCT, TC, health-care settings, PLWHA support groups, and community committees. PEPFAR partners and subpartners (local NGOs) provide 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 based on an assessment of individual needs, including nutrition support and pediatric HIV treatment in early childhood.

PEPFAR is funding 14 prime partners to support OVC care and support. Partners conduct training and work to strengthen referral systems to ensure local ability to identify OVC, assess their needs and family resources, and provide comprehensive care as needed. Partners assess the capacities of local organizations and work to build their capacities for OVC identification and service delivery, while assisting the PNOEV and GoCI social centers to improve district-level coordination among government agencies and civil society.

The OVC quality improvement process includes integration of the CSI in national monitoring and



evaluation tools, primarily to analyze whether programs prioritize the most vulnerable children and provide up-to-date data for decision-making, as well as to determine whether the CSI is realistic and accurate in monitoring the well-being of children receiving services. The strategy enables OVC coordination platforms within social centers to implement a sustainable national OVC and family services system using standardized guidelines with flexibility to determine how services will be delivered in the field.

To support the needs of children in various age ranges, PEPFAR links with other initiatives such as PMTCT, CT, and youth development programs. For older children, PEPFAR is conducting advocacy with the Ministry for Technical and Vocational Training and the private sector to address livelihood security and preparation for work among older OVC (ages 18-24), and advocacy with the Ministry of Youth to provide psychosocial support for older OVC no longer eligible for OVC-specific programs. PEPFAR will also provide technical and financial assistance to the GoCI to develop and implement policy to allow OVC over 17 years old to remain in school.

#### Tuberculosis

PEPFAR-supported clinical partners will support integration of HIV testing, care and treatment in 15 new TB centers resulting in a total of 120 TB/HIV supported sites. PEPFAR will fund the National Tuberculosis Program (PNLT) to train health care workers at TB and HIV care sites in comprehensive TB/HIV co-management and program implementation. PEPFAR will support the PNL in scaling up the new routine opt-out CT strategy at all TB clinics, with a target of HIV testing for 90% of TB patients (approximately 18,700) by September 2012 and an ultimate goal of 100% (about 25,000). An emphasis will be put on strengthening TB diagnosis among children under 5. PEPFAR's plan to expand capacity to prevent, diagnose and treat TB among children is 1) To vaccinate new born with BCG, 2) To launch validated TB screening tool, 3) To coach health care workers in pediatric care and MCH, to 4) To advocate to include these new tools into national tool for MCH.

#### Nutrition

In FY 2012, PEPFAR partners FHI 360/FANTA III, the World Food Program, and the National Nutrition Program (PNN) will help PMTCT partners provide food and nutritional supplementation for 4,640 HIV-positive pregnant or lactating women and will support the MSLS, PNN, National OVC Program (PNOEV), and National Infant Health Program (PNSI) to build capacity in infant feeding and nutrition at public and private facilities.

Nutrition services include following components: 1) Counseling and assessment for HIV-positive (adults and children); 2) Therapeutic or supplementary food provision for HIV-positive persons clinically malnourished including Pregnant female (all ages); 3) Training to provide clinical care (including nutrition services) according to national and international standards in in-service. Clinical partners are provided with funds specifically designated for NACS activities, which are included within their budget and work plans.

The FANTA III project is our main TA partner, working with the PNN to lead the Food by Prescription pilot study and to develop and roll out national nutrition guidelines for both clinic and community levels. At present, funding is not being provided for quality assurance at the food production factory where we are buying corn-soya blend (CSB), but PEPFAR is providing funds to allow for the distribution of therapeutic and supplementary foods to sites outside of Abidjan.

#### Care and Support Priorities

PEPFAR priorities for care and support are determined by their potential effect on expected HIV/AIDS outcomes and impact. Key priorities and major goals for the next two years include:

- Improved linkages between facility- and community-based services and between pediatric care, treatment and other services. Improved linkages will be a focus for 2012. All PEPFAR-supported ART,



PMTCT, and HIV/TB implementing partners will reinforce the referral system through the hiring and payment of community counselors at their sites (preferably PLWHA), to provide a comprehensive package of HIV prevention interventions and effective support for all clients (adults and children), follow-up, and referrals to community-based care and support for HIV-positive clients. As part of a family-centered approach, USG clinical partners will continue to support care for TB/HIV co-infected persons and their families that will be linked with other prevention and palliative-care and treatment services. The reinforcement of referral efforts, combined with expanded PHDP services, will work together to ensure that pre-ART patients are retained in care system care. All PEPFAR partners providing community- and home-based care and support will be funded to cross-train their community counselors to provide OVC care services.

- Going further to integrate PHDP services into routine care, as part of the national prevention strategy for HIV infected persons. In this second year of implementation, PHDP services will be extended to reach 50% of PLWHA receiving clinical care in PEPFAR-supported sites.
- Improved quality through scale-up of the quality collaborative. This seeks to strengthen training and supervision; promote systematic screening for TB; and improve the integration and quality of nutritional assessments, counseling, and support.
- Systematic provision of CTX as the most important evidence-based means of decreasing morbidity and mortality, delaying disease progression, and improving quality of life to all HIV-exposed (6 weeks) and HIV-infected children at all supported sites.
- Provision of a minimum of one clinical service for at least 180,800 HIV-positive adults and children, and provision of support for 100,000 OVC, taking into account the slight increase of OVC budget and the increasing number of OVC partners
- Completion of the pilot phase of PECNAP, including analysis of results, and possible scale-up of the food by prescription program under the leadership of the national nutrition program (PNN) and the national HIV care and treatment program (PNPEC) with TA from the PEPFAR-supported nutrition partner and clinical implementing partners.
- Reduce loss to follow-up before initiation of ART; to diagnose and treat OIs, including expansion of a routine service of cervical cancer prevention for HIV positive women;
- Increased pediatric services coverage. Clinical partners will continue rapid expansion of services with a goal of supporting 11,566 HIV-infected children with care and support services (8% of all patients) at 360 care and support sites (including TB), including sites in all 19 regions of the country down to the district general hospital level and in some cases to the community health center level.
- Improved quality of pediatric care and support services. In FY 2012, PEPFAR will reach an estimated 11,500 children with care and support services. Quality improvements will include efforts to strengthen training and supervision for facility- and community-based care providers; to promote systematic screening for TB; to improve nutritional assessment and support, especially infant feeding counseling based on AFASS criteria; to diagnose and treat opportunistic infections, to reduce loss-to-follow-up before initiation of ART; and to pursue opportunities for wraparound services with other donors/partners, such as ITNs through the GF, and nutrition support with the World Food Program.
- Expand coverage, uptake and quality of HIV testing among TB patients, and TB diagnosis among HIV-infected patients
- Improve care and treatment of TB/HIV co-infected patients - As part of a family-centered



approach, USG clinical partners will support care for TB/HIV co-infected persons and their families that will be linked with other prevention and palliative-care and treatment services.

- Advocate with the PNLT and PNPEC to develop a national policy related to Isoniazide Preventive Therapy (IPT) and support its implementation.
- Work with the PNLT to incorporate and implement the clinical TB symptom screening tool for HIV-infected adults and children into the national HIV patient encounter form.
- Reinforce 40 social center OVC platform sites to continue coordination of local service providers, formalize referral systems, and strengthen the standardizing of data collection started in FY 2008.
- Improve OVC data. PEPFAR will continue to work with the PNOEV SI team, C-ROS, and platform directors to ensure that by September 2013, OVC data-entry systems are adapted and used in pilot sites and local N/C/FBOs are entering data directly at the platform sites. PEPFAR partners will support database improvement and training and GIS mapping of OVC programs.
- Extend the quality improvement (QI) process for OVC : in accordance with the national extension strategy, URC has transferred in FY 2011 its skills to PNOEV, who will train platforms to self-assess. PEPFAR is planning a DQA in mid may-June to reinforce data quality in the field.

#### Capacity Building

Priority capacity building objectives for government, private sector, and civil society players for care and support include:

- Capacity assessments, followed by targeted management and organizational development to improve planning and program administration, mentoring to ensure policy and national standards development and oversee implementation for programs (PNPEC, PNN, PNLT, PNOEV) under the MSLS and Ministry of Social Affairs.
- To reinforce organizational, human and material capacities of district health teams, social centers, and local NGOs to enhance local coordination, the quality of interventions, and data collection, analysis, and use. PEPFAR partners will continue to train social and health workers on OVC care and support, using a quality approach, and strengthening referral systems to ensure local ability to identify OVC, assess their needs, and provide comprehensive care.
- Continue support for national TWGs (care & support, TB, nutrition) and the National OVC advisory group (known as CEROS-EV)
- Build the capacity of local NGOs and staff in order to ensure quality of adult and pediatric care and support including TB/HIV patients, nutrition, and OVC, and linkages. This should include training in quality assurance methodology.
- For the private sector: conduct advocacy toward private sector for HIV care and support at local level to address livelihood and work security, and also for older OVC (ages 18-24) integration in work system.

#### Collaboration with Other Development Partners

With support from the Global Fund Round 8 Malaria Project, the National Malaria Program (PNPL) distributed over 9 million long-lasting insecticide-treated mosquito nets (LLTNs) throughout the country in 2011. The project is also providing for LLTNs in 2012 and 2013, to health sites to provide to pregnant women and children under 5 years old.

All HIV care and support related stakeholders have contributed to developing the national OVC strategy. PEPFAR collaborates with UNICEF, UNAIDS, and UNFPA through the national TWG for care and support, that directs the development and implementation of national care, support and PWHG guidelines. Leadership from the Ministry in charge of Social Affairs (MEMEASS) and MSLS remains a challenge, to





coordinate donors and key programs, produce a national map of actors, and harmonize planning and budgeting tools.

At present, only UNICEF and PEPFAR are actively supporting OVC in the country, through sub-grants to NGOs to support decentralized OVC-related services. The World Bank has focused more on coordination, and the GF Round 9 grant (with an OVC component) has had major start up problems. The PEPFAR team continues to seek opportunities to collaborate with UNICEF to maximize assistance for child protection, education, and the broader national response, as well as increasing coordination with the UNFPA to use existing and new research on gender-based violence, youth accessing health and social services, and women's income generation to inform projects with adolescent female OVC and female caregivers.

Other major donors supporting TB/HIV activities in CI include the Global Drug Facility, providing a three-year stock of adult TB drugs; WHO, assuring in-service training and supervision and providing limited financial support; FIND/UNITAID, supporting improved TB diagnostics, primarily at the central level; and a Belgian Project 'FORESA', facilitating TB diagnostics in rural health facilities.

#### Policy Advances or Challenges (identified in PF/PFIP)

- PEPFAR is working in close collaboration with PNPEC and other stakeholders to develop supportive policies and practices related to opioid availability. Guidelines on the use of opioids have been developed but implementation needs other stakeholder support. Next steps to enact this policy are 1) ensure availability of space and equipment to transform opioid powder to syrup 2) approval of opioid powder by the national drug administration for the national list of essential medicines, 3) training of providers.
- In FY2012, we will advocate for the integration of care and support services into tertiary reference hospitals, starting with a demonstration center in a tertiary hospital at the community health center in Port-Bouet II (Abidjan) under the lead of PNPEC.
- INH prophylaxis is not yet supported by national policy in CI. PEPFAR is working with the PNLT to investigate the steps needed to have this adopted.
- PEPFAR will continue to advocate with UNICEF, UNFPA, GOCI and national TWGs for the enforcement of existing laws protecting girls, such as legal age of consent for sexual relations, freedom from early or forced marriage, and promoting rights against sexual violence and exploitation, as well as the right to access PMTCT and other reproductive health services.
- PEPFAR will seek to implement supportive practices for HIV-related pediatric care and support, such as the scale-up of EID; the rollout of the national HIV whole-blood finger-prick rapid-testing algorithm for children over 12 months; and the re-definition of the role of non-medical health professionals and lay persons in prescribing certain medications.

#### Efforts to Achieve Efficiencies

In order to improve the efficiency of OVC care delivery, PEPFAR will be funding all OVC partners to cross-train their OVC community caregivers to provide community- and home-based palliative care and support as well, and vice versa. PEPFAR supported the development of national guidance that defines core competencies and incentives for community and lay counselors. This helped ensure harmonized practices among PEPFAR partners and others donors. PEPFAR is now advocating for long term commitment with GOCI to create a national strategy to engage lay counselors in care and treatment activities. There is evidence that when lay counselor assists a health care worker, it can reduce LTF and improve PLWHA quality of life.



In an effort to extend diagnostic services at lower cost, PEPFAR will pilot a mobile digital chest X-ray system to service 5 to 10 additional TB/HIV treatment centers on a regularly scheduled basis. USG will also introduce point of care CD4 testing machines (PIMA) at about 100/600 PMTCT sites to improve timely access to and uptake of HIV care and treatment services for HIV-infected women. A unit cost analysis will be done to examine the feasibility and cost of scale up.

#### Building and Using Evidence to Inform Strategy & Priorities

Côte d'Ivoire has drawn from proven approaches based on evidence to develop and guide the integration of PHDP, CTX, and TB interventions into the national package of care and support services. Since 2008, PEPFAR-CI program has integrated PHDP interventions into the national HIV package of service and training curricula. Under the leadership of PNPEC, PEPFAR partners are scaling-up PHDP in health care centers, with a goal to reach at least 50% of HIV-infected adults receiving clinical care services in 2012. PEPFAR will also support efforts to develop PHDP policies, guidelines, and training materials for community-based care and support services. Numerous data have shown that CTX prophylaxis is an effective intervention to prevent OIs and reduce morbidity among HIV-infected people, and USG support to PNPEC led to the recent adoption of WHO guidelines on CTX prophylaxis.

FY 2012 evidence building includes a study by our quality assurance partner to investigate major contributing factors to high LTF rates revealed by the ART evaluation finalized in 2011. The investigation of LTF will be used to inform and guide the design of future ART and other related interventions.

#### Gender

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. PEPFAR strategies to address gender will include reaching more girls in the provision of care and treatment services, positive-prevention interventions for young girls infected with HIV, and stigma-reduction campaigns with an expanded role for peer support and peer advocacy. This combination of approaches is monitored through analysis of periodic national studies, operations research, and monitoring reports such as reduced loss to follow-up, increased numbers of women participating in PMTCT at first and second ANC visits, increased numbers of individuals from vulnerable populations receiving PDHP services, and increased numbers of rape survivors receiving HCT with prophylaxis.

PEPFAR will emphasize the reinforcement of PEP availability, and referral and counter-referral systems between community interventions and clinic settings for PEP, and other services for victims of sexual violence and assault. Partners are also working to ensure that out of school youth (particularly girls and OVC) have access to prevention activities.

#### Key Vulnerable Populations and Targeted Interventions

PEPFAR-CI supports gender mainstreaming and targeted programs to address gender-based vulnerabilities, risk factors, barriers to treatment access and disproportionate impact of the epidemic. Care and treatment partners specifically target women living with HIV for income generation and training to improve their quality of life and treatment outcomes; engage men as partners in reproductive health education and ensuring safer pregnancies; mobilize health and social workers to strengthen referral systems, HIV testing and PEP availability for victims of rape and violence; provide Positive Dignity and HIV Prevention services to HIV-positive sex workers and sero-discordant couples, among other populations; plus help promote human rights and stigma reduction to facilitate access to care and treatment adherence for women, young people and other vulnerable groups, such as MSM.

PEPFAR will work on strategies for meeting the needs of especially vulnerable children and youth in FY 2012. Partners will continue nutrition assessments and support for younger children and work to reduce the vulnerability of adolescent female OVC through income generation, psychosocial support, HIV



prevention, and synergies with life skills and male-norms programs in AB prevention. Social workers and OVC caregivers will be trained in income-generating activities, based on a best-practices guide created with FY 2008 funding, with implementation efforts prioritizing female OVC caregivers

#### HSS: Supply chain

Quality care and support services require that drugs be available, such as CTX, and commodities, such as Lifestraw, made available through a central procurement conducted by SCMS, with distribution done by the national Public Health Pharmacy (PSP). SCMS will continue to provide TA to the PSP, to ensure the integration of care commodities into the national procurement and distribution plans, and the national quantification process.

#### HSS: Strategic Information

Although current CTX prophylaxis guidelines recommend a CD4 count threshold of  $\geq 500$  cells/mm<sup>3</sup> for adult patients, it is clear that care providers are not documenting their prescriptions for this important care element. The national reporting system remains weak, and the efforts we believe are being made by health care providers at the site level are under-reported. As a result, PEPFAR is going to focus implementing partner attention on the need to improve reporting for the CTX indicator. This indicator exists in the data collection tool at the national level but is collected only at the sites supported by PEPFAR Funds. National leadership is needed to obtain full reporting for CTX.

PEPFAR support led to the development of a National Plan for Strategic Information (PNIS), as well as National Dictionary of HIV/AIDS indicators, which include many treatment, care and support objectives and indicators to be integrated into the national system. However, the capacity at national level to collect and analyze HIV care and support data (including costing data) for program use and policy-making is weak, particularly for community-level and home-based care and support services. To address this PEPFAR will assist the MSLS in strengthening community-based information systems, through the development and adaptation of community-based HIV prevention, care and support data collection tools, training of community-based workers, development of a data transmission and reporting system, and maintenance of existing databases that house community-based data (MSLS, OVC, MEN). Upgrades will be done as needed. Technical assistance partners will support costing exercises for community-based care and support interventions to improve efficiency of the program.

Care and support activities will be monitored and evaluated based on selected indicators during quarterly routine supervisions/site visits. With support from PEPFAR SI team, routine data quality audits (RDQA) and/or DQA targeting specific care and support program areas (including both facility-based and community-based services) will be conducted to assess the quality of data reported as well as systems that support the use of information for decision making. USG is planning a DQA on OVC program in FY 2012, and will support external evaluations of partner programs such as for OVC, PHDP, and CTX.

To expand and strengthen information use at all levels, PEPFAR will support MSLS and other partner ministries in improving data analysis, dissemination, and use for decision making at all levels of the health care system and for community-based care and support activities. Site, district, regional and national data dissemination meetings will be supported through ministry and implementing partners. Efforts will also continue with support from quality improvement partners.

#### HSS: Human Resources for Health

With USG assistance, health care worker capacity at the individual, organizational, and system levels is built to provide pediatric care and treatment services, including adherence, disclosure, and pain management for children. In-service training followed by supportive supervision is the main approach used to update the knowledge and skills of health workers on new or emerging HIV care issues, including new national and WHO guidelines.





Implementing partners working at the community level in areas of high prevalence train and supervise CHWs to assist in the early identification of HIV and TB, and the timely referrals of clients to health care sites for diagnosis, management, care and support for ART, TB/VIH or IOs and PHDP. CHWs are also trained to monitor client and family adherence and retention through support groups activities based on key messages for adherence, experience sharing with old patient under treatment, WASH, nutritional guidance, OVC care and support. Where possible, to play a role in pursuing cases of patients that are lost-to-follow up.

PEPFAR supports the role of social workers in HIV care activities, including OVC care and support and Nutrition, through implementing partners who offer training to social centers (OVC, nutrition, palliative care) and TA partners at central level, who develop and diffuse national standards, followed by mentoring to conduct on-site supervision visits. PEPFAR also provides direct support to INFS, to ensure the inclusion of national OVC, PHDP, and nutrition guidelines into pre-service training for social workers.

To improve linkages between clinics and communities, PEPFAR and partners are working with the Human Resources Director (DRH) of the MSLS to garner official recognition of the community lay counselor position, for inclusion in MSLS staffing repertoire. Although a national guide for community counselors exists, the adoption of this position into HRH planning is a policy objective in 2012-2013. In the meantime, PEPFAR partners are supporting counselors to ensure the involvement of women, especially those living with HIV/aids, as keys partners and not only as beneficiaries.

PEPFAR is improving health care worker and community capacity to provide quality pediatric care and treatment services by helping to design a national training module for adherence for community health workers, and conducting pilot activities in 3 health regions in FY 2011, to be extended in FY 2012. Through PEPFAR support, pediatric pain management is also included in the national palliative care guidelines, which are taught during the INFAS pre-service curriculum. For now, community personnel can only refill a prescription after it has been initiated by a health worker.

In FY 2012, PEPFAR will begin the process of working to integrate PWDP guidelines into the curriculum at INFAS, the National Institute for Health Workers, and INFS, the National Institute for Social Workers.

#### HSS: Laboratory Strengthening

To ensure quality TB testing services, Retro-CI has been charged by the National HIV/AIDS Care and Treatment Program (PNPEC) with evaluation and validation of national HIV testing algorithms, evaluation of new lab practices and technologies, and provision of support and guidance on lab policy issues. Three other laboratories function as reference laboratories to support the HIV/AIDS and TB program. The Institut Pasteur Côte d'Ivoire (IPCI) is the national reference laboratory for TB diagnosis and surveillance of infectious/epidemic diseases. CeDres, a central lab affiliated with the university teaching hospital in Treichville, acts as the reference laboratory for immunology and has technical and human capacity to work closely with IPCI in supporting the TB lab program. CIRBA is a private laboratory in Abidjan that serves a large HIV outpatient clinic and has technical and human resource capacity for molecular diagnosis.

The national public health laboratory system in Côte 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) and National Blood Bank (CNTS)) and research centers; the secondary or intermediate level, with 18 regional hospital and 56 general hospital labs; and 1,486 primary health centers with basic lab services.

The USG will also continue development and decentralization of rapid TB liquid culture capability using MGIT technology to strengthen intensified TB case finding among HIV-infected persons, diagnosis of smear-negative TB, as well as culture and drug susceptibility testing for TB cases failing primary



treatment.

**Sustainability**

The USG will continue 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.

Both Track 1.0 ART partners (EGPAF and ICAP) providing care and support services, will be coached to continue the implementation of their transition plan. The USG will continue to refine costing analyses of treatment service delivery started in FY 2009 in order to maximize the efficiency and cost-effectiveness of the program.

**Technical Area: Governance and Systems**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	4,705,533	0
HVSI	4,781,215	0
OHSS	16,059,556	0
<b>Total Technical Area Planned Funding:</b>	<b>25,546,304</b>	<b>0</b>

**Summary:**

Introduction

Although a review of the HIV/AIDS National Strategic Plan 2006-2010 indicated greatly expanded access to HIV prevention, care, and treatment services, scale-up of the national HIV/AIDS response has been limited by poorly equipped and under-funded health and social services, particularly at decentralized levels. Access to and uptake of prevention of mother-to-child HIV transmission (PMTCT) and other gateway services remain insufficient. The national budget allocation for health lingers below 5%. Human resources for health (HRH) remain a barrier to service scale-up. A series of HRH assessments found limited staff in public health sites, high attrition, and limited public-sector ability to absorb and retain professionals. Weak management systems leave health facilities and staff poorly supervised, while the lack of a functional information system prevents informed decision-making. The national supply chain is poorly developed outside of Abidjan. There is no formal government oversight of the private health sector, which offers only limited HIV/AIDS services but where 80% of the population accesses services.

After Cote d'Ivoire's decade-long instability and 2010-2011 civil war, the new president enacted a policy of free public health services and medicines. Service utilization increased, straining providers and equipment. With no income from patients, public health sites have been reduced in functionality. Slow public procurement has led to stock-outs in essential medicines and supplies.

In early 2012, the government of Côte d'Ivoire (GoCI) shifted toward a program of "targeted free services" for pregnant women, children, and medical emergencies. Implementation is being planned now. Given that HIV/AIDS services are fully integrated into the public health system, PEPFAR is participating with other donors in this process to try to ensure that the new policy is based on realistic assumptions, draws



from best practices, and is appropriately costed.

The national HIV/AIDS response has been strengthened by the fusion of two former ministries into a single Ministry of Health and the Fight Against AIDS (MSLS). Two General Directorates are charged, respectively, with the planning, budgeting and coordination of the national HIV/AIDS response (DGLS) and with oversight and coordination of health services at all levels (DGS). Specific roles and processes, important for the success of the HIV response, are still being clarified. PEPFAR engages with the system directly at the central level, working closely with Minister, her cabinet, and other key entities, including the National Public Health Pharmacy (PSP); the National HIV/AIDS Care and Treatment Program (PNPEC); the National Department of Information, Planning, and Evaluation (DIPE) under the DGS; and the National Department of Monitoring and Evaluation (DPSE), under the DGLS. PEPFAR supports the MSLS directly with funding through a CDC cooperative agreement and through technical assistance (TA) partners that support specific pieces of the health system. PEPFAR also engages the health system through prime and subpartners working at the regional and district levels to fund and support local government authorities, community stakeholders, health workers, and NGOs implementing HIV prevention, treatment, care, and support services.

#### Global Health Initiative (GHI) Principles

In this evolving and challenging context, PEPFAR activities will align with GHI and PEPFAR Phase 2 principles in an effort to strengthen health and social systems through strategic investments designed to improve and support governance, management capacities, information systems, human resources, the supply chain, and lab systems. PEPFAR will apply specific GHI principles to improve coordination and leverage our investments, promote learning through research and innovation, ensure accountability through tighter monitoring and evaluation, and support woman- and girl-focused approaches. Our investments reflect the conviction that country ownership is necessary to ensure that advancements in the fight against HIV/AIDS will last and will lead to sustained improvements in health outcomes.

PEPFAR is actively engaging with USG agencies, other bilateral and multilateral donors, and the private sector to improve coordination and leverage other efforts. PEPFAR was the only major USG assistance program in Cote d'Ivoire (CI) from 2002 through July 2011 and remains the only source of health-focused USG funding. As USG assistance in other areas restarts after the crisis, PEPFAR participates in weekly USG assistance meetings chaired by the Ambassador to help build cross-sector understanding and jointly define common USG objectives for the mission. We are coordinating with the new non-PEPFAR USAID team, as well as State and Defense department teams, to develop a USG transition assistance strategy that focuses on good governance, security sector reform, economic development, and humanitarian assistance. Building good governance to increase impact and extend services throughout the country is a goal of shared strategic importance across these sectors, with coordinated investments resulting in synergies that improve overall USG support. Discussions with the USAID team are exploring how new investments in education, governance, and private-sector engagement can benefit the health and social sectors.

Examples of collaboration beyond the USG include partnering with the Ivoirian MTN Foundation to support a national HIV/AIDS hotline and working with the European Union (EU) to jointly program technical assistance to improve MSLS management, co-sponsor PSP reform efforts, and propose a donor matrix that will summarize financial and technical assistance information by level of the health system, geographic area, and donor. We are working with the UNFPA to plan national condom procurement and distribution strategies; with UNICEF to support elimination of mother-to-child HIV transmission, early infant diagnosis, and community mobilization for prenatal care; and with the UN and the Global Fund to ensure national coverage of HIV/AIDS services. Regular coordination meetings have allowed health-sector donors to develop a common policy agenda to influence and leverage the GoCI on issues



such as the free health services and medicines policy, PSP reform, increased health sector and HIV/AIDS funding, and development of a framework for public-private health-sector engagement, among others. PEPFAR and other bilateral and multilateral partners are also pushing to restart the government-led Health Coordination forum, interrupted by the post-election crisis, which would facilitate regular, consolidated dialogue with government leaders to address priority concerns.

PEPFAR Cote d'Ivoire is growing country ownership by aligning its investments with national priorities, plans, and processes. Examples include our indefatigable support for developing and refining the National Strategic Plan for HIV/AIDS 2011-2015 (NSP-HIV/AIDS), our transparency and engagement in responding to GoCI budget and other information requests, and ongoing support for planning, implementing, supervising, and funding the current Demographic Health Survey (with HIV module) (DHS+) led by the MSLS. Our Partnership Framework (PF) goals align with the NSP-HIV/AIDS so that commitments clearly contribute to nationally negotiated and approved objectives, and we have begun discussion around our subscription to the International Health Partners+ compact now being developed in CI.

In programming \$10 million in PF funding in COP 2012, the team has set aside \$7 million in TBDs that will support activities to be identified jointly with the GoCI, civil society, and private sector as PF and PF Implementation Plan documents are refined and adopted, to ensure full country participation and ownership.

PEPFAR CI will continue to promote sustainability by building the capacity of Ivoirian organizations to design, implement, and evaluate programs as well as mobilize funds. The USG is progressively transferring technical, financial, programmatic, and monitoring skills from international organizations to local organizations (Track 1 transition) as well as local governments and ministries (blood safety activities, lab maintenance contracts, quality initiative) to manage programs and be accountable for achieving intended results. The development of a PF Implementation Plan this year will help ensure mutual agreement and planning around the progressive transfer of these and other activities.

PEPFAR CI is supporting research and innovation. We continue to push for accelerated results through the application of evidence-based approaches, including the roll-out of new treatment and PMTCT directives and more targeted prevention activities that respond to the mixed-epidemic context, research results, and demographics in a given region. In terms of innovation, PEPFAR supported the evaluation and approval process for new PMTCT technology and will procure 93 mobile CD4-count (PIMA) machines with FY 2012 funding. We plan to use DHS+ samples to identify socio-demographic factors associated with the last 1,000 infections, a key question with immediate relevance to GHI and country programs. Performance-based financing of health districts is a new concept in CI, and results from PEPFAR-supported pilot efforts will demonstrate opportunities for improving impact, with increased autonomy and resources at the local level.

PEPFAR is promoting sustainability through health systems strengthening (HSS). Cross-cutting HSS activities with maximum spill-over benefit are top priorities funded in all technical areas. Examples in COP 2012 range from the building of national quality-improvement skills among technical leaders for antiretroviral therapy (ART), PTME, and lab accreditation to developing a national MPH program in strategic information and extending information and management systems for ARV drugs, lab commodities, ART patient records, OVC, and other data. FY 2012 funding will focus on capacity building for improved central and district-level coordination, strengthening of national and local NGO/CBO/FBOs, the pursuit of efficiencies through task-shifting, scale-up of efforts to improve the policy environment, and better monitoring and evaluation (M&E) systems. These priorities reflect the five cross-cutting strategic emphases identified during our USG strategic-thinking exercise conducted in 2009 and reaffirmed in 2011, in preparation for development of a PF and involving the GoCI, PEPFAR partners, and other stakeholders: improved quality, stronger human and systems capacities, greater efficiency, better



coordination, and evidence-based deployment and expansion.

PF funding will support health systems strengthening to build sustainable systems that are able to ensure an efficient and effective national response to HIV/AIDS. This will be done by assessing weaknesses and then targeting support to improve leadership, effective management, and coordination of the national HIV/AIDS response (ensuring improved accountability and transparency); strengthening the policy analysis and advocacy capacity of GoCI, civil society, and the private sector; and helping to develop a framework for partnership between the public and private sectors in order to improve inter-sectoral health services planning, monitoring, and reporting, as well as mobilize additional funds needed to fill the gap between national targets and resources provided by development partners.

PEPFAR is promoting woman and girl-centered approaches. FY 2012 funds will be used to apply lessons from 2010 assessments to address gender-related vulnerabilities that cut across all programs. The Men as Partners approach will continue with male teachers and other target groups, and programs will focus on engaging male partners in supporting PMTCT programs and family health. The Ministry of Social Affairs will be supported to build the capacity of service providers to serve victims of sexual violence and ensure the availability of post-exposure prophylaxis. PEPFAR partners are exploring income generation as an intervention to benefit vulnerable women and stabilize community-based prevention organizations. Targeted work will be expanded to change attitudes about gender equity and norms and to reduce girls' and young women's vulnerability.

PEPFAR is increasing its funding for PMTCT services by 25% this year and will continue collaboration with the National Reproductive Health Program (PNRS) in strengthening access to family-planning and maternal and child health services for women living with HIV. As a component of quality care and treatment, strategies to address gender will include positive health, dignity, and prevention (PHDP) interventions, especially for discordant couples; promotion of partner and family HIV testing; and stigma-reduction campaigns. All reported indicators will be disaggregated by sex to monitor achievements, including in the health systems strengthening area. After years of delay, PEPFAR CI is also eagerly participating in the international transactional sex study and will use results to develop a strategy to address the complex factors that influence women's and girls' vulnerability in the informal sector.

#### Governance, Leadership, and Capacity Building

In alignment with a strategic objective of the NSP-HIV/AIDS, PEPFAR supports multiple efforts to build governance, coordination, and management capacities at the individual, organizational, and systemic levels among government and civil-society actors.

Government-focused efforts include financial and technical assistance to four key ministries (MSLS, Education, Social Affairs, and Defense) to build capacity to collect, analyze, and use data for strategic planning and policymaking; to build effective coordination forums with other ministries, donors, and partners; to provide targeted training and rehabilitation support; to purchase and maintain equipment; and to extend higher-quality services.

For our most significant GoCI partner, PEPFAR will fund activities under 13 MSLS divisions, those responsible for human resources, training and research, public hygiene, information and planning, HIV/AIDS, TB, nutrition, school health, medical laboratories, infrastructure. We will also continue direct funding to para-statal entities including the National Blood Transfusion Program (CNTS), Institute Pasteur of CI (IPCI), the National Public Health Pharmacy (PSP), and the National Agency for Rural Development (ANADER).

To help avoid duplication and overlap between the new DGLS and DGS, PEPFAR will provide TA for an organizational assessment, followed by management support with a procedures manual that clearly





defines roles and responsibilities in coordination, decision-making, representation, and accountability for results. TA will strengthen ascendant planning and budgeting for HIV/AIDS and improve policy analysis and development. PEPFAR and the EU will jointly support the DGLS to develop harmonized national tools to gather, analyze, and present information on HIV/AIDS activities and results. Support will be tailored to other MSLS divisions to promote, among other things:

- Coordination forums that allow collective review and decision-making based on evidence
- Annual MSLS budgeting process that reflects true costs and responds to needs from the regional, district, and site levels
- Linkages between TB and HIV services
- A ministry training plan and research agenda
- Training of supervisors on conducting performance-based evaluations based on job descriptions and a national repertoire of health positions
- Successful roll-out of electronic and paper-based tools for tracking clinical, lab, community, and commodities data.

Governance and leadership support will also be provided to the Ministry of Social Affairs with a focus on the National Program for Orphans and Vulnerable Children (PNOEV), to ensure planning, coordination, and supervision at central and local levels, provide essential materials and equipment for social centers, support a national data quality assessment and other operations research (with mentoring in research design to develop the protocols), and support a training needs assessment that will allow for targeted training of staff. TA to the PNOEV, local legal cells, and OVC coordination platforms will continue to focus on promoting understanding and implementation of national policy documents and standards.

TA will support the planning, advocacy, and management capacity of national networks of NGOs and of small and medium enterprises working to fight HIV/AIDS. Support will continue to strengthen collaboration platforms between the private and public sectors as a way to increase workplace HIV initiatives, especially in the cocoa sector and among women's cooperatives involved in food-crop production and marketing. FY 2012 support will expand the IRIS model of mentoring district and regional-level authorities to coordinate and develop multi-sectoral plans and budgets for HIV/AIDS.

Support for improved governance and oversight will help the Global Fund Country Coordinating Mechanism (CCM) implement key parts of their capacity building plan developed in 2010, focusing on proposal development, leadership and management, M&E, and resource mobilization. Main activities will include revising bylaws and developing standard operating procedures (SOPs) to guide member elections, selection of principal recipients, and grant oversight. Newly elected CCM members will receive orientation to the Global Fund and their expected roles and responsibilities, as well as training on gender, which has remained a weakness in CI proposals. Support will also ensure a revision of the procedures manual, including procurement and management processes for the CCM Secretariat.

Growing national responsibility and accountability for decision-making and priority setting, policy making, and regulatory reforms: PEPFAR CI works to ensure greater responsibility for decision-making and priority setting by supporting (and not replacing) national government and civil-society leaders in organizing and leading technical and coordination forums, where joint discussion can precede adapting international guidance to the national context and developing policy documents, operational plans, and budgets.,. As the GoCI reclaims its role as the primary decision-maker, PEPFAR works to respect and support this by sharing information, international guidance, results of pilot efforts, and recommendations.

To help the governmental fulfill the role that it claims and hold partners accountable, PEPFAR is strengthening coordination capacity within the health, education, and social sectors by funding government-led coordination meetings where partners present plans and report on results. PEPFAR provided TA for developing the new NSP-HIV/AIDS through a GoCI-led process that outlined national



priorities and reflected national thinking. PEPFAR also supports efforts to improve data collection and information sharing to enable leaders to make effective decisions and allow NGOs to conduct advocacy.

Strengthening operational capacities of health regions and districts is another strategy to increase responsibility. Building on successes in the Abengourou health district in contributing to the rapid scale-up of ART, PMTCT, and HIV testing and counseling (TC) services, PEPFAR is funding implementing partners to evaluate district health team capacity and provide targeted support and mentoring that enable district authorities to effectively plan and budget activities, coach and supervise their staff using the latest guidance and protocols, and collect and use data for decision making...

Promoting an enabling policy environment for an effective continuum of response (CoR): The continuum of response in Côte d'Ivoire is aligned with international guidance and includes primary prevention, peer education and mobilization for use of TC and PMTCT services, strong linkages between TC services and community-based organizations, and effective referral and counter-referral systems between care and treatment services. With assistance from peer educators, post-test counseling and support group sessions are held following the disclosure of HIV testing results, and community counselors refer HIV-infected persons to care and treatment services and monitor those services to ensure that they are enrolled in care and connected with OVC support services. Patients who do not enroll in HIV care and treatment services are contacted by phone or receive home visits from community counselors with support from TC partners. Referral and counter-referral tools are used by peer educators, TC, care and treatment service providers to ensure effective linkages between TC and HIV care and treatment services.

PEPFAR contributes to a policy environment that supports an effective CoR by ensuring that national policy, planning, and training documents reflect a multi-sectoral approach and effectively guide how clinics, social centers, stand-alone TC centers, schools, legal-support cells, providers of gender-based violence (GBV) services, and other service providers should interact and link in the field. These national documents serve as the foundation for ongoing trainings that prepare workers in different sectors for using national referral and counter-referral tools and monitoring and evaluation methods (client satisfaction surveys, lost-to-follow-up tracking, etc.) to ensure the CoR.

PEPFAR-funded partners and subpartners play an important role in gathering and sharing epidemiologic, behavioral, and other health data that are used to adapt strategies to address the full range of needs for most-at-risk populations (MARPs), people living with HIV/AIDS (PLWHA) and family members, pregnant women, children, and other vulnerable groups.

Through cooperative agreements with ministries, PEPFAR provides financial support for intra- and inter-ministerial coordination bodies (Partners Forum, national technical working groups for MARPs; OVC; positive health, dignity, and prevention (PHDP); treatment; strategic information; supply chain; etc.) that foster cross-program and cross-sector data sharing, planning, and oversight. PEPFAR also supports district and regional coordination meetings, bringing together government, civil-society, and private-sector stakeholders to map out HIV/AIDS-related interventions and identify and address service-delivery gaps. Through the Ministry of Social Affairs, PEPFAR contributes to the functioning of OVC platforms and local legal-support cells that help ensure the coordination of NGOs, social workers, midwives, counselors, community care personnel, and GBV responders and promote the linking of clinic, community, and family-level services for OVC. In collaboration with UNFPA, UNICEF, the World Bank, and others, PEPFAR supports local NGOs that mobilize community leaders to promote uptake of HIV-related services and work together to cover service needs.

One significant policy challenge for an effective CoR is that lay community counselors, who serve as the main linking agent between clinic and community services, are not integrated into the MSLS organizational chart; a plan to provide them official employment status may be rescinded under new GoCI



leadership. Finding a sustainable approach to integrating community counselors into the medium- and long-term planning of the MSLS is a goal for the coming year.

#### Strategic Information (SI)

PEPFAR continues to support Côte d'Ivoire in its quest for one national M&E system for HIV/AIDS, coordinated by the MSLS through its Department of Planning, Monitoring, and Evaluation of AIDS (DPSES) for community interventions, Department of Information, Planning, and Evaluation (DIPE) for HIV/AIDS data in the health sector, and the PSP for drug and commodities forecasting, tracking, and management.

USG support is designed to complement the government's and other donors' limited activities in helping to build an effective, sustainable national SI infrastructure and system by strengthening capacities (individual, institutional, system) at local, district, regional, and central levels. PEPFAR prime partners directly support the GoCI to carry out SI-related activities in M&E, health information systems (HIS), and surveillance, as well as implementation of a DHS+ and a national lab information system. PEPFAR provides support to the PSP for tracking pharmaceutical products and developing a logistics management information system (LMIS). PEPFAR is also supporting the development of graduate-level public health training with a strong focus on SI.

Accomplishments: In FY 2011, PEPFAR-funded partner activities in SI were delayed due to the country's political crisis. Nonetheless, USG support contributed to several achievements:

Individual capacities in SI were strengthened through support to the National School of Nurses and Midwives (INFAS) to integrate M&E courses in pre-service training to prepare new health professionals for data collection and management, as well as through support to the National School of Statistics (ENSEA) to train 10 GoCI staff in geographic information system (GIS) software and production and use of spatially displayed data.

Institutions and systems in SI were strengthened through the following:

- Prior to the crisis, the PEPFAR SI team worked with partners to develop and implement an emergency plan for data back-up and saving.
- With support by PEPFAR partners, the MSLS/DIPE issued 2010 and first-semester 2011 HIV/AIDS data for PMTCT, TC, and ART programs.
- With the assistance of the national health management information system technical working group (HMIS TWG), the MSLS/DIPE released a new version of the national HIV/AIDS patient monitoring system (SIGDEP, formerly SIGVIH) that includes a functioning pharmacy module to address ART drug dispensation requirements. SIGDEP is currently deployed in 150 sites and is being used to collect information for 222 USG-supported sites.
- The long-delayed DHS+ was launched, with data collection, HIV testing, and data entry ongoing and preliminary results expected in June 2012.
- CDC/Projet Retro-CI launched a new laboratory information system, OpenELIS, in October 2011.
- All USG-funded partners continued to report their quarterly program results to the PEPFAR SI information team, respond to ad hoc requests for program data, and participate in quarterly SI meetings and implement decisions made during these meetings.
- With USG support, the MSLS/DPSES is writing a national five-year strategic plan for SI, linked to the HIV/AIDS National Strategic Plan. The plan is being developed in conjunction with the DIPE in order to develop a harmonized and long-term SI strategy.
- With strong CDC technical support and WHO funds, the MSLS/DIPE validated results of 2011 HIV early warning indicators in an assessment of drug resistance resulting from ART programmatic factors at 20 sites. Analysis showed problems with keeping patients on first-line regimens, loss to follow-up, on-time appointments, ARV drug pick-up, and stock-outs at sites.





SI goals and strategies: FY 2012 funding will continue to support the collection, verification, and analysis of data from routine HIV program monitoring, surveys and surveillance, national and sub-national HIV databases, supportive supervision and data auditing, and HIV program evaluation and research.

To improve monitoring and evaluation, TA partners will concentrate on strengthening human capacity, partnerships, and planning. Capacity building will focus on the regional level, to improve its functioning in the data flow channel transmission. Human capacity building for HIV M&E will continue through integration of M&E courses in pre-service training and the creation of a master's program in strategic information and planning in public health at the National School of Statistics (ENSEA). PEPFAR will pursue partnerships to plan, coordinate, and manage the HIV M&E system, national multi-sectoral HIV M&E planning, a cost analysis of HIV M&E activities, regular independent data audits, and advocacy and communications promoting a culture conducive to HIV M&E. The dissemination and use of data from the M&E system to guide policy formulation and program planning and improvement are cross-cutting, and data and analyses will be shared appropriately with government, civil society, and other HIV/AIDS stakeholders.

To improve survey and surveillance, activities will reinforce medical and behavioral surveillance systems and put in place second-generation surveillance with the MSLS to improve the HIV and sexually transmitted infection (STI) case reporting system, continue HIV drug resistance surveillance and antenatal clinic surveillance, finalize the DHS+, and conduct other studies and surveys in conjunction with other technical areas, such as using routine PMTCT data for HIV surveillance.

The health information system will be improved in order to better support surveillance and M&E activities, as well as service provision at the facility level, through the following:

- Extension of the new OpenELIS lab information system open-source software to three more central labs and six regional labs.
- Deployment of the national HIV/AIDS electronic patient monitoring system (SIGDEP) in 50 new sites, in collaboration with the national HMIS TWG. A stabilized version with some technical improvements will be developed, deployed, and maintained in ART sites.
- Installation and piloting, with the HMIS TWG, of a national and sub-national database of all HIV aggregated data(open-source DHIS-2).
- Ensured availability of paper-based tools and their effective use.
- Systems for improved commodities forecasting, tracking, and management by the PSP.

SI 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 the capacity to collect, process, analyze, and use data effectively. The USG is transferring technical, financial, programmatic, and M&E skills from international organizations to local CBO/NGO/FBOs and ministries to manage activities and to be accountable for achieving and documenting results. Through training, infrastructure strengthening, and advocacy in support of decentralized SI capacity, the USG is supporting the development of sustainable data-management systems for the delivery of quality HIV/AIDS prevention, care, and treatment.

#### Human Resources for Health (HRH)

The NSP-HIV/AIDS 2006-2010 and the new National Health Policy both underline the problems of inadequate HRH production, training, deployment, supervision, evaluation, and motivation. A National Strategic Plan for HRH 2009-2013, developed with PEPFAR and World Bank support, is intended to address these issues. The PEPFAR HRH strategy for the next two years, taking into account the latest PEPFAR HRH guidance and national strategic priorities, was developed in collaboration with the MSLS offices of human resources, training and research, and cabinet. FY 2012 activities will help build government capacity to overcome the barriers of insufficient planning and management skills and tools,



which result in a lack of accountability, poor performance, and weak staff retention.

PEPFAR will support select objectives within the HRH plan, focusing on four of its six strategic objectives: A. Reinforce coordination for better planning and use of strategic information for HRH; B. Improve the quantity and quality of production of HRH, and ensure supply meets the true needs of the health system; C. Strengthen in-service training; and D. Improve management systems for HRH at the central and decentralized levels. The PEPFAR strategy will contribute to strengthening the overall health workforce by improving coordination, workforce planning, and management capacity at the central and regional levels, improving the ability of MSLS to deploy health workers more equitably (particularly in the underserved North and West), improving the quality and tracking of in-service technical and management training, and improving the quality and quantity of HRH production at national pre-service training institutions in and beyond Abidjan.

PEPFAR will provide assistance to ensure the functioning of the national HRH TWG, responsible for coordination of HRH planning and oversight, with specific objectives to evaluate the current HRH Strategic Plan (2009-2013) and develop the next plan (dates to align with National Development Plan 2012-2016). Under TWG guidance, an evaluation of training needs will be conducted (to include social workers providing OVC care), which will feed into the development of an overarching HRH training policy and plan.

PEPFAR will contribute to centralized, harmonized HRH data for decision-making by supporting the roll-out of two electronic database systems. The GESPERs national HR database (installed in 30 health districts) will be extended to remaining districts, and the Web-based, open-source TrainSmart application for tracking health worker training will be adapted and piloted. Central and regional supervisors will be trained on the use of both tools to make evidence-based decisions on staff planning, deployment, and training. The TrainSmart developers are exploring the inter-operability of these two tools. Their roll-out will be coordinated by the MSLS HR department.

PEPFAR will continue to provide financial and technical support for targeted in-service training of medical, pharmacy, nursing, midwifery, and social work students in HIV, TB, and malaria care; OVC care and support; and PMTCT.

PEPFAR will contribute to producing qualified HRH by building human and institutional capacity at the national training schools for health and social workers (INFAS and INFS) and at the Medical School in Bouake. (The Medical School in Abidjan is closed, and no reopening date has been announced.) Strategies include the rehabilitation and equipping of classrooms, libraries, and lab practicum rooms in Abidjan, Bouake, and Korhogo, as well as the installation of online courses for distance learning, subscription to medical journals, and support for 6-month practical internships. In coordination with the MSLS directorate for training and research, PEPFAR will support INFAS and INFS with the integration of a module on planning, management, and data use for decision-making.

As part of a longer-term approach, PEPFAR will work with the Fogarty Institute and Tulane University to provide M&E training and develop an MPH program focusing on strategic information at the National School of Statistics and Analysis. FY 2012 activities will include negotiation with appropriate ministries to design and approve the curriculum and prepare for the initial cohort of students.

To contribute to sustainability, PEPFAR will negotiate transition plans for a number of staffing positions that have been either financially supported by PEPFAR as a form of support to the GOCl (e.g. data clerks at health facilities) or established informally and proven crucial for effective HIV/AIDS and health services (e.g. community counselors). PEPFAR will pursue agreement with the MSLS and Ministry of Public Function to begin the transfer of these functions to existing staff or to integrate these new positions into the national HRH repertoire and plan for progressive hiring based on need.



Performance-based financing is included in the National Health Policy (adopted in October 2011) as a possible strategy for improving motivation, retention, and performance of HRH. The main barriers to implementation are funding, political will, and oversight capacity. PEPFAR will present the results of an external evaluation of a 2-year pilot effort conducted with PEPFAR support to inform the MSLS' decision whether to extend this strategy in the medium or long term.

#### Building Efficiency and Financing

PEPFAR efforts in 2010/2011 have laid the groundwork for a successful Partnership Framework (PF) that includes a progressive transfer of responsibility for elements of the program and increasing financial contributions from the GOCI. FY 2012 funding will support the hiring of a health economist who will link PEPFAR more closely with the Ministry of Economy and Finance, track GoCI expenditures for HIV/AIDS and health, support cost analyses, and ensure that PEPFAR contributions are included in national budgeting processes. FY 2012 funds will also be used to conduct an assessment of opportunities for public-private partnerships (PPPs) as we seek to leverage our funding in search for sustainability.

To promote cost-effectiveness, cost analyses of MARPs interventions are underway, using a mentoring approach to transfer costing skills to national authorities. In FY 2012, this information will serve for comparing national interventions and reviewing PEPFAR-funded partner budgets. A similar exercise is planned for strategic information activities and will be considered for other areas. Country capacity will be built through a National Health Accounts exercise and support to the MSLS to produce an annual budget proposal that reflects actual ministry needs and is justified by expected and achieved results.

To ensure efficient use of PEPFAR funds for maximum program impact, PEPFAR staff will continue oversight of partner expenditures, and comparisons of partner cost-effectiveness will guide resource allocations. Partners will continue to support sub-partners with capacity building in financial management, and TA to the CCM will improve financial management controls of the Permanent Secretary as well as CCM financial oversight of recipients.

#### Procurement and Supply Chain Systems

PEPFAR will continue to work closely with SCMS for cost-conscious procurement of ARVs and commodities and provision of TA to strengthen the national supply chain, in close coordination with the EU, which is planning support for the PSP in late 2012-13.

Capacity building will target individual, organization, and system levels. SCMS will mentor PSP and PNPEC staff serving on national ARV and lab commodity quantification committees, from development of the process protocol through data collection and validation to the review of critical assumptions and hypotheses. Committee members are being trained on the use of internationally recognized quantification and forecasting tools (Quantimed, Simple One). District pharmacists will receive supportive supervision to compare clinical and prescription data records, track stock, and plan orders.

The PSP will be supported to improve storage and distribution through improved warehousing infrastructure, including warehouse equipment and fire prevention systems. SCMS will develop a training plan for PSP procurement team and MSLS Directorate for Pharmacy and Medicines (DPM) staff, in response to an HR capacity development assessment last year. PEPFAR and SCMS will participate as lead members of a national committee to plan and oversee reform of the PSP, including a move toward greater autonomy.

On a systemic level, PEPFAR and SCMS will emphasize working with the PNPEC and PSP to ensure regular coordination meetings where data and reports from the field can be reviewed and issues can be jointly addressed. SCMS will also provide TA for better waste management, working with national counterparts to develop, validate, and disseminate a national policy and SOPs for management of expired



pharmaceutical and lab waste and to monitor and evaluate the implementation of waste management SOPs. SCMS support the development of a longer-range (3-5 years) detailed national procurement plan for HIV/AIDS. PEPFAR will support the National Blood Transfusion Center to assess the current blood and blood products supply chain to and develop a three- to five-year extension plan.

**Laboratory**

PEPFAR-supported lab capacity and infrastructure strengthening efforts will contribute to the achievement of national lab strategic plan objectives emphasizing the integration of lab services in a national lab network. Partners will be funded to support the MSLS in the following activities:

- Support to INFAS to improve the quality and reach of pre- and in-service training for lab technicians at the central and local levels by improving training curricula, installing libraries with reference documents and didactical materials and computers for distance learning, and equipping lab practicum classrooms.
- TA and mentoring for local NGOs and lab professional organizations to improve the effectiveness of advocacy by lab professionals.
- A quality initiative that aims to achieve a five-star rating and eventual WHO accreditation for 18 laboratories. To date, coaching and auditing at central and regional levels have produced notable improvement in 7 labs, including one that has achieved 4 stars. Implementation of lab quality management systems will also continue.
- Continued development and implementation of OpenELIS, with building of in-country capacity to maintain the system.
- TA and support to the MSLS division for infrastructure and maintenance (DIEM) to implementing the national program for lab equipment maintenance.
- New lab infrastructure to support early infant diagnosis (EID) at two regional hospitals.
- Decentralization of microbiology services, including testing for STIs and opportunistic infections (OIs), to six regional laboratories through a cooperative agreement with a Ministry of Higher Education and Research institution.
- Evaluation of point-of-care tests for CD4 count, EID and viral load, as well as new lab equipment. Support to the PNPEC will continue for the evaluation of a new rapid test (replacing SD Bioline) able to discriminate HIV-2.
- Continued efforts with SCMS, the National Public Health Laboratory (LNSP), and key lab partners to implement national policy documents standardizing and linking lab practices across HIV, TB, and malaria.
- TA to strengthen TB and OI diagnosis at central and decentralized levels.
- Implementation of a new lab management logistic system, including for HIV testing and PMTCT, to improve management of lab commodities at central, district, and hospital levels.
- A PPP with Beckton-Dickinson to develop a national transport system for lab samples.

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	5,462,468	
<b>Total Technical Area Planned Funding:</b>	<b>5,462,468</b>	<b>0</b>

**Summary:**  
(No data provided.)



**Technical Area: Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	2,893,875	0
HMIN	515,529	0
HVAB	3,508,199	0
HVCT	6,961,329	0
HVOP	7,363,015	0
MTCT	8,103,574	0
<b>Total Technical Area Planned Funding:</b>	<b>29,345,521</b>	<b>0</b>

**Summary:**

Côte d'Ivoire (CI), a country of 20 million people, has one of the highest HIV prevalence rates in West Africa, estimated at 3.4% of the adult population (UNAIDS, 2009). The 2005 AIDS Indicator Survey (AIS) provided important information about the HIV/AIDS epidemic in CI, permitting better targeting of prevention and care efforts. The AIS found an adult HIV prevalence rate of 4.7%, with females across age groups 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, along with wide availability of condoms, high power in heterosexual relationships and sexual decision-making, and later sexual debut. Geographic differences include higher HIV prevalence in urban settings and marked regional differences, from 1.7% in the Northwest to 5.5% in the South and East and 6.1% in the Abidjan area. About 42% of females in CI have undergone female genital mutilation/cutting (FGM/C), ranging from 18% in central regions to 85% in the 87.6% in the North. Differences were also based on religion, with 76% of Muslim females versus 14% of Catholic females reporting having undergone a procedure.

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 had two or more sexual partners in the previous year, and 66% of females and 48% of males did not use condoms with non-regular sex partners. While only 2% of men reported paying for sex, 31% of unmarried women ages 15-19 reported having a sex partner who was at least 10 years older. According to the AIS, HIV knowledge was low, especially among women with no education and/or living in rural areas or in the North/West of the country. Conversely, both high-risk behavior and condom use were more likely among better-educated, urban residents outside the North/West. Attitudes conducive to HIV stigma and discrimination were widespread, and the percentage of people ever having had an HIV test with receipt of their results was 11% of women and 8% of men.

Most at risk populations (MARPS) in CI include commercial sex workers (CSW), men who have sex with men (MSM) and their partners. Two studies by FHI found <1% of sex workers are People Who Inject Drugs (PWID), and there is little direct data to suggest this population is large in CI. PEPFAR contributes to the national MARPS working group and continues to monitor the context of PWID. In collaboration with other donors, PEPFAR provided STIs/HIV prevention, care and treatment services for CSW and MSM through the PAPO-HV network of 14 local hub clinic sites. PEPFAR and donors conducted CSW population estimates, hotspot mapping and HIV/STI prevalence and behavioral studies which inform the national response. Capture-recapture methodology found 1,160 FSW in Yamoussoukro, 1,202 in Bouake, 1,916 in San Pedro and 8,293 in Abidjan, and studies have consistently noted average prevalence rates above 20%.





A cross-sectional study in 2007-2008 focused on 96 MSW in Abidjan, the majority of whom were MSM. It found 86% condom use with both male and female clients, yet 57% reported having STI symptoms in past 12 months and 50% of participants were HIV positive. A 2009 formative assessment with MSM in Abidjan found high perceived stigma and discrimination which could hinder access to HIV prevention and other health services. An HIV/STI and behavioral study with MSM in Abidjan is ongoing. Other highly vulnerable populations identified by Government of Cote d'Ivoire (GOCI) are truckers, uniformed personnel, migrants, displaced people, sexually active youth aged 15-24, agricultural seasonal workers, people engaged in alcohol and substance abuse, prisoners and, victims of rape and sexual violence.

Use of epidemiological data: The most recent DHS was launched December 8, 2011, and data collection will be done by April 2012 and will further clarify the post-crisis HIV context. A desk review followed by workshops on "know your epidemic" was held in early 2010. Subsequently, a MARPS conference enabled national and international groups to share evaluation data and research in the CI context. UNAIDS updated estimates of prevalence by population in 2008 and published a Modes of Transmission assessment. These exercises plus participation in the PEPFAR-supported mixed epidemic meeting in Accra informed use of data to prioritize sub populations and practices, plus address structural factors influencing risk and access to HIV prevention services. Data informed the National Strategic Plan for HIV/AIDS (NSP-HIV/AIDS) 2011-2015, and all PEPFAR implementing partners will note which NSP objective aligns with their program indicators. Data support targeting adolescent girls and young women with evidence-based Individual and Social Behavior Change (ISBC) and testing referral programs; to prioritize mothers in parent-child communication programming; and to engage male teachers and uniformed service members in Men As Partners interventions. PEPFAR maintains significant funding for comprehensive MARPS programs and operations research while segmenting youth and general population based on context of risk, linkages to TC or PMTCT, plus opportunities to strengthen local responses. In 2012, PEPFAR-CI proposes to increase funds in PMTCT, HIV Treatment (<350 CD4 levels), and Positive Dignity, Health and Prevention (PHDP) based on international findings on benefits of treatment in prevention and cost efficiencies in targeting sources of transmission.

Overarching Accomplishments in Last 1-2 Years: FY 2011 was marked by the post-election crisis which led to internal displacement, widespread violence, localized but significant incidence of rape, and further population impoverishment, particularly among youth. Despite this, PEPFAR continued when possible, to collaborate with partners at all levels, and support an ABC+ prevention approach to sexual transmission involving combination prevention strategies with clinical services, plus targeted behavioral interventions and advocacy with key ministries such as Health and AIDS (MSLS); Education (MEN); State, Employment, Social Affairs and Solidarity (MEMEASS); and Women, Families and Children (MFFE) for policies to reduce vulnerability and stigma for at-risk populations and promote access to TC, STI treatment, PMTCT, PEP, condoms, and other prevention services. PEPFAR also contributed to strengthening decentralized systems to promote HIV prevention, community mobilization, and coordination.

NGO capacity building, advocacy for MSM health policies, and support to national technical working groups (TWG) was complemented by targeted interventions and drafting the national package of services for MSM. Activities reached 21,413 CSW, clients, partners and MSM in 2010; and 19,231 in 2011. In 2011, condom promotion, partner reduction, STI education with treatment access, and rape survivor services were among programs reaching 143,529 others such as truckers, uniformed services, migrant workers, IDPs and prisoners. Prevention activities promoting delay of sexual debut/abstinence and reducing multiple partnerships/promoting fidelity (AB) reached 318,123 people with small group and classroom interventions. Programs addressed girls' and young women's vulnerability, social norms on intergenerational and transactional sex, sexual violence, and access to reproductive health services. Youth aged 15-24 represented 55% of people reached in 2011 AB interventions, with NGO partners targeting out-of-school and other at-risk youth while MEN implemented life skills activities. Cost analysis of MARPS programs will yield data in mid 2012, as will the bio-behavioral study with MSM in Abidjan.

Key Priorities & Major Goals for Next 2 Years: PEPAR-CI is focusing on improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and



expansion. In sexual prevention, this includes:

1. Supporting the MSLS to strengthen coordination with other donors in national STI/HIV prevention, care and support service mapping for vulnerable populations and MARPS. Use data to update contact materials and facilitate follow-up on referral and mobilization effectiveness.
2. Aid to HIV prevention TWGs to harmonize indicators, and expected outcomes for ISBC/TC mobilization programs. This includes updating M&E tools for joint supervision with ministries and developing a checklist for observation and interviews with timelines for follow-up to promote use of data to improve programs.
3. Implement study and intervention design on market women's engagement in transactional sex and other risk; evaluate Men As Partners; plus continue surveillance of CSW HIV/STI prevalence and behavior to better address entry points for prevention. Situation analyses of KABP and access to HIV-related services in prisons is a priority for mid-late 2012; and situation analyses of risk and service access in three union and agricultural associations will be completed in 2012.
4. Continue reinforcing NGOs and expand focal points for community and mobile prevention education, TC, STI management and condom social marketing for MARPs plus monitor impact of targeting community mobilization on the MARPS clinic network. This includes building a strong referral system between community and clinical services, including PHDP interventions and reporting.
5. Finalize cost assessment for MARPs programs and use modeled data funded in COP 2010 and 2011 for budget and coverage decision making to support integration and program sustainability.
6. Finalize strategy and budget exercise with the national reproductive health program for a sustainable cost-recovery and distribution plan for condom social marketing.

Alignment with Government Strategy and Priorities: PEPFAR helped develop the NSP-HIV/AIDS 2011-2015 and PEPFAR partner objectives and indicators are aligned with these government strategies and priorities during the program planning process. PEPFAR technical staff works directly with ministry counterparts and national TWGs to coordinate site selection and targeting with other donors and implementers to promote evidence-based interventions without duplication. In addition, PEPFAR technical assistance is building national capacity to conduct costing of HIV prevention, care and support services for MARPs (CSW and MSM). PEPFAR operations research is conducted with MSLS and other ministry representatives, and protocols are shared whenever possible with MSLS to support GOCI research and surveillance leadership regardless of funding source.

Contribution from or Collaboration with Other Development Partners: PEPFAR strengthens coordination of prevention through TWGs (TC, MARPs, STIs, PMTCT, gender-based violence [GBV], uniformed service, and umbrella prevention groups). This includes coordinating continuum of services, complementary interventions, sustainability, intervention mapping, monitoring and evaluation of programs with other actors. PEPFAR has met with UNFPA on GBV strategies and policy advocacy; with UNICEF on ISBC with youth-at-risk and child exploitation; with the World Bank on waste management; and with the French Development Agency and European Union on strengthening leadership and management of MSLS. PEPFAR has a participant and alternate on the board of the Global Fund's coordination body (CCM) and coordinates with Global Funds sites.

Policy Advances or Challenges: Continued advocacy is needed to address access barriers for prevention services or factors that contribute to vulnerability.

- o MEN: Advocate to validate and distribute policy documents on school-based violence and sexual assault, and draft codes of conduct to reduce teacher-student relationships.
- o Ministry of Justice: Coordinate with prevention TWG to promote development of a national policy document on HIV prevention, testing, and care in Ivorian prisons; advocate for institutional support of HIV sector committees and promote partnership between MSLS, and MOJ to enhance capacity to treat STIs and OIs plus availability of condoms in all prisons.
- o MSLS: Support coordination of activities across geographic and population-based groups, through the PHDP working group, formalize strategy for referral and follow-up of HIV prevention for PLWHA and their partners in the context of existing programs.
- o Ministries of Defense and Interior: Finalize national policy documents on HIV prevention, testing, care provision; care for spouses testing positive; advancement of uniformed personnel living with HIV; support



for military wives association, and harmonized HIV education and stigma reduction content across uniformed personnel academic schools and in-service training with UNFPA and ONUCI.

- o MEMEASS: Develop a policy and staffing plan for decentralized social centers as entry points and clarify policies on access to PEP, minimum TC services where feasible, and referrals for rape survivors.

Effort to build Evidence-Base: PEPFAR completed KAPB surveys with military personnel in 2008 and 2010. PEPFAR supported studies on condom use with HIV/STI testing among CSW and prevention interventions with MSM in Yamoussoukro and Abidjan and began strengthening MSM-serving NGOs (Arc en Ciel and Alternative CI) to create safe spaces and conduct peer outreach, while implementing a behavioral and HIV/STI prevalence study among MSM in Abidjan. The program conducted a cost-effectiveness study for comparison of mobile and fixed clinics in 2010, and with 2010-11 funding, PEPFAR will support situation analyses among prisons and labor unions to inform prevention programs. Evidence-based interventions will demonstrate improved parent-child communication on HIV-related risks and social norms, prioritizing mothers with mobilization for uptake of TC and health services. Effectiveness of life skills programming for in-school youth will be evaluated with the MEN, while out-of-school youth will be reached through NGO and community based efforts with operations research and routine data use for triangulation of program outcomes.

Prevention Mother to Child Transmission (PMTCT)

HIV prevalence among pregnant women was estimated at 5.6% and 2.9% in urban and rural areas, respectively (ANC survey 2008). CI has 687,000 births per year (UNICEF 2007), about 34,000 by HIV-infected women. Attendance at antenatal clinics (ANC) is 85% for ANC1 but drops to 45% for ANC4 (UNICEF 2007). In 2008, 716 health centers provided ANC services in 83 health districts. About 54% of pregnant women deliver in a health facility (UNICEF 2007).

Current PMTCT program status, recent trend and accomplishments: National guidelines follow WHO recommendations (2006) calling for comprehensive PMTCT services, including routine (opt-out) TC, combination ARV prophylaxis with ART as appropriate, infant feeding counseling and support, early infant HIV diagnosis (EID) using dried blood spot with DNA PCR, and linkages with other services. The new WHO recommendations (2009) have been adopted but not yet implemented. PEPFAR is the main donor supporting PMTCT services, with contributions by Global Fund, WHO, and UNICEF. PEPFAR and its partners provide assistance to the MSLS and support service delivery at public and CBO/FBO health facilities, with a comprehensive package that includes; (i) ante- and postnatal care; (ii) safe obstetrical practices; (ii) cotrimoxazole prophylaxis; (iii) linkages to HIV/AIDS care, treatment, and support; (iv) infant follow-up and pediatric care; (v) infant HIV diagnosis; (vi) community-based support services; and (vii) monitoring and quality assurance.

The 2009 HIV/AIDS annual health sector report noted CI has made remarkable progress scaling up. The proportion of ANC facilities offering PMTCT services increased from 44% (356/924) in 2008 to 62% (569/924) in 2009. The program reached 62% of HIV-positive pregnant women with ARV prophylaxis in 2009 against 41% in 2008. While geographic distribution is still uneven, access to PMTCT services is improving as more partners open sites in the Center, Northeast and West. No data is available on numbers of HIV+ pregnant women who have a CD4 count done to assess their need for ART. In FY 2011, PEPFAR directly supported PMTCT services at 506 sites, slightly decreased from FY2010 of 541 but represent 92% of FY11 target of 550 sites. The number of pregnant women with known HIV status also slightly decreased from 345,680 (FY10 APR) to 332,201 representing a 4% decrease from FY10 APR, but surpassing FY11 target of 274,000 representing 121% achievement. The number of HIV+ pregnant women receiving antiretroviral prophylaxis to reduce risk of MTCT significantly decreased from 10,993 (FY10 APR) to 8,995 which is an 18% decrease from the previous year but represents 89% of FY11 targets.

The PMTCT cascade improved at PEPFAR-supported sites, with 98% (vs. 97% for FY 2010) of women tested receiving their results although 58% (vs. 68%) of pregnant women who tested HIV+ received ARV prophylaxis. These results are due in part to implementing quality-improvement activities, as well as regular coaching of sites by implementing partners. Underperformance on the ARV prophylaxis target (58% of 10,895) is partly due to difficulties integrating PMTCT services, in particular in delivery of ARV





prophylaxis immediately after HIV diagnosis and in follow-up of HIV-positive women who do not give birth at health facilities.

Priorities for scaling up and improving the quality of PMTCT interventions: Since October 2011, CI was engaged in revising its strategies for PMTCT to embrace eMTCT. This plan contributed to achieving objectives 4, 5, and 6 of the millennium development goals and in CI, prioritizes reducing MTCT of HIV to under 5%. Since 2002, the National HIV/AIDS Care and Treatment Program (PNPEC) had integrated free PMTCT and pediatric care and treatment services into decentralized maternal-child health (MCH) services. Expansion of PMTCT services will be district-focused, and district health teams with PEPFAR partners will work with the Public Health Pharmacy (PSP) and SCMS to improve forecasting and commodities management at district pharmacies. Partners will collaborate with the MSLS, Global Fund, UNICEF, the Retro-CI SI team, and Measure to strengthen M&E of for PMTCT.

Major challenges: Started in 2003, an MCH TWG helped set up the national PMTCT agenda, develop national policies and guidelines, and define research priorities, yet weak coordination hampered scale-up. Three joint missions (USG-UNICEF-WHO: 2005-2008) have reviewed bottlenecks and challenges, leading to a PMTCT and pediatric care and treatment scale-up plan and recommendations to strengthen coordination, and integration. Other activities target district structure reinforcement, EID uptake, access to HIV testing and counseling (TC) and prophylaxis, post-natal care, infant feeding, pre- and in-service training, and community linkages. Scale-up plan targets include 80% coverage of TC at ANC facilities and 80% ARV prophylaxis coverage.

Integration of PMTCT into other programs: In FY 2012, strategic emphases will be reflected in supporting the MSLS to finalize and implement PMTCT plans: Improve coordination and effective integration, promote PMTCT service uptake and strengthen community linkages, improve M&E, and implement a public health evaluation (PHE) to inform better service delivery. Partners will focus on linkages with other services such as: Emphasizing mother-infant follow-up, EID, and pediatric and maternal care through a family-centered approach; integrating EID in all PMTCT to test at least 65% of HIV+ women and babies; expanding PMTCT services in 19 regions, with a focus on increasing district coverage to reach primary health care centers; strengthening PMTCT services at ANC centers with effective linkages to ART, TB, TC, and OVC services plus psychosocial support through community workers and PLWHA.

Evaluate the impact of PMTCT program: The PEPFAR PMTCT program will continue to strengthen the MSLS M&E capacities and work with sites, districts, regions, and national entities to collect and analyze PMTCT data. The USG team will participate in integrating PMTCT indicators to improve decision-making. Staff at PMTCT sites will be trained to use program data for clinical and program decision-making. PEPFAR CI is also strengthening its evidence base through two PMTCT PHEs. EGPAF will continue a country-specific evaluation (begun with FY 2008 funds) of the quality of infant feeding and nutrition counseling and practices at PMTCT sites, and an inter-country PHE (approved in FY 2009) will evaluate PMTCT program models designed to improve engagement and retention of clients and maximize PMTCT program impact.

#### HIV Testing and Counseling

According to the AIS, HIV testing services cover only 8% of CI'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 HIV care and treatment and an effective tool for primary and secondary prevention, TC remains significantly underused. Accelerated expansion and efficient targeting of quality TC services are national and PEPFAR priorities, and components of scaling-up HIV/AIDS prevention, care, and treatment. The new NSP for 2011-2015 set targets of increasing TC services coverage to 35% by 2015 with two strategies: 1) implementing a TC scale-up plan and 2) improving communication around TC activities.

Programming HIV testing and counseling resources: Ensuring a regular supply of commodities, high quality of test result algorithm, and access to care and treatment services for people who test HIV-positive in the community remain important priorities. USG effort to improve laboratory commodities procurement resulted in a more continuous supply of reagents at supported sites.



Strategies to link TC services with other programs: With leadership from the national Care and TB programs (PNPEC and PNLT), the national TC policy was adopted to integrate recent WHO guidelines, including routine testing of all patients in health-care-settings, and significant progress was made in extending routine provider-initiated TC (PITC) in facility settings-including sites offering TB, PMTCT, and inpatients and outpatients services (respiratory, general medicine, pediatrics, obstetrics and gynecology, dermatology/STI).

Community-based fixed, mobile, and door-to-door TC services complement routine health facility-based TC services and emphasize prevention and care opportunities by providing accessible TC services to target groups such as youth, couples, men, and MARPs and other vulnerable subpopulations. In conjunction with mass campaigns, PEPFAR partners for community-based interventions have enhanced community awareness and mobilization around “stand-alone” VCT centers and implemented new outreach strategies focusing on mobile clinics reaching villages in higher prevalence regions and uniformed personnel compounds. At the community level, activities address also family norms and behaviors in order to increase gender equity and reduce HIV stigma. PEPFAR works with the MSLS and other donors to reinforce national referral systems to ART, care, and effective links with community-based care and OVC services by strengthening community and PLWH involvement and harmonization of community-based intervention tools.

Strategies to follow-up with non enrolled HIV positive persons: All individuals testing HIV+ are referred for CD4 testing and for those not eligible for ART, they are asked to return at three month intervals to monitor change in status. Individuals with <500 CD4 counts receive cotrimoxazole, and those who return at three months are eligible for condoms, nutritional counseling, risk-reduction counseling, water sanitation support, and targeted home based family support with counseling for sero-discordant couples (which particularly affects women in CI). For those who do not return for follow-up even if they are not eligible for ART community counselors may provide targeted services if the PLWHA agreed to further contact.

Condoms

Context and Background: According the 2005 AIS, only 12% of women and 30% of men reported using a condom at last high risk intercourse, though rates vary widely among sub-populations in more recent studies. Knowledge of HIV/AIDS is nearly universal but only 74% of the male population was aware that condoms are a method of HIV prevention, and access to female condoms remains limited.

With the 2005 HIV/AIDS interim plan, CI's HIV prevention strategy was primarily through ISBC with messages stressing abstinence, fidelity and increasing access to condoms. In addition, the second goal of the 2006-2010 HIV/AIDS National Strategic Plan focused on condom social marketing (CSM) and sex worker clinics promoted condom use with HIV TC and STI management. The GOCI's “Comprehensive Condom Programming (CCP)” with support from UNFPA aims to reduce unwanted pregnancies and STIs, including HIV. Since PEPFAR's inception in CI, HIV prevention targeting vulnerable and most-at-risk populations has included condom social marketing with decentralized distribution outlets as part of comprehensive prevention services. Since 2007, PEPFAR has purchased condoms for these programs through the USAID Central Contraceptive Procurement mechanism.

Established in CI since 1991 as a partner of Population Services International (PSI), AIMAS (Association Ivoirienne Marketing Social) conducts CSM and contributes to the MSLS National Reproductive Health Program (PNSR) and PEPFAR HIV prevention priorities. AIMAS collaborates with other PEPFAR implementing partners to conduct peer educator training and ensure monitoring and evaluation of condom outlets in project sites.

Coordination: The PNSR coordinates condom programming activities in CI and PEPFAR has contributed to the TWG developing national quantification, monitoring and evaluation tools. Key donors have been PEPFAR, UNFPA, World Bank, KFW and Global Fund. In 2010, the MSLS requested technical assistance from UNFPA to help review priorities and develop a scale-up plan for female and male condoms. This review identified 10 stages for scaling up CCP and actions include: Mobilizing financial resources; advocacy and policies to stabilize national-to-local condom supply chain; building human and institutional capacity; plus creating and sustaining demand for use of female and male condoms.

Current country coverage of condoms: Donors in HIV prevention and/or family planning attempt to



strengthen the PNSR planning and provide condoms to their implementing partners complementing ISBC interventions. UNFPA supports family planning and reproductive health programs primarily, and PEPFAR provides condoms to HIV prevention sites for MARPs and PHDP programs, with CSM for vulnerable groups. In 2011, through USAID CCP mechanism, PEPFAR provided with 15,150,000 male condoms with an additional 41,000 female condoms for high priority CSW sites and 517,000 single use gel lubricant packets for MARPS programs. PEPFAR partners projected needs of 29,691,197 male condoms and up to 9,500,000 female condoms for 2012-2013.

Key barriers and problems: Challenges include weak capacity in PNSR for forecasting; insufficient condom supply for comprehensive reproductive health and family planning priorities; lack of sustainable cost-recovery for phase-out of any donor-funded procurement and distribution of condoms over time; weak demand and high expense of female condoms (at reduced cost still approximately 3-times more expensive than male condoms in CI); UN agencies and PEPFAR helped address coordination through a Condom TWG led by PNSR in 2010. The PNSR has led the development of the Condom Scale up Plan for 2011-2015, to enhance coordination, sustain condom management and improve condoms distribution. Positive Health Dignity and Prevention

The highest HIV prevalence occurs in population aged 15-49, with highest prevalence among women aged 30-34. In 2009, there were 450,000 PLWHA and 440,000 OVC (UNAIDS 2010). PLWHA on ART grew from 2,473 in 2003 to 72,011 at the end of 2009 (INS 2010).

HIV prevention services delivered to PLHIV as part of their routine care: PEPFAR supports the MSLS National HIV/AIDS Care and Treatment Program (PNPEC) to integrate a comprehensive HIV/AIDS care program as defined by national standards in compliance with PEPFAR guidance. Positive health, dignity and prevention (PHDP) activities are integrated in routine HIV care and Treatment, antenatal, and TB services. Key components address sexual risk behaviors among PLHIV with multiple sex partners who received brief prevention messages from their health care providers, STI case management, referrals for family planning/safer pregnancy, counseling and services, adherence counseling, alcohol reduction counseling, and counseling for partner testing.

The 2011 APR showed PEPFAR-supported PHDP interventions grew slowly in uptake and coverage. The number of PLWHA receiving a minimum package of prevention activities was 40,419, representing 60% of 2011 target of 67,000. This is mainly due to the post-electoral crisis and also the fact that all the health care workers have not yet been trained to roll out this intervention.

Community programs: prevention services for PLHIV: Under MSLS leadership, PEPFAR community-based PHDP interventions have started, though national tools have not yet been validate for all donors. That process will continue with support from CDC/Atlanta and the PEPFAR PHDP TWG. Guidelines on the use of opioids have been developed but implementation depends on availability of drugs and providers training. Key components are condom promotion and distribution, adherence counseling, alcohol use and sexual risk reduction, plus counseling for partner testing.

Bidirectional linkages between facility and community settings: Linkages between clinical programs and community-based programs need to be strengthened as does integration of preventive services into care programs. The national strategy aims at reinforcing linkages, and PEPFAR will continue assisting the TWG.

National strategy for prevention with PLHIV: National strategy will focus on expansion of PwP services as part of national prevention strategy. To that end, key actions for the upcoming budget period will be adaptation of PWP training manuals for community-lay counselors, Strategies will include targeting discordant couples; promotion of partner and family HIV testing; and stigma-reduction campaigns.

Most At Risk Populations (MARPs)

How is country program addressing the prevention needs of MARPs

Programming and research for MSM and CSW, clients and partners is discussed in overview, use of data and priorities already. From 2004 to 2009, PEPFAR's technical and financial assistance has strengthened the local PAPO-HV network of local NGOs to improve services quality and expand access to STI/HIV/AIDS prevention and care services for CSWs in CI. Major achievements are national minimum package of activities for CSWs and development of quality standard document, increasing national coverage from 5 sites to 13 sites. Since 2007 PSI, through the project PSAMAO PSI with CDC funding,



conducts community-based interventions targeting CSW as partners on transportation routes and in truck stops.

Since 2009, PEPFAR has been reaching MSM with STIs/HIV prevention services in Abidjan (Clinique de Confiance), Bouake (RSB), and San Pedro (APROSAM) complementing other donor support. New approaches and partners (Heartland Alliance, and International Rescue committee), bring services closer to MARP communities involving CBOs for mobilization, plus a stronger focus on assisting partners to address male norms through training of field actors, updating key messages, improving monitoring and evaluation capacity in 2012.

Minimum package of services for MARPs: For CSWs, a national minimum package of activities (MPA) was validated in 2006 and related guidelines were validated on 2008. Major components of CSWs MPA at community level are ISBC, CSM and gel lubricants plus mobilizing for HIV TC. Clinical services include STI management, HIV TC, PHDP support, and ART services for CSWs and MSM. Specifically for MSM, PEPFAR involved MSM-serving CBOs in developing ISBC communication posters and leaflets and findings from the “Survey of HIV and Associated Risk Factors Among MSM in Côte d’Ivoire” (SHARMCI) will be used to better plan, implement, and evaluate comprehensive services for MSM. This includes adjusting newly validated minimum package of services for MSM under MSLS leadership with the CI MARPS TWG

Linkage with other programs as appropriate

The National MARP TWG under MSLS leadership, coordinates HIV prevention, care and treatment services for CSW, MSM, PWID and Prisoners. All PEPFAR strategic planning, geographic coverage, technical interventions and structural advocacy is coordinated with other donors and implementers through the TWG. This includes referral systems and integration of treatment and care.

Advocating for supportive policies or addressing legal barriers: PEPFAR advocates for protective policy work to safeguard the rights of MARPs and to effectively implement prevention and care and treatment programs through the MARPS TWG and broader surveillance and NSP processes. PEPFAR encourages opportunities to bridge access barriers that MARPs experience in clinical settings or outreach service providers ( e.g. support sensitization training for health providers working with MARPs to reduce stigma and discrimination). PEPFAR will continue to work with the TWG to identify policies, laws, regulations and other relevant guidelines, plans or working papers which may present barriers or facilitators for MARPs prevention and care and treatment services, and to take into account gender norms and reduce GBV. This includes reinforcing relationships with civil society to foster a collaborative and supportive environment for prevention efforts targeting MARPs;

General Population

Adult programs

Strategic mix of interventions and approaches used: In collaboration with stakeholders at all levels, PEPFAR supports a comprehensive ABC+ prevention approach that involves combination prevention strategies with clinical services and behavioral interventions complemented by advocacy with ministry partners for policies that reduce vulnerability and promote access to services while strengthening decentralized systems to promote HIV prevention, community mobilization, and coordination. Partners continued to expand ISBC with migrant workers, teachers, rural farmers in high prevalence regions, in workplace programs, and in targeted at-risk populations (truckers, uniformed services, HIV- pregnant women). Strategies included reinforcing the capacity of CBOs and leaders to assess prevention needs; promote correct, consistent use of condoms; influence norms supporting abstinence and fidelity; address risk factors such as alcohol and drug use; addressing rape prevention and survivor TC and PEP; and ensure knowledge of HIV transmission and self-efficacy.

Program evaluation: Quality assurance activities, started in 2009, continue to implement minimum standards of services for CSW programs and establishing national minimum standards for peer education programs. All PEPFAR direct partners were asked to oversee the implementation of standards with sub-partners and capacity building strategies. The strategic communications course facilitated by JHU/CCP was adapted and implemented for the first time in West Africa with PEPFAR support and in partnership with the MSLS and Cocody University. Multi-channel communication programs were increasingly based on the context and vulnerabilities of specific populations and empowering influential





leaders to reinforce ISBC.

#### Youth programs

School based: PEPFAR supported integrating HIV/AIDS prevention and life skills education into 11 major primary and secondary school subjects. The Office of Pedagogy and in Service Training (DPFC) is coordinating teacher training and use of inspector monitoring and evaluation tools. Major accomplishments have included: Training 12,000 individuals in life skills, including trainers and teachers; coverage of 22 in-service inspection units; development of the reference manual for integrating life skills in training curricula. The MEN has developed a protocol to evaluate the life skills program in 2012.

Out of school based: Activities include strategic communications with interactive activities such as Sports for Life, school- and community-based health clubs, blood donation clubs, outreach to agricultural and labor associations, village HIV committees, and income generation activities (IGAs) aimed to promote AB while decreasing inter-generational and transactional sex among sexually active youth and other groups. Partners strengthened synergies among community prevention programs and HIV testing and counseling (TC) partners, all ISBC is becoming integrated with prevention and reproductive health service uptake.

PEPFAR prioritize addressing girls' and women's vulnerability "Les Super Girls," a targeted ISBC program to reinforce girls' knowledge, decision-making and life skills; girls' clubs for daughters of military personnel provide aim to reduce vulnerability to pressure for transactional sex and early sexual debut; IGAs aim to reduce women's vulnerability and serve as a platform for other prevention activities; programs integrated HIV prevention and risk reduction with GBV prevention and service referrals; and two trainings in the Men as Partners will contribute to influence male norms about GBV and HIV risk.

#### Medical transmission

Preventing of medical HIV transmission remains a high priority for GOCI and PEPFAR. Despite continuing challenges due to the political environment limiting expansion of blood-safety, injection-safety and medical waste management ISMWM activities, the MSLS has made an increasing commitment to strengthening service quality and national ownership by building local capacity.

Prevention of medical transmission across the portfolio and among partners

#### Blood safety

PEPFAR strategies with the NBTS include: 1) mobilization and recruitment of low-risk donors; 2) strengthening capacity of NTBS and collection sites through structural rehabilitation, lab and cold chain equipment, and distribution systems strengthening; 3) testing blood units for transfusion-transmitted infections and expansion of blood products diversification process; 4) training health workers to improve therapeutic and clinical use of blood; 5) developing blood safety policy and guidelines; 6) implementing quality assurance systems for the entire transfusion process, from donor recruitment to follow-up of transfusion recipients; 7) computerization of the transfusion centers and advanced collection sites.

These achievements contributed to screen 100% of blood units collected from voluntary, non-paid donors for HIV, syphilis, hepatitis B and C. The percentage of blood units collected and screened by the NBTS network identified as reactive for HIV is decreasing from 0,57% in 2010 to 0.48% in 2011. NBTS made tremendous progress to increase the number of service outlets from 62 in 2010 to 86 in September 2011, including 17 transfusion sites and 69 blood banks. Successful trainings raised the number of hospitals performing blood transfusion activities following national guidelines to 84, surpassing the target of 60. The number of units of whole blood collected and screened for TTI's per 1,000 populations per year was 4.52; and training focused on Director of District and Regional Health Director and hospital Managers, 354 individuals were trained, instead of 650 due to the post electoral crisis and the delay to revise the training modules.

#### Injection safety and medical waste management (ISMWM)

Comprehensive implementation of the ISMWM program in both the public and private health sectors aims to integrate national policies into day-to-day clinical and supervisory practices; provide BCC for patients and healthcare workers to reduce unnecessary injections; train currently practicing and new health workers on safe practices through continuing medical education and inclusion of injection safety in pre-service learning institutions; promote segregation of waste in facility settings; decentralized provision of post-exposure prophylaxis (PEP).

Since ISMWM funding was integrated in MSLS cooperative agreement in 2009, the ministry has focused



injection safety and medical waste management interventions in comprehensive approach, including patient safety and supplying six sanitary districts with medium-capacity incinerators and finalizing waste management micro-plans for 60 health centers which will be served. To that end, trash cans, garbage bags, safety boxes and trollies for waste materials for segregation and transportation are already in 32 hospitals. The staff from the MSLS developed and disseminated procedures and standards for medical waste segregation and appropriate use of incinerators, plus advocated for local involvement in sustainable incinerator maintenance and waste transportation solutions.

Linking medical transmission with other USG efforts” PEPFAR support has helped improve linking medical transmission programs with care and treatment programs, as well with community based interventions. For blood safety, the NBTS has established linkages with:

- The Ministry of National Education (MEN) for the recruitment of in-school youth for blood donation
- The National Program for Care and Treatment (PNPEC) for the enrollment of HIV negative persons for blood donation around TC sites
- Uniformed services programs to create clubs of blood donors at military and police academies
- Community prevention partners to help promote of blood donation by NBTS peer educators and community-based lay-counselors
- Retro-CI laboratory and the national laboratory network to strengthen screening capacity with a focus on quality assurance in all NBTS laboratories
- Care and treatment partners for referral and counter referrals of donors tested HIV+.

PEPFAR ISMWM programs work closely with care and treatment partners to support: providing PEP, and promote waste segregation and safety box use, disseminate guidelines and standards for medical waste management.

Promoting sustainability of medical transmission: The NBTS set up a group to follow up on the 2010 workshop to prioritize sustainability, and refine a strategy document for phased integration of the blood safety program into the MSLS budget, with diminishing PEPFAR inputs over the next five years. The MSLS staff is developing a protocol on feasibility of procuring safe syringes and safety boxes through the national supply chain system.

Gender

Gender-specific approach

The overview section notes detailed sex-disaggregated data showing specific indicators of risk and higher prevalence rates among females than males beginning in early adolescence. Disparity increases rapidly in adolescence and is maintained in adulthood with significant regional differences. In order to reduce girls and women vulnerability and engage men in changing norms, targeted programs address economic and social factors in vulnerability, strengthen prevention-related knowledge, and improve TC and reproductive health service access for women and youth. Programs in the West and center of CI promote integrated GBV/HIV prevention and rape survivor referrals and direct services. Men as Partners provides male life skills peer education and influence male attitudes and practices for GBV, HIV prevention and gender equity among male teachers and uniformed services.

Goals and Strategies for the Coming Year: PEPFAR-CI will continue prioritizing sub groups such as adolescent girls, HIV+ women and their partners with age-appropriate, targeted programs based on epidemiological data. Linkages and referral systems will be strengthened between community, social and health service providers for GBV and HIV prevention, care and treatment programs.

Evidence on the effectiveness of gender-related programming: PEPFAR is contributing to the national evidence base through operations research with sex workers, on girls’ knowledge and vulnerability in Les Super Girls, in evaluating Men as Partners, through research on factors of risk and protection influencing transactional sex, bio-behavioral study with MSM, and monitoring sex-disaggregated data on uptake of TC and treatment services.

**Technical Area:** Treatment



Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	31,099,585	0
HTXS	14,260,225	0
PDTX	2,551,204	0
<b>Total Technical Area Planned Funding:</b>	<b>47,911,014</b>	<b>0</b>

**Summary:**

Access and Integration

Antiretroviral treatment (ART) was first made available in Cote d'Ivoire through the UNAIDS/MSLS Drug Access Initiative 14 years ago, in 1998. Since then, numerous ARV drugs have been used for therapy in Cote d'Ivoire. Providing each of these ARV drugs in a timely fashion throughout the country has been logistically challenging and expensive, posing an obstacle to treatment scale up, and resulting in fewer patients receiving ART nationwide. Per recommendations from two CDC/Atlanta-led consultations in 2007 and 2010, the National HIV Treatment Program (PNPEC), under the Ministry of Health and HIV/AIDS (MSLS) reduced the number of ART regimens from more than 40 down to 12 in 2010. This exercise was done by taking into account the epidemiology of HIV in Côte d'Ivoire with presence of both HIV-1 and HIV-2 viruses, co-morbidities with tuberculosis and hepatitis B, history of PMTCT services, children and other clinical particularities such as anemia.

Also in 2010, Côte d'Ivoire adopted the new WHO ART guidelines and then revised the national ART and lab monitoring guidelines accordingly. This included a shift from a D4T-containing regimen to an AZT or TDF-containing regimen as the first line for all HIV-1 patients (already included in the 2008 national ART guidelines) and made eligibility based on a CD4 count threshold of  $\geq 350$ . A first-line regimen containing a protease inhibitor (lopinavir) was recommended for HIV-2 and HIV-1/2 (dual) infections. However, although adopted, the ART guidelines are not yet implemented because the PNPEC/MSLS is assessing all cost implications, and mobilizing the resources needed to facilitate their effective implementation.

By end 2010, 82,721 HIV-infected people including 77,758 adults were receiving ART nationwide. All health districts have at least one site offering ART, and a total of 428 ART sites (nationally) were offering ART, resulting in an ART coverage rate of 55% and 36% for  $CD4 \geq 200$  and  $CD4 \geq 350$ , respectively (based on  $CD4 \leq 200$  (82,721/150,000) and  $CD4 \leq 350$  (82,721/230,000)).

In FY11, CDC/PEPFAR funded Track 1.0 ART international partners transitioned most of their HIV prevention, care and treatment service delivery activities to the GoCI and two newly created local NGOs, in order to reinforce country ownership, efficiency, and sustainability of the PEPFAR-supported ART program. The PEPFAR-supported antiretroviral treatment (ART) portfolio slightly increased in coverage with ART services provided at 351 sites (up from 326 the year before). The number of adults and children with advanced HIV infection newly enrolled on ART with direct PEPFAR support slightly decreased from 24,165 (FY10) to 20,731 (FY11), a 14% decrease from FY10. The number of people with advanced HIV infection receiving ART grew slightly to 64,829, up from 61,203 (FY10), a 6% increase from FY10, but representing 95% of FY11 target of 68,000. The number of adults receiving ART or newly enrolled at PEPFAR-supported sites represented approximately 94% of the total number of people receiving ART or newly enrolled. About 9,900 adults and children were known to be alive 12 months after initiation of antiretrovirals representing 52% of FY11 target of 19,200. This result represents a 41% retention rate among adults and children on ART, 12 months after ART initiation at PEPFAR-supported sites.



Implementation of the new ART guidelines will result in a significant and rapid increase in access and uptake of ART services, with the end goal of providing ART to at least 80% of HIV-infected adults in need by 2015 as defined in the National HIV/AIDS Strategic Plan (2011-2015). Funding for ARV drug purchase remains the main challenge to implementing the new ART guidelines, and the main roadblock to expanding the overall ART program. Currently PEPFAR by far the most significant donor for the ART program with about 74.5% of financing as indicated in a review of the NSP 2006-2010, with contributions from the GoCI (10.5%), Global Fund (10%), UN Agencies (3%), Clinton Foundation (2%), and private sector + GF West-Africa Corridor project + World Bank (1%). USG will continue to advocate for increased funding from the GoCI and other donors such as the newly-arrived French Cooperation, in support of ARV drugs purchasing and treatment services. Based on available resources (financial, human, infrastructure etc.) the PNPEC/MSLS will develop an incremental scale-up plan of the ART program for the next 4-5 years.

Within this context, the 2012 quantification exercise for ARV drugs and laboratory commodities is considering several scale-up scenarios, including an increase in the number of HIV-infected adults newly initiating ART, and decreased attrition rate due to quality assurance efforts, that will guide the implementation of the new ART guidelines. The timeline for the implementation of these guidelines is October 1, 2012 which will follow preparatory work including refresher training of prescribers, ensuring that ARVs drugs and laboratory commodities are available in country, accompanied by a functioning M&E and reporting system.

The Côte d'Ivoire ART program is well integrated into the health care system including in TB/HIV clinics, and/or linked with MCH and primary care services. Currently, only 4 out of 428 ART sites are stand-alone HIV clinics. This integrated approach in scaling-up the ART program is a critical element for ensuring country ownership and sustainability of the program. All TB clinics have integrated HIV services including at least HIV testing for TB patients and linkages with HIV care and treatment sites for ART when clinics do not have a doctor to prescribe ART. With assistance from USG and PEPFAR implementing partners, TB screening among HIV-infected adults has been integrated in the minimum package of care and treatment services and is being rolled out at HIV care and treatment sites. With technical assistance from PEPFAR, the National TB Control Program (PNLT) has developed TB infection control guidelines in FY11 that will be pilot tested and validated in FY12. To date, the PNLT has not adopted Isoniazide Preventive Therapy (IPT) as Isoniazide remains a major anti-TB drug in the TB treatment regimen, however PEPFAR will continue to advocate for the adoption and implementation of IPT.

Thus, it's clear that integration of HIV care and treatment services into the health care system is a reality in Côte d'Ivoire. However challenges remain, such as the increased workload placed on providers, and the relatively low quality of services being offered within a weakened health system.

#### Quality and Oversight

FY12 efforts will focus on scaling up quality programs. Quality Improvement partners will continue to provide technical assistance to PNPEC/MSLS and treatment partners in the development and implementation of quality standards, approaches and indicators for the ART program. Emphasis will be put on the following indicators, including:

- ? the percentage of newly diagnosed HIV-infected clients who have access to clinical and laboratory monitoring for ART eligibility,
- ? attrition rates among patients receiving ART,
- ? percentage of patients on first-line regimen who transition to second-line regimen 12 months after ART initiation,
- ? monitoring of treatment failure,
- ? optimum management of ARVs and laboratory commodity stocks at all levels
- ? compliance of prescribers in following ART guidelines.





Treatment failure will be assessed both clinically, immunologically and virologically. The new ART guidelines recommend two viral load (VL) tests per adult patient on ART per year. Given the cost implications of this recommendation, USG will not support this in FY12 but will continue to provide VL testing for adult patients with suspicion of clinical and/or immunological failure, and two VL tests for children on ART for early detection of treatment failure. USG will support PNPEC to finalize the protocol and conduct ARV drug resistance surveillance that will guide the overall ART program.

Another objective in FY12 will be improving coordination, planning, supervision, accreditation, and training at site and district levels. Training, supportive supervision, quality assurance support, and expanded peer and community services will address human-capacity barriers and improve the quality of care. Program evaluations and public health evaluations (PHE) will help assess the quality of the ART program, the efficacy of evidence-based interventions to reduce early mortality among ART patients, and care and treatment priorities for patients with HIV-2 infection.

Building upon FY11 accomplishments, USG will continue to work with PNPEC, the National Drug Program (DPM), the National Pharmacy (PSP) and WHO to validate policies and guidelines, and implement a national pharmacovigilance plan. During the post-election crisis, USG assisted PNPEC/MSLS in developing a contingency plan aimed at ensuring continuity of ART provision for patients receiving ART. Key guidelines of the contingency plan included focusing HIV testing on patients with suggestive HIV clinical symptoms, provision of 2-3 months ARV drug supply to patients coming for ARV drug pick-up, pre-positioning of ARV drugs at districts and peripheral sites with high case load, provision of ARV drugs to patients with a prescription regardless of their ART initiation site, and improved supervision and M&E of activities. The contingency plan is already available and can be updated and shared with other countries facing a possible emergency (but hopefully will not be needed again in CI!).

#### Sustainability & Efficiency

The USG will continue to assist PNPEC/MSLS in refining costing analyses of treatment service delivery started in FY 2009 in order to maximize the efficiency and cost-effectiveness of the program. The different approaches will include the HIV/AIDS Program Sustainability Assessment Tool (HAPSAT), the CDC Country HIV Treatment Cost Projection Model (PACM), and QUANTIMED, and PIPELINE. Within that framework, the 2012 quantification exercise for ARV drugs and laboratory commodities is considering several scale-up scenarios, including a shift in the number of HIV-infected adults newly initiating ART and lowered attrition rates. The results of the quantification will guide the implementation of the new ART guidelines. USG will continue to foster strong coordination and planning, and leverage with GFATM through PNPEC (the principal recipient of Round 9), especially in the procurement of ARV drugs and laboratory commodities, service delivery expansion to ensure national coverage, supervision, and M&E and reporting. Given that the World Bank and CHAI projects are ending, USG will continue to advocate for increased contributions from GoCI in support of ARV drugs through advocacy, participation in national planning efforts (National Development Plan, National Health Development Plan) as well as the Partnership Framework (PF) negotiations.

With support from SCMS and other donors, USG will continue to improve efficiency in ARV drugs procurement by providing support to MSLS in accelerating registration of generic ARV drugs, and by procuring more approved generic, and fix-dose combination (FDC) formulas. It is being planned in the national quantification exercise (March 2012) that during the next 2-5 years, more than 95% of procured ARV drugs will be FDC. USG will also continue to provide technical assistance to PNPEC/MSLS in developing procedures to switch patients from non-recommended protocols to newly approved ART regimens and reducing wastage by improving the supply chain management of ARV drugs and laboratory commodities at district and peripheral sites. Specific activities include the organization of quarterly coordination meetings at regional level, regular supervision visits, quarterly data review, reconciliation and validation at central and decentralized levels on patients receiving care and treatment services, and drugs and commodities consumption.



## Pediatric Treatment

### Background

Pediatric care and treatment coverage and uptake remain a major challenge for the PEPFAR-CI care and treatment program. At the end of September 2011, PEPFAR directly supported 351 ART sites, where only 3,878 children were receiving ART, making up 6% of all ART patients, while a rate of 8% was expected. The percentage of children newly enrolled at PEPFAR-supported sites also represented approximately 6% of the total number of people newly enrolled. There is no breakdown by age group (0-<2; 2-<5; 5-<15) but 35 children (< 1 year) were newly enrolled on ART and 113 children (<1 year) were receiving ART in FY11. To scale up pediatric care and treatment program, USG has set targets of 6,480 and 8,550 children receiving ART representing 8% and 9% of the total number of adults and children receiving ART at PEPFAR-supported sites in FY12 (81,000) and FY13 (95,000), respectively. An effort is being made to integrate pediatric treatment services into all adult ART sites as per national guidelines but challenges still exist with some health care workers who are not comfortable in providing care and treatment to children and thus refer children in need of ART to specialized pediatric care and treatment sites.

### Key Priorities & Major Goals for the Next Two Year (COP12 & COP13)

USG strategic-thinking exercises conducted in 2009 and 2011, in preparation for development of a Partnership Framework and involving the GoCI, PEPFAR partners and other stakeholders identified five cross-cutting strategic emphases: improved quality, stronger human and systems capacities, greater efficiency, better coordination, and evidence-based deployment and expansion. In pediatric treatment, key goals in FY2012 include:

#### Increased geographic and population coverage.

Clinical partners will continue a gradual expansion of services, mainly to extend access to lower levels of the health pyramid, with PEPFAR September 2012 goals of providing ART to 81,000 people including 6,480 (8%) children; enrollment of 24,000 new people on ART including 1,920 (8%) children. The expansion of pediatric ART coverage and uptake by clinical partners will be done through minor rehabilitations, in-service training and mentoring of providers on ART guidelines, and basic care and treatment package for HIV-infected children, supervision of ART service delivery, including quality assurance in support of national standards, and monitoring and evaluation of activities.

With support from USG, an evaluation of the clinical and immunological outcomes of patients (including HIV-infected children) enrolled on ART from 2004 and 2008, was conducted and national report disseminated in 2010; and related abstracts and articles for publication in peer review journals are underway. Building upon these findings, USG will continue to support clinical partners and PNPEC/MSLS to conduct operations research to better understand the causes of low uptake of pediatric care and treatment services and develop strategies to overcome barriers accordingly. In addition, with technical assistance from CDC Atlanta, a thorough review of the PMTCT and pediatric care and treatment program was conducted in 2010 and recommendations are being implemented.

Early identification of HIV exposure and infection status among HIV-exposed children, and children attending outpatient and in-patient wards for any health-related issue will be increased through the implementation of the new maternal and child health card that incorporates information on HIV testing results. In addition, health care workers will be trained to provide HIV testing and counseling and EID diagnosis to HIV-exposed children. Following the implementation of the newly adopted pediatric WHO guidelines, all HIV-infected children below 2 years of age will initiate ART regardless of CD4 count.

Improved linkages between facilities and community-based services and between treatment services and other Maternal Neonatal, and Child Health (MNCH) care service such as Nutrition, routine immunization, PMTCT and TB/VIH services. Facility-based clinical partners will continue to foster strong linkages between facility and community-based services involved in the care and treatment of infants and children,



in order to ensure that infants and children being tested at all pediatric entry points, and appropriate HIV prevention, care and treatment services. They will also strengthen community linkages, targetting especially children in families infected/and or affected by HIV/AIDS by engaging counselors (preferably PLWHA) or subcontract with local NGOs at all sites who will provide a comprehensive package of HIV prevention interventions for all clients and help for the ART adherence to reduce losses to follow up, treatment failure and improve long-term outcomes. With support from JHU/CCP, community counselors will be trained in ART adherence counseling and provided with sensitization materials.

Improved quality. Efforts will focus on scaling up quality of pediatric treatment programs. Quality Improvement partners will continue to provide technical assistance to PNPEC/MSLS and implementing partners in the development and implementation of quality standards indicators and approaches for ART program. Emphasis will be put on the following indicators: percentage of HIV-exposed children who received an EID test within 12 months, percentage of newly diagnosed HIV-infected children who have access to clinical and laboratory monitoring for ART eligibility, attrition rate among children receiving ART, percentage of children on first-line regimen who transition to second-line regimen 12 month after ART initiation, monitoring of treatment failure, optimum management of pediatric ARVs and laboratory commodities stocks at central and decentralized levels, and compliance of prescribers in following pediatric ART guidelines.

Improved pediatric ART performance. A key objective will be to improve coordination, planning, supervision, accreditation, and training at site and district levels. Training, supportive supervision, career progression, and expanded peer and community services will address human-capacity barriers and improve the quality of care. Strategies using rotating physicians, task shifting for mid-level health care providers, and pediatric HIV specialists will be used to improve the pediatric treatment performance.

Gender sensitivity as a component of quality care and treatment. Strategies will include post exposure prophylaxis for rape survivors, and stigma-reduction campaigns targetting HIV-infected and affected children, linked with OVC and child legal protection services.

Ensuring availability of drugs and commodities through central procurement by SCMS, which will also continue providing technical and management support to the Public Health Pharmacy (PSP). PEPFAR CI will also continue to work closely with other donors to follow the procurement plan.

Promotion of sustainability by supporting the implementation of new ART guidelines, transferring technical, financial, programmatic, and M&E skills from international organizations to local CBOs, NGOs, FBOs, and ministries while building their capacity for program management and accountability; especially Track 1.0 ART partners that will be coached during the implementation of their transition plan.

#### Alignment with Government Strategy and Priorities/ Policy Advances or Challenges

In 2010, MSLS adopted the new WHO pediatric PMTCT and ART guidelines. In 2011, Cote d'Ivoire also adopted the global effort to eliminate mother-to-child HIV transmission (e-MTCT) leading to the objective zero. PEPFAR, UN Agencies, other donors and partners are supporting MSLS in developing a national e-MTCT scale-up plan based on current progress, and analysis of the bottlenecks of low pediatric care and treatment uptake and coverage. In FY12, USG will continue to support this effort by aligning its PMTCT, and pediatric care and treatment strategy accordingly. It is anticipated that all partners and donors involved in HIV prevention, care and treatment services will target the mother and child couple and will contribute to implementation of the scale-up.

#### Efforts to Achieve Efficiencies

The USG will continue to assist PNPEC/MSLS in refining costing analyses of treatment service delivery started in FY 2009 in order to maximize the efficiency and cost-effectiveness of the pediatric treatment program. The different approaches will include the HIV/AIDS Program Sustainability Assessment Tool



(HAPSAT). Associates, the CDC Country HIV Treatment Cost Projection Model (PACM), and QUANTIMED, and PIPELINE. Within that framework, the 2012 quantification exercise for ARV drugs and laboratory commodities is considering several scale-up scenarios, including shift in the number of HIV-infected children newly initiating ART and attrition rate that will guide the implementation of the new ART guidelines. USG will continue to foster strong coordination and planning, and leverage with GFATM through PNPEC which is the principal recipient (PR) of Round 9, especially in the procurement of ARV drugs and laboratory commodities, service delivery expansion throughout the country, supervision and quality oversight, and M&E and reporting. Given the World Bank/MAP and the CHAI projects are ending, USG will continue to advocate for increased contribution from GoCI in support of ARV drugs purchase for children through the Partnership Framework (PF) and the Implementation Plan (PFIP) over the next 2-5 years.

#### ARV Drugs and Supply Chain

With support from SCMS, USG will continue to improve efficiency in ARV drugs purchase by providing support to MSLS in accelerating registration of generic ARV drugs, and by procuring more approved generic, and fix-dose combination (FDC) formularies for children. It is planned in the national quantification exercise that more than 95% of ARV drugs to be procured will be FDC whenever possible. Projected pediatric drug needs including lopinavir/ritonavir will soon be known when quantification is finalized in March/April 2012. USG will also continue to provide technical assistance to PNPEC/MSLS in developing procedures to switch patients from non-recommended protocols to newly approved ART regimens and reduce wastage by improving the supply chain management for ARV drugs and laboratory commodities at district and peripheral ART sites; specific activities include the organization of quarterly coordination meetings at regional level, regular supervision of activities, quarterly data review, reconciliation and validation at all levels of patients receiving care and treatment services vs. commodities consumption.

To mitigate the risk of stockouts, the National Public Health Pharmacy (PSP) has developed a risk mitigation strategy which is based on the ARV drugs, OIs, and commodities logistic management information system for ARV drugs (SIGARV) and laboratory commodities (SIGLab). The two supply chain management systems use a strategy based on request/allocation between the central PSP warehouse and decentralized-levels pharmacies at district and site levels. The recommended maximum stock level at the central warehouse is 8 months with an emergency order to be placed when only 2 months of stock remain, and an emergency order when 2 weeks of stock are left. The tertiary, regional, and district hospitals have a maximum stock of 3 months and 1 month stock for an emergency order. In addition to these guidelines, the PSP works with health districts and PEPFAR-supported clinical partners to coordinate the transfer of ARV drugs and commodities between sites when necessary.

In addition, SIGARV and SIGLab aim to collect, compile, analyze, and report data on the supply chain for decision making at all levels of the health care pyramid. SIGARV has been deployed at all ART sites whereas SIGLab is being pilot tested at 55 selected sites. In FY12, USG will continue to build capacity of PSP/MOH and decentralized-level district and site pharmacies for a functioning LMIS, including improved timeliness and completeness of reporting. In FY12, PEPFAR and SCMS will emphasize analysis of data and data use for decision making at central and decentralized levels. USG and SCMS will also continue to assist the PSP in scaling-up the implementation of SIG-lab.

What are the main human resources challenges with supply chain issues, and where should the USG put capacity building efforts during the next two years?

The main HR challenges with supply chain issues are the quality, quantity and retention of trained pharmacists at district pharmacies and warehouses. PEPFAR-procured commodities are distributed via the existing national supply chain system that is used for all non-ARV pharmaceutical drugs. This system is monitored by district pharmacists who report directly to the Health District Director, and report



only on finance recovery to the PSP, not on drug consumption. In working to support the supply chain over time, PEPFAR has found that well-trained pharmacists have a short turn over, and they lack the basic skills and understanding of supply chain management and logistics issues. Moreover, they are often reluctant to fill out all the paper based data collection sheets, registers etc... that are still the fundamental tools needed to track data and drug consumption in Cote d'Ivoire.

To address this human resource challenge, which presents a barrier to better ARV drugs and lab commodities management, PEPFAR will continue to support pre- and in service training of pharmacists on logistics (planned since FY11, but delayed due to the crisis), as well as continue to support PSP efforts to advocate for the resources to recruit regional pharmacists made responsible for supervising and coaching district pharmacists. To address the poor distribution of pharmacists (at present, 80% of PSP personnel are pharmacists) PEPFAR will also support the PSP with developing job descriptions and recruiting a wider variety of needed skilled workers, such as logisticians, stock keepers, data clerks and analysts, at the central, regional, and district levels.

Finally, when non-ARV pharmaceuticals are procured in-country, the LNSP is charged with assessing drug quality, and for some antibiotics they also do toxicity tests. Two years ago, COP10 funds were put to buy drug markers to do assess the quality of ARV procured through SCMS, and these are still in use. It is plan do to post marketing surveillance for ARV and HIV rapid test kits.

Laboratory: Capacity and infrastructure strengthening under the new national laboratory policy and strategic plan, in support of national care and treatment services.

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) and National Blood Bank (CNTS)) and research centers; the secondary or intermediate level, with 18 regional hospital and 56 general hospital labs; and 1,486 primary health centers with basic lab services. Private laboratories (195) also provide a range of services. Of the 1,560 health structures authorized to provide laboratory services, fewer than 300 are operational, and few of these provide the full range of services.

The LNSP's mission is to develop and implement laboratory standards; to organize, implement, and monitor quality assurance (QA)/quality control (QC) procedures; and to regulate laboratory creation and operation. Several factors have limited its ability to fulfill its mandate, including weak human resource capacity, weak management of the medical laboratory part, lack of clear policies, and poorly resourced infrastructure. Because of the weakness of the LNSP, CDC/Retro-CI acts as the national reference laboratory for HIV/AIDS. Retro-CI has been charged by the National HIV/AIDS Care and Treatment Program (PNPEC) with evaluation and validation of national HIV testing algorithms, evaluation of new lab practices and technologies, and provision of support and guidance on lab policy issues. Three other laboratories function as reference laboratories to support the HIV/AIDS program. The Institute Pasteur Cote d'Ivoire (IPCI) is the national reference laboratory for TB diagnosis and surveillance of infectious/epidemic diseases. CeDres, a central lab affiliated with the university teaching hospital in Treichville, acts as the reference laboratory for immunology and has technical and human capacity to work closely with IPCI in supporting the TB lab program. CIRBA is a private laboratory in Abidjan that serves a large HIV outpatient clinic and has technical and human resource capacity for molecular diagnosis.

The national school of health professionals (INFAS) has the mission to train lab technicians, nurses, midwives, etc. in a three-year post-secondary program. In 2010, only 80 lab technicians and 60 lab engineers were trained. Among the principal limitations of the school are inadequate infrastructure and equipment, a lack of teachers, and incomplete HIV/AIDS training modules. A human resource evaluation conducted in 2010 by Abt Associates showed there was a need for additional lab technicians to support





the public health system in reaching the HIV/AIDS national strategic plan goals. INFAS is part of the Ministry of Health (MSLS) department of training and research (DFR) in charge of coordinating, evaluating, and monitoring pre- and in-service training of health professionals. The MSLS also has a department charged with developing and maintaining health infrastructure and equipment (DIEM); DIEM has decentralized services (CRIEM) in six of the 19 regions of Cote d'Ivoire and has the mandate to oversee all procurement, building, and renovation of health infrastructure and equipment.

The main challenges facing Cote d'Ivoire's laboratory system are the absence of a body to monitor the implementation of the national laboratory policy and 5 year strategic plan, the lack of a clear mandate for the LNSP resulting in a weak coordination of lab activities. Most district lab infrastructure and human resources do not comply with national standards, which have hampered expansion of the HIV/AIDS program.

The USG works to address these weaknesses by funding the MSLS/LNSP and technical assistance partners CDC/Retro-CI and CDC Lab Coalition (ASM, and ASCP) and local laboratory partner to support:

- Institutional strengthening for key MSLS structures in order to improve coordination, sustainability, advocacy within the GoCI, and laboratory policies.
- Improved pre-service and in-service training for lab technicians
- Provision of EID service to PMTCT through RETROCI lab and 2 regional laboratories
- Provision of clinical lab services to Care and treatment program through more than 100 laboratories across the country
- A national external quality assurance (EQA) program for lab services including TB and OIs
- Address the issue of how to transition the responsibility for maintaining lab equipment procured by PEPFAR and others donors to GOCI
- A functional laboratory information system including a paper based laboratory logistics information system
- Quality services to HIV /AIDS patients by implementing partners

In FY12, USG efforts to build a national laboratory network will work, first and foremost, towards advancing the PEPFAR-supported quality initiative that aims for a five-star rating and eventual WHO accreditation for 18 laboratories, with notable improvement in 7 labs one having 4 stars, as well as for the transfer of responsibility for routine HIV/AIDS testing activities from CDC/Retro-CI to the national reference laboratory (LNSP), with CDC/Retro-CI providing technical assistance and reference lab testing for the network. Implementation of lab quality management systems will continue, and a new public-private partnership (PPP) will work to develop a national transport system for lab samples. Support will continue for improved and decentralized pre- and in-service training of laboratory technicians, for the development and implementation of an open-source lab information system as well as for building in-country capacity to maintain the system at key central labs and 6 regional labs.

With FY12 funding, key MSLS structures will be strengthened, including the division responsible for developing and implementing a national program for lab equipment maintenance (DIEM/MSLS) and its decentralized divisions. New lab infrastructure will support early infant diagnosis at two regional hospitals. Microbiology services, including testing for sexually transmitted and opportunistic infections will be decentralized to six regional laboratories through the cooperative agreement with a Ministry of Higher Education and Research institution. Point-of-care tests for CD4 count, EID and Viral load as well as new lab equipment will be evaluated to support the care and treatment and prevention program. Supports the national program will continue for the evaluation of new rapid test able to discriminate HIV-2 in replacement of Bioline. Effort will continue with SCMS, the LNSP and key laboratory partners to implement the national laboratory policy documents standardizing and linking laboratory practices across HIV, TB and malaria.



Implementation of the new lab management logistics system will be done within the tiered lab system including district pharmacies, VCT and PMTCT, this will help with better management of lab commodity stocks both at central, district and hospital levels. Finally, Technical assistance to the lab program will be provided through CDC lab coalition partners to strengthen TB and OIs diagnosis at central and decentralized levels, improve and or develop pre-service training curricula for lab technicians, coaching and auditing central and regional laboratories for accreditation, procurement of reference document and didactical materials. In addition local NGOs and laboratory professional organizations will receive mentoring and coaching through specialized TA for the sustainability and better impact through lab profession.

FY 2012 funding to support laboratory efforts to support the national care and treatment efforts will include:

1. Support for the LNSP to assume leadership as a true national reference laboratory by enhancing its infrastructure and human resource capacities, providing technical assistance to improve competencies for HIV diagnosis and expertise for the establishment and management of a national EQA program. LNSP will assume greater responsibility for reference HIV testing, ANC sero-surveillance, the DHS+, post marketing surveillance of HIV rapid test kits, algorithms, and alternative blood collection methods. The goal of this support is to sustain PEPFAR effort in strengthening the laboratory network.
2. Capacity building to help the DIEM to develop and implement a national program for the maintenance of lab equipment in public health facilities. DIEM will work with SCMS and RETROCI lab to develop policies, tools and documentation for a global maintenance contract for biomedical including lab equipment procured by PEPFAR.
3. ASCP will continue to assist INFAS to develop and improve training curricula for pre-service training of lab technicians and organize training for trainers and teachers. ASCP will also assist the DFR for the validation of lab in-service training materials and certification of in-service training as well as development of indicators to help monitor in-service training and its impact on laboratory service delivery. The goal of ASCP technical assistance to the two institutions is to develop a national work force policy and human resource plan for lab technicians.
4. ASM/AMLS and ASCP will continue strengthen the national institution in charge of lab accreditation (CRESAC) and develop and implement the WHO-AFRO accreditation scheme. The goal is to enroll 5 labs each year in addition to the 3 central labs to achieve Level 5 accreditation.
5. ASM will continue to provide technical assistance to IPCI for the implementation of diagnostic capacity related to TB, OIs, and STIs, as well as a national EQA program at six STI clinic labs and six regional labs. ASM will also work with the PNLT and IPCI for the development and implementation of a national plan for TB infection control. ASM will complete renovations at LNSP and INFAS.
6. With Strategic Information funding, I-TECH will continue implementation of an open-source lab information system at Retro-CI, LNSP, IPCI and 6 regional laboratories and develop capacity locally for the maintenance of the system.
7. Continued support to SCMS for the quantification and procurement of lab commodities to support the national HIV/AIDS program. SCMS and the National Public Health Pharmacy (PSP) will be responsible of implementation of the lab logistics management information system developed and validated by the MSLS in FY 2009, as well as for procurement and distribution of paper data-collection tools, within the laboratory network. SCMS will also provide technical assistance to DIEM, the TB, HIV and malaria program for the effective standardization and harmonization of laboratory equipment.





8. Retro-CI will continue to support the national HIV/AIDS program through provision of technical assistance, platform for training of lab professionals and for routine HIV testing at the University Hospital in Treichville and will serve as a back-up laboratory for PEPFAR TC and care and treatment partners for about 6,000 patients. Retro-CI will continue to coordinate PEPFAR-supported laboratory activities in collaboration with PNPEC and relevant national laboratory institutions and transfer expertise by providing technical assistance to the laboratory network through training, supervision of lab activities, and implementation of quality assurance programs under the leadership of LNSP.

9. RETROCI will work closely with the care and treatment branch and the HIV AIDS program for evaluation and effective implementation of point of care test for CD4 count and viral load, such as PIMA machines. In addition technical assistance will be provided to PNPEC for the decentralization of EID to 2 regional laboratories and improvement of the sample referral systems and EID results back to the site. Retro-CI will also work closely with and offer its expertise to the national association of laboratory technicians to support continuing education related to best laboratory practices by supporting two annual meetings for this purpose.

## Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	351,700	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	76 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	10,000	
	Number of HIV-positive pregnant women identified in	13,200	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	3,000	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery)	7,000	
	Single-dose nevirapine (with or without tail)	0	
P1.4.D	Number of HIV-positive pregnant women assessed for ART eligibility through either clinical staging	0	Redacted

	(using WHO clinical staging criteria) or CD4 testing		
CI.237	Number of units of whole blood collected and screened for transfusion-transmissible infections per 1,000 population per year (L9)	120,000	Redacted
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia	0	Redacted
	By Age: <1	0	
	By Age: 1-9		
	By Age: 10-14		
	By Age: 15-19		
	By Age: 20-24		
	By Age: 25-49		
	By Age: 50+		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational	100	Redacted

	and/or non-occupational exposure to HIV.		
	By Exposure Type: Occupational	75	
	By Exposure Type: Other non-occupational	0	
	By Exposure Type: Rape/sexual assault victims	25	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	61,000	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	n/a	Redacted

	required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	683,880	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the	425,800	

	minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	30,553	
	By MARP Type: CSW	25,359	
	By MARP Type: IDU	0	
	By MARP Type: MSM	5,194	
	Other Vulnerable Populations	0	
P8.4.D	Number of targeted condom service outlets	0	Redacted
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	990,500	Redacted
	By Age/Sex: <15		



	Female		
	By Age/Sex: <15 Male		
	By Age: <15	233,000	
	By Age/Sex: 15+ Female		
	By Age: 15+	757,500	
	By Age/Sex: 15+ Male		
	By Sex: Female	74,287	
	By Sex: Male	916,213	
	By Test Result: Negative		
	By Test Result: Positive		
P12.1.D	Number of adults and children reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	0	Redacted
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service	0	Redacted

	that explicitly addresses gender-based violence and coercion related to HIV/AIDS		
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
P12.3.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses the legal rights and protections of women and girls impacted by HIV/AIDS	0	Redacted
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
P12.4.D	Number of adults and children who are reached by an individual, small-group, or community-level intervention or service that explicitly aims to	0	Redacted

	increase access to income and productive resources of women and girls impacted by HIV/AIDS		
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	233,000	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	102,520	
	By Age/Sex: 18+ Female		
	By Age: 18+	130,480	
	By Age/Sex: 18+ Male		
	By Sex: Female	142,130	
By Sex: Male	90,870		
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	144,580	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	11,566	

	By Age/Sex: 15+ Female		
	By Age: 15+	133,014	
	By Age/Sex: 15+ Male		
	By Sex: Female	101,206	
	By Sex: Male	43,374	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	75 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	108,435	
	Number of HIV-positive individuals receiving a minimum of one clinical service	144,580	
C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	7,230	
	Number of clients who		

	were nutritionally assessed and found to be clinically malnourished during the reporting period.		
	By Age: <18		
	By Age: 18+		
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	50 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	72,290	
	Number of HIV-positive individuals receiving a minimum of one clinical service	144,580	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	5 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	7,229	
	Number of HIV-positive	144,580	

	individuals receiving a minimum of one clinical service		
C3.1.D	Number of TB patients who had an HIV test result recorded in the TB register	0	Redacted
	By Age: 0-15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	0	
	By Sex: Male	0	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	76 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	10,000	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	13,200	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9	7,300	

	and 12 months		
	By timing and type of test: virological testing in the first 2 months	2,700	
C4.2.D	C4.2.D Percent of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth	n/a	Redacted
	Number of infants born to HIV-infected women that are started on Cotrimoxizole prophylaxis within two months of birth within the reporting period	0	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	0	
C5.1.D	By Age: <18	102,520	Redacted
	By Age: 18+	130,480	
	Number of adults and children who received food and/or nutrition services during the reporting period	233,000	
	By: Pregnant Women or Lactating Women	2,700	
C5.2.D	Number of eligible children provided with	0	Redacted



	shelter and care-giving		
C5.3.D	Number of eligible children provided with health care referral	0	Redacted
C5.4.D	Number of eligible children provided with education and/or vocational training	0	Redacted
C5.5.D	Number of eligible adults and children provided with protection and legal aid services	0	Redacted
	By Age: <18	0	
	By Age: 18+	0	
C5.6.D	Number of eligible adults and children provided with psychological, social, or spiritual support	0	Redacted
	By Age: <18	0	
	By Age: 18+	0	
C5.7.D	Number of eligible adults and children provided with economic strengthening services	0	Redacted
	By Age: <18	0	
	By Age: 18+	0	
T1.4.D	Number of adults and children with advanced HIV-infection who	150,376	Redacted

	ever started on ART		
	By Age: <15	12,030	
	By Age: 15+	138,346	
	By Sex: Female	103,759	
	By Sex: Male	46,617	
T1.5.D	Number of health facilities that offer ART	380	Redacted
	By type of site: NGO	60	
	By type of site: Private	0	
	By type of site: Public	330	
T1.1.D	By Age/Sex: <15 Female	1,080	Redacted
	By Age/Sex: <15 Male	1,080	
	By Age/Sex: 15+ Female	15,070	
	By Age/Sex: 15+ Male	6,770	
	By Age: <1	324	
	By: Pregnant Women	1,054	
	Number of adults and children with advanced HIV infection newly enrolled on ART	24,000	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	81,000	Redacted
	By Age/Sex: <15 Female	3,240	
	By Age/Sex: <15 Male	3,240	

	By Age/Sex: 15+ Female	51,419	
	By Age/Sex: 15+ Male	23,101	
	By Age: <1	972	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	86 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	17,829	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	20,731	
	By Age: <15	1,069	
	By Age: 15+	16,760	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	106	Redacted
H1.2.D	Number of testing facilities (laboratories)	4	Redacted

	that are accredited according to national or international standards		
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	1,767	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	726	
	By Cadre: Nurses	400	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	200	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	12,000	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	500	
CI.238	Number of social centers with an updated development plan (Project-specific FHI UTAP)	38	Redacted

## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
6651	Tulane University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	700,000
7210	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHP-State	1,100,000
7379	National Institutes of Health- Fogarty International Center	Other USG Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	0
7383	Central Contraceptive Procurement	Private Contractor	U.S. Agency for International Development	GHP-State	655,544
7620	ICF Macro	Private Contractor	U.S. Agency for International Development	GHP-State	273,000
9390	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	0
9396	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	40,957,408

9401	Ministry of National Education, Côte d'Ivoire	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	750,000
9415	FHI 360	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,250,000
9419	International Lab Coalition	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,700,000
9431	Engender Health	Private Contractor	U.S. Agency for International Development	GHP-State	1,150,000
10141	Pasteur Institute of Ivory Coast	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
10276	Health Alliance International	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	4,099,000

			Control and Prevention		
10791	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,950,000
11489	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	200,000
11491	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,439,000
12543	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	0
12557	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,750,000
12631	National Agency of Rural Development	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	1,650,000



			Prevention		
12655	Centre National de Transfusion Sanguine de Cote d'Ivoire	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,772,000
12673	Ministry of Health and Public Hygiene, Cote d'Ivoire	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,200,000
12679	Ministry for Women, Families, and Social Affairs - Mozambique	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	470,000
12803	Heartland Alliance	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,500,000
13046	Habitat for Humanity	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1

13137	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
13272	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,588,000
13296	Associazione Volontari per il Servizio Internazionale, Italy	NGO	U.S. Agency for International Development	GHP-State	2,116,000
13462	Save the Children UK	NGO	U.S. Agency for International Development	GHP-State	2,200,000
13525	Hope Cote d'Ivoire	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,050,000
13539	International Rescue Committee	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,350,000



13561	ACONDA	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	6,307,000
13602	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	700,000
13616	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHP-State, GHP-State	2,839,000
13624	Sante Esprit Vie - Cote d'Ivoire	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,060,000
13631	Fondation Ariel Glaser Pour la Lutte Contre le Sida Pediatrique en Cote D'Ivoire	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	7,430,000
13635	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-State	2,229,355
13651	Elizabeth Glaser	NGO	U.S. Department	Central	4,444,000

	Pediatric AIDS Foundation		of Health and Human Services/Centers for Disease Control and Prevention	GHP-State, GHP-State	
13724	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	0
13966	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	873,000
13967	TBD	TBD	Redacted	Redacted	Redacted
13968	TBD	TBD	Redacted	Redacted	Redacted
14073	TBD	TBD	Redacted	Redacted	Redacted
14121	Geneva Global	NGO	U.S. Agency for International Development	GHP-State	1,000,000
14122	FHI 360	NGO	U.S. Agency for International Development	GHP-State	1,100,000
14811	TBD	TBD	Redacted	Redacted	Redacted
14812	TBD	TBD	Redacted	Redacted	Redacted



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 6651</b>	<b>Mechanism Name: UTAP-Tulane University (Technical Assistance in Support of the President's Emergency Plan for AIDS Relief )</b>	
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement	
Prime Partner Name: Tulane University		
Agreement Start Date: Redacted	Agreement End Date: Redacted	
TBD: No	New Mechanism: N/A	
Global Fund / Multilateral Engagement: N/A		
G2G: N/A	Managing Agency: N/A	
<b>Total Funding: 700,000</b>	<b>Total Mechanism Pipeline: N/A</b>	
<b>Funding Source</b>	<b>Funding Amount</b>	
GHP-State	700,000	

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Note: To align the UTAP budget and new COP submission cycles, FY 2012 funding will support activities through March 2014.

With USG funding, Tulane University works to build capacity of Ivoirian entities in strategic information (SI) and strengthen Ministry of Health and AIDS (MSLS) central and regional information systems. Tulane works under the guidance of a national steering committee to ensure the relevance, local ownership, and sustainable transfer of technical competencies in the field of M&E. Its primary focus has been on the National School of Statistics and Applied Economics (ENSEA), which Tulane has strengthened through a series of trainings and joint activities.

Building on these ongoing efforts, Tulane will use FY 2012 funding to help develop a master's degree program in public health with a concentration in monitoring and evaluation (MPH/M&E), to be hosted by



ENSEA. Tulane will collaborate with ENSEA and the government of Cote d'Ivoire (GoCI) to evaluate program quality and relevance through regular feedback, to maximize political buy-in for the program, and to define strategies for sustainable funding and management of the MPH/M&E.

Tulane will also collaborate with the MSLS to strengthen the national health information system through:

- The creation and maintenance of an online database gathering the best HIV/AIDS studies.
- The development of a comprehensive GIS tool for HIV/AIDS strategic information.
- The training of a cadre of technicians in the maintenance of both database and GIS.
- Specific training modules in leadership, strategic Planning, and M&E for senior officials of the MSLS.

Vehicles: No vehicles have been or will be bought/leased under this mechanism.

### Cross-Cutting Budget Attribution(s)

Education	100,000
Human Resources for Health	600,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

Impact/End-of-Program Evaluation

### Budget Code Information

<b>Mechanism ID:</b> 6651
---------------------------



<b>Mechanism Name:</b> UTAP-Tulane University (Technical Assistance in Support of the Prime Partner Name: President's Emergency Plan for AIDS Relief )		<b>Prime Partner Name:</b> Tulane University	
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	HVSI	700,000	0

**Narrative:**

Note: To align the UTAP budget and new COP submission cycles, FY 2012 funding will support activities through March 2014.

Building on its ongoing efforts to build capacity of Ivoirian entities in strategic information (SI), Tulane University will use FY 2012 funding to help develop a master's degree program in public health with a concentration in monitoring and evaluation (MPH/M&E), to be hosted by the National School of Statistics and Applied Economics (ENSEA).

Specific objectives for the M&E/MPH program are:

- To develop a bilingual (French/English) curriculum relevant to national, regional, and local needs and priorities in Cote d'Ivoire with regard to SI and health information systems.
- To include the development of an immediately operational SI project by the master's degree candidates as part of their graduating requirements (practicum).
- To be fully certified according to the best standards in International Research Methodology and Development Programs
- To be sustainably funded and managed

In order to achieve these objectives, Tulane will conduct the following activities:

- A) Evaluation of existing international programs in M&E/MPH and review by the steering committee to adjust existing curriculums and formats to the needs and priorities defined for Cote d'Ivoire.
- B) Selection and training of a core faculty pool.
- C) Definition of the M&E/MPH program core competencies, requirements, and scheduling.
- D) Training of a cadre of MSLS and ENSEA managers in academic program development, budgeting, monitoring, and planning.
- E) Curriculum development based on the results of the needs assessment and the evaluation of the specialized training and mentoring activities planned with FY 2011 funding. The curriculum may include epidemiology / biostatistics, disease control, health policy and management, research methods (including qualitative research methods), quality assurance, program M&E, and best practices for human subject research.
- F) Accreditation of the program according to international academic standards.



G) Advertisement of the program and recruitment of a first class of M&E/MPH candidates

Tulane will collaborate with ENSEA and the government of Cote d'Ivoire (GoCI) to evaluate program quality and relevance through regular feedback, to maximize political buy-in for the program, and to define strategies for sustainable funding and management of the MPH/M&E.

Tulane will work to ensure that the MPH/M&E is supported by a distance and IT learning program and fully certified in accordance with international research practices.

Tulane will also collaborate with the MSLS to strengthen the national health information system through:

- The creation and maintenance of an online database gathering the best HIV/AIDS studies.
- The development of a comprehensive GIS tool for HIV/AIDS strategic information.
- The training of a cadre of technicians in the maintenance of both database and GIS.
- Specific training modules in leadership, strategic Planning, and M&E for senior officials of the MSLS.

Tulane will train 15 PEPFAR SI and MSLS staff in data collection and analysis during three 10-day training sessions focused on routine surveillance, early warning systems, and targeted studies.

**Implementing Mechanism Details**

<b>Mechanism ID: 7210</b>	<b>Mechanism Name: Measure Evaluation Phase III (MMAR III GHA-00 8)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 1,100,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,100,000

**Sub Partner Name(s)**

(No data provided.)





**Overview Narrative**

The goal of the project (MMAR III) is to strengthen the health management information system (HMIS) and HIV M&E system of Côte d'Ivoire. Under the leadership of the Ministry of Health and AIDS (MSLS), MMAR III has significantly contributed to the 2010-2014 strategic plan of the ministry's information division (DIPE) and the strategic information (SI) 2011-2015 strategic plan development.

Objectives:

- Improve HIV data quality and management
- Improve SIGDEP(Health system software), functionalities in order to meet key national and international health requirements
- Develop standardized operational procedures document for HIS sustainability
- Strengthen health region M&E units by providing adequate equipment
- Strengthen program managers and policy makers M&E capacity including the increase of information use for decision-making.

In addition, to central level support, the project will:

- Support the regional level by organizing M&E specific trainings based on DQA results, and improve formative supervisions with other IPs.
- Elaborate standardized operational procedure documents for HMIS activities,
- Jointly conduct activities with national institutions to ensure transition of MMAR III interventions to national partners for sustainability.

Project activities will be monitored and evaluated based on indicators selected during quarterly routine supervisions. The project will review routine data quality assessments for the regions and the MSLS.

Vehicles

Through COP11: 2.

New in COP12: 0.

Total for project life: 2

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	325,000
----------------------------	---------

**TBD Details**

(No data provided.)



**Motor Vehicles Details**

N/A

**Key Issues**

Impact/End-of-Program Evaluation

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 7210			
<b>Mechanism Name:</b> Measure Evaluation Phase III (MMAR III GHA-00 8)			
<b>Prime Partner Name:</b> University of North Carolina at Chapel Hill, Carolina Population Center			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	1,100,000	0

**Narrative:**

MMAR III technical assistance (TA) provided to support ministries during past years has strengthened their capacities in terms of data collection and analysis. The Ministry of Health and AIDS (MSLS) has produced its annual HIV reports, including non-health and community-based data, from 2007 through 2010. In 2007, the ministry created an M&E unit at the regional level. The function of this unit is to coordinate the health management information system (HMIS). In addition, this unit is in charge of collecting and analyzing data from districts and ensuring data transmission to central level. It also manages the supply chain of data collection tools within regions.

MMAR III will focus on regional level supervision to address the challenges and expectations to improve data management. This support will be provided through training on M&E specific areas, post training follow-up, drafting specific scope of work based on data produced by the regions, and provide financial support in order to enable health regions to conduct formative supervision. This supervision will help identify any difficulties encountered by health districts and propose solutions. The project will develop a

purchase order with the region according to their scope of work with regard to supervision to ensure financial tracking.

At the end of the process health regions, districts and facilities will dispose of reliable, accurate and complete quarterly reports to improve the quality of services.

MMAR III will assist the MSLS in strengthening the community based information system pursuant to the ministry's new vision, ensure the maintenance of the existing database (MSLS, OVC, and Ministry of Education) and upgrade these tools as needed. Regarding MSLS, the SIGDEP electronic patient tool will integrate specific PMTCT and counselling modules as needed by the National HIV/AIDS Care and Treatment Program.

1) Where additional funding is received from other donors including the host government, the project will work closely with them to expand areas of interventions.

2) The project is targeting MSLS policies stated in national strategic plans which aim to produce timely quality data for decision making.

According to an assessment, field actors still need to be trained in the use of data collection tools, data analysis and information use. Based on the assumption of continued availability of national data collection tools (electronic and paper), MMAR III will provide support to regional M&E units. The content of this technical assistance will cover the following areas:

- Train in M&E specific areas (data collection, management, analysis and information use),
- Post training follow-up,
- Draft a coaching supervision specific scope of work based on data produced by the regions
- Provide financial support in order to have them conduct formative supervision of their district catchment areas.

The regions will be able to conduct formative supervision at district and facility levels so that they can identify data management problems. These difficulties can be solved through on-site training. Regular supervision will increase the commitment of data managers in producing high quality data. All these interventions will lead to data availability. Focus on information use during coordination meetings at regional and district levels will raise data analysis demands.

### Implementing Mechanism Details

<b>Mechanism ID: 7379</b>	<b>Mechanism Name: NIH Fogarty M&amp;E Fellowship</b>
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Contract
Prime Partner Name: National Institutes of Health- Fogarty International Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A



Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 0</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Note: No FY 2012 funding is requested for this mechanism.

Activities funded in previous years will be completed to enhance the ability of PEPFAR implementing partners (IPs) in Cote d'Ivoire to monitor and evaluate their PEPFAR-supported interventions. The objective of this activity is to build national M&E capacity and improve PEPFAR strategic information performance by training IP staff in monitoring and evaluation (M&E), research methods, and epidemiology and biostatistics.

In 2010, nine staff of PEPFAR IPs traveled to Berkeley for an intensive eight-week training program. The program was put on hold in 2011. For greater cost-efficiency, its 2012 edition will be implemented in Abidjan through an Ivorian higher education institute, which will work in collaboration with PEPFAR IP Tulane University (see Tulane narratives about supporting master's level training in strategic information) to achieve synergy and avoid overlap.

Individuals to be trained in 2012 will include staff from national-level organizations and will enhance the ability of these organizations to collect and use strategic information. Trainees will include staff involved in implementing and assessing the impact of PEPFAR activities and will contribute to stronger and more effective surveillance, M&E, and other health information systems critical to assuring the optimal targeting and use of PEPFAR and other resources.

### Cross-Cutting Budget Attribution(s)

(No data provided.)



**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Impact/End-of-Program Evaluation

**Budget Code Information**

<b>Mechanism ID:</b> 7379			
<b>Mechanism Name:</b> NIH Fogarty M&E Fellowship			
<b>Prime Partner Name:</b> National Institutes of Health- Fogarty International Center			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
<b>Narrative:</b>			
<p>Note: No FY 2012 funding is requested for this mechanism.</p> <p>Activities funded in previous years will be completed to enhance the ability of PEPFAR implementing partners (IPs) in Cote d'Ivoire to monitor and evaluate their PEPFAR-supported interventions. The objective of this activity is to build national M&amp;E capacity and improve PEPFAR strategic information performance by training IP staff in monitoring and evaluation (M&amp;E), research methods, and epidemiology and biostatistics.</p> <p>In 2010, nine staff of PEPFAR IPs traveled to Berkeley for an intensive eight-week training program. The program was put on hold in 2011. For greater cost-efficiency, its 2012 edition will be implemented in Abidjan through an Ivorian higher education institute, which will work in collaboration with PEPFAR IP</p>			



Tulane University (see Tulane narratives about supporting master's level training in strategic information) to achieve synergy and avoid overlap.

Individuals to be trained in 2012 will include staff from national-level organizations and will enhance the ability of these organizations to collect and use strategic information. Trainees will include staff involved in implementing and assessing the impact of PEPFAR activities and will contribute to stronger and more effective surveillance, M&E, and other health information systems critical to assuring the optimal targeting and use of PEPFAR and other resources.

### Implementing Mechanism Details

<b>Mechanism ID: 7383</b>	<b>Mechanism Name: Contraceptive Commodities Fund</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Central Contraceptive Procurement	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 655,544</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	655,544

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This contract will provide male and female condoms for use in HIV prevention programs serving MARPs and highly vulnerable populations (people living with HIV and AIDS, commercial sex workers and their clients, military personnel, transportation workers, etc.), who will also be targeted with messages on fidelity and risk reduction. This stock will complement other international donor and national efforts to provide condoms for use in a comprehensive reproductive health commodities strategy by the Ivoirian government. It is designed to avoid a shortfall in condoms, which would impair the sustainability and



effectiveness of HVP programs, with consequences for populations at potentially elevated risk of HIV transmission, who also may serve as transmission bridges to the general population. With separate funding, the PEPFAR team is also supporting technical assistance to strengthen forecasting and management of USG-procured condoms.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Military Population
- Mobile Population
- Safe Motherhood
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 7383			
<b>Mechanism Name:</b> Contraceptive Commodities Fund			
<b>Prime Partner Name:</b> Central Contraceptive Procurement			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	655,544	0



**Narrative:**

This contract will provide male and female condoms for use in HIV prevention programs serving MARPs and highly vulnerable populations (people living with HIV and AIDS, commercial sex workers and their clients, military personnel, transportation workers, etc.), who will also be targeted with messages on fidelity and risk reduction. This stock will complement other international donor and national efforts to provide condoms for use in a comprehensive reproductive health commodities strategy by the Ivoirian government. It is designed to avoid a shortfall in condoms, which would impair the sustainability and effectiveness of HVP programs, with consequences for populations at potentially elevated risk of HIV transmission, who also may serve as transmission bridges to the general population. With separate funding, the PEPFAR team is also supporting technical assistance to strengthen forecasting and management of USG-procured condoms.

PEPFAR works with the National Public Health Pharmacy (PSP), SCMS, and the National HIV/AIDS Care and Treatment Program (PNPEC) to strengthen national capacity to quantify, manage, and distribute commodities necessary to HIV prevention, care, and treatment services. Complementing SCMS procurement of antiretroviral drugs and most other HIV/AIDS-related commodities, this procurement of condoms is in alignment with partner needs to ensure stock levels respond to program reality at the local, district, and national levels. It is imperative that PEPFAR program support a normalized pre-planned schedule of condom purchases along with capacity reinforcement to help integrate these efforts to provide a primary method of protection for sexually active HVP target groups.

Male and female condoms will be acquired through this procurement mechanism to support PEPFAR partners' activities as part of a comprehensive cross-cutting "prevention for positives" program at all service sites where HIV testing is provided (including all counseling and testing (CT), PMTCT, care, and treatment sites) as well as in conjunction with peer outreach targeting highly vulnerable populations of PLWH/A, sex workers, and the military. These activities will complement comprehensive risk-reduction counseling, including within uniformed services and sex worker peer education programs. To address women's control of their own protection, female condoms will be purchased, but in much lower numbers than male condoms.

Previous social-marketing efforts have led to interest in the female condom as an alternative method of protection among commercial sex workers but have not produced a large-scale uptake, broad distribution





network, or reduction in price over time.

The USG country team's procurement focal point will provide overall supervision of the project and will assure liaison with USAID project management staff and technical branch chiefs for prevention and care & treatment. The recipient implementing partners are part of national distribution channels, in collaboration with the National Public Health Pharmacy (PSP), and with technical assistance from SCMS will manage storage and distribution. Partners will estimate their needs according to current and projected client loads. Consumption will be monitored, and orders will be adjusted accordingly.

### Implementing Mechanism Details

<b>Mechanism ID: 7620</b>	<b>Mechanism Name: Macro DHS</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: ICF Macro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 273,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	273,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

ICF Macro provides support to the government of Cote d'Ivoire (GoCI) to conduct its third Demographic and Health Survey (DHS). Data collection will end in March 2012, and preliminary results are expected by July.

The DHS is jointly funded by PEPFAR, the GoCI, UNICEF, UNFPA, the World Bank, and the European Union. PEPFAR funded Macro in COP 2009 to provide technical assistance (TA) to implementers and



support the costs of some field work materials (anthropometrics, anemia testing and blood collection tools). Additional funding in COP 2012 is needed to complete the study because of extensive delays in DHS implementation, due in large part to the 2010-2011 crisis in Cote d'Ivoire, that made it necessary to re-procure some commodities and provide more TA than initially budgeted.

The DHS will provide testing for HIV and other diseases and will provide the first population-based HIV data since a 2005 AIDS Indicator Survey. DHS data will strengthen Ministry of Health and AIDS (MSLS), PEPFAR, and other stakeholder HIV/AIDS programming, implementation, monitoring, and evaluation. In addition to funding, the GoCI provides technical staff, premises, and vehicles for ground work. These local investments and resources from other donors help maximize efficiencies in data collection, documentation, and consultation costs and human resources.

Macro will work closely with the National Statistics Institute (INS) to produce high-quality survey content, reports, and ensure dissemination of results.

Vehicles

No vehicles have been or will be bought/leased under this mechanism.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	20,000
----------------------------	--------

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Malaria (PMI)

TB

Family Planning



### Budget Code Information

<b>Mechanism ID:</b> 7620			
<b>Mechanism Name:</b> Macro DHS			
<b>Prime Partner Name:</b> ICF Macro			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	273,000	0

**Narrative:**

ICF Macro provides support to the government of Cote d'Ivoire (GoCI) to conduct its third Demographic and Health Survey (DHS). Data collection will end in March 2012, and preliminary results are expected by July.

PEPFAR funds Macro to provide technical assistance (TA) to implementers and support the costs of some field work materials (anthropometrics, anemia testing and blood collection tools). Additional funding in COP 2012 is needed to complete the study because of extensive delays in implementation, due in large part to the 2010-2011 crisis in Cote d'Ivoire, that made it necessary to re-procure some commodities and provide more TA than initially budgeted.

Building on FY2010-11 preparatory activities and strategic information support provided to the Ministry of Health and AIDS (MSLS), the National Institute of Statistics (INS), and other steering committee members, Macro in 2011 worked to re-launch the crisis-stalled study by mapping and listing 352 selected clusters/locations, training data collectors, pre-testing questionnaires, conducting planning workshops with health authorities, etc.

In collaboration with the MSLS, INS, National Vaccination Program, National Laboratory of Public Health, and National Malaria Control Program, Macro will continue to provide TA and oversight for data collection, which is expected to be completed in March 2012; data cleaning, which is ongoing; and data analysis and reporting. To provide capacity building for national counterparts, Macro will work closely with the national and core teams to strengthen skill levels to conduct survey analysis that will feed into the preliminary DHS reports, including the HIV module. A technical workshop will be convened to further mentor and support the national institutions involved in the survey and to share lessons learned.

A key component of the report writing workshop will be to launch results and share learning from the DHS experience and discuss approaches for strengthening the national program monitoring system. The infrastructure and partnership resulting from the performance of the DHS 2011-2012 will be an

opportunity for local ownership and replication of practices identified as effective for future surveys. Provincial seminars will also be organized in each of the capitals of the survey's 10 regions, in order to present the regional results to local authorities.

The implementing partner for the HIV testing part of the DHS, ACONDA, will receive TA to help ensure that resulting data is reliable and available in keeping with the agreed-upon schedule. All survey participants who agree to be tested will receive their results, and a community health worker and testing coordinator team will oversee the counseling and care referral components of the activity.

Three reports (French/English) will be written based on results from the DHS: a preliminary report on the main results of the survey, a final report, and a summary report. Macro will work closely with the INS to produce high-quality survey content and ensure dissemination of results.

The INS will undertake further analyses on themes of national interest in collaboration with Macro.

### Implementing Mechanism Details

<b>Mechanism ID: 9390</b>	<b>Mechanism Name: Healthcare Improvement (HCI) project (GHN-I-00-07-00003-00)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 0</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

No FY 2012 funding is requested for this mechanism.



URC will use FY 2011 funding in the MTCT, HTXS, HLAB budget codes to carry out activities remaining in its work plan designed to build the capacity of the Ministry of Health and AIDS (MSLS) to improve and monitor quality in HIV/AIDS prevention, care, and treatment activities at its health facilities.

#### Vehicles

- Through COP11: 3
- New requests in COP12: 0
- Total planned vehicles for life of mechanism: 3

#### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

#### **TBD Details**

(No data provided.)

#### **Motor Vehicles Details**

N/A

#### **Key Issues**

Increasing gender equity in HIV/AIDS activities and services  
Child Survival Activities  
Military Population  
Mobile Population  
Safe Motherhood  
TB

#### **Budget Code Information**

<b>Mechanism ID:</b> 9390
---------------------------



<b>Mechanism Name:</b> Healthcare Improvement (HCI) project (GHN-I-00-07-00003-00)			
<b>Prime Partner Name:</b> University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0
<b>Narrative:</b>			
<p>No FY 2012 funding is requested for this mechanism.</p> <p>URC will use FY 2011 funding to carry out activities remaining in its work plan designed to build the capacity of the Ministry of Health and AIDS (MSLS) to improve and monitor quality in HIV/AIDS prevention, care, and treatment activities at its health facilities.</p> <p>In the HLAB budget code, URC will:</p> <ul style="list-style-type: none"> <li>-Organize a workshop for the validation of the national accreditation guide, accreditation tools, evaluation tools and coaching. This accreditation guide is currently being elaborated.</li> <li>-Organize a workshop for the validation of a monitoring plan.</li> <li>-Train laboratory chiefs involved in documentation (procedures, instruction, operational mode, etc)</li> <li>-Organize coaching visits to sites involved in the quality improvement and accreditation processes</li> <li>-Conduct lab assessments</li> <li>-Organize a workshop for the presentation of the program results</li> <li>-Train 12 evaluators for CRESAC (responsible for national lab accreditation)</li> <li>-Organize a thematic workshop for the implementation of laboratory accreditation standards</li> <li>-Strengthen CRESAC technical capacities</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	0	0
------------	------	---	---

**Narrative:**

No FY 2012 funding is requested for this mechanism.

URC will use FY 2011 funding to carry out activities remaining in its work plan designed to build the capacity of the Ministry of Health and AIDS (MSLS) to improve and monitor quality in HIV/AIDS prevention, care, and treatment activities at its health facilities.

In the MTCT budget code, URC will:

- Organize three learning sessions for 61 PMTCT sites
- Perform three coaching visits to 61 PMTCT sites
- Set up a team of experts on community activities contributing to quality improvement for PMTCT
- Assess community activities contributing to quality improvement for PMTCT
- Organize meetings for the definition of community activity standards
- Organize a meeting of community workers to review the standards
- Test the community activities standards
- Organize a workshop for the validation of the community activity standards

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

**Narrative:**

No FY 2012 funding is requested for this mechanism.

URC will use FY 2011 funding to carry out activities remaining in its work plan designed to build the capacity of the Ministry of Health and AIDS (MSLS) to improve and monitor quality in HIV/AIDS prevention, care, and treatment activities at its health facilities.

In the HTXS budget code, URC will:

- Organize two ART learning sessions and conduct two coaching visits to 79 ART sites
- Conduct a study on ART retention
- Train staff of PEPFAR partner in quality improvement
- Organize three learning sessions for 15 pharmacy “collaboratives”
- Organize three coaching visits



- Organize a workshop for the validation of good practices in the area of pharmacy
- Provide two days training in quality process to 10 regional directors
- Provide two days training in quality process to 20 health districts chiefs
- Provide three days training in technical assistance to quality process to 20 regional coaches
- Collect on a monthly basis onsite data related to quality activities
- Produce quarterly reports on quality activities at the regional level
- Set up a team on care of persons living with HIV/AIDS (PLWHA)
- Evaluate activities of care of PLWHA
- Organize meetings for the definition of standards for care of PLWHA
- Organize a meeting for treatment health staff to review the standards
- Test the standards
- Organize a workshop for the validation of the standards
- Organize a workshop for the integration of quality into the National HIV/AIDS Care and Treatment Program (PNPEC)
- Organize three meetings for the follow-up of activities related to activities connected to quality in PNPEC programs
- Evaluate the level of implementation of the quality in HIV programs in Cote d'Ivoire
- Elaborate a toolkit for improving the quality of HIV programs

### Implementing Mechanism Details

<b>Mechanism ID: 9396</b>	<b>Mechanism Name: Supply Chain Management System</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 40,957,408</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	40,957,408





## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management. As PEPFAR-supported HIV/AIDS prevention, care and treatment programs scale up, SCMS procures most PEPFAR drugs, lab supplies, and other commodities, which are delivered (along with other donor procurements) to the Public Health Pharmacy (PSP) for storage and distribution within the national supply chain.

A critical component of SCMS support is strengthening the data-management and leadership capacities of the Ministry of Health and AIDS (MSLS) to enable it to play its national oversight role more effectively. SCMS works to ensure that regular and accurate commodities data and analyses are available to inform all stakeholders and empower the MSLS to make evidence-based decisions.

SCMS is continuing its TA to strengthen the institutional capacity of the PSP and of health districts and HIV/AIDS care and treatment sites to improve the management of drugs and commodities. SCMS provides ongoing technical and management support to HIV/AIDS supply-chain coordination at the central and district levels to build capacity of national counterparts in quantification, information systems, warehousing, and waste management.

Vehicles:

- Through COP11: 2. (Two other vehicles were transferred from another partner to SCMS.)
- New requests in COP12: 0
- Total planned vehicles for life of mechanism: 2

## Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,880,000
----------------------------	-----------

## TBD Details

(No data provided.)



## Motor Vehicles Details

N/A

## Key Issues

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Military Population

Mobile Population

Safe Motherhood

TB

Workplace Programs

## Budget Code Information

<b>Mechanism ID:</b> 9396			
<b>Mechanism Name:</b> Supply Chain Management System			
<b>Prime Partner Name:</b> Partnership for Supply Chain Management			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0
<b>Narrative:</b>			
<p>Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.</p> <p>SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.</p> <p>In the HBHC budget code, SCMS will use pipeline funding to procure and deliver a standard package of palliative care materials for an FY 2013 target of 191,100 adult HIV patients (and 18,900 pediatric patients, funded through pipeline funds in PDSCS) to the Public Health Pharmacy (PSP) central warehouses and ensure pre-arranged distribution planning for incoming orders to facilitate in-country management. PSP and the National HIV/AIDS Care and Treatment Program (PNPEC) with SCMS support will ensure that a rational distribution plan is pre-calculated for each site based on prior consumption and reviewed at least quarterly using client data and physical inventory spot-checks.</p>			



With FY 2012 funding, SCMS will procure cotrimoxazole to cover all identified ART patients and non-ART patients who should receive cotrimoxazole prophylaxis according to national guidelines.

SCMS is procuring water purification systems (LifeStraw) with COP 2011 funds. These will be piloted and evaluated before additional orders are considered.

SCMS will continue procuring reagents and consumables for biological monitoring for pre-ART patients.

SCMS will support care and treatment programs by procuring reagents and consumables to support diagnosis of STIs, TB, and opportunistic infections.

SCMS will continue to support the PSP, PNPEC, and other Ministry of Health and AIDS (MSLS) divisions to improve the quality, accuracy, and frequency of commodities forecasting, in conjunction with PEPFAR implementing partners, the Global Fund, and other donors.

Following national directives from the MSLS, all incoming commodities will be delivered to PSP-CI, which will ensure delivery to sites. The monitoring and evaluation of these commodities to each service site will be done in conjunction with PNPEC and PSP-CI.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the PDCS budget code, SCMS will use pipeline funding to procure reagents and consumables for HIV biological monitoring for 18,900 pre-ART pediatric patients by September 2013, as well as reagents and consumables for early infant diagnosis tests for 10,000 children of HIV-positive mothers. SCMS will procure cotrimoxazole for all pediatric patients (on ART and pre-ART) eligible under national guidelines. SCMS will support the PSP, National HIV/AIDS Care and Treatment Program (PNPEC), and other Ministry of Health and AIDS (MSLS) divisions to 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.

SCMS will continue to support the PSP, PNPEC, and other Ministry of Health and AIDS (MSLS) divisions to improve the quality, accuracy, and frequency of commodities forecasting, in conjunction with PEPFAR implementing partners, the Global Fund, and other donors.

Following national directives from the MSLS, all incoming commodities will be delivered to PSP-CI, which

will ensure delivery to sites. The monitoring and evaluation of these commodities to each service site will be done in conjunction with PNPEC and PSP-CI.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,297,408	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the HLAB budget code, SCMS will use FY 2012 and pipeline funding to procure laboratory equipment to support new laboratory sites and to replace existing equipment that is frequently breaking down, was damaged during the recent civil war, or is not included in the standard list.

SCMS will also procure 93 PIMA CD4 machines, recently evaluated by CDC/Retro-CI, for pilot use in PMTCT sites.

SCMS will also provide technical assistance for lab harmonization. SCMS will continue to work with the Ministry of Health and AIDS (MSLS) division for infrastructure and maintenance (DIEM), the National HIV/AIDS Care and Treatment Program(PNPEC), and Lab Technical Working Group to advocate for donor agreement on national guidelines and to disseminate lab harmonized/standardized guidelines in 80% of ART sites.

SCMS will provide technical assistance for lab equipment maintenance. Based on results of an equipment maintenance assessment , SCMS will work to build the capacity of the DIEM to manage lab equipment maintenance in health care sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	610,000	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting, reporting, and management.

In the HVSI budget code, SCMS will use FY 2012 and pipeline funding to work with PEPFAR implementing partners and national entities to improve the quality of data collected on a routine basis in sites serving 80% of patients on ART. Quarterly supervision will be conducted with SCMS support. In collaboration with Measure Evaluation, SCMS will improve the functionality of the SIGDEP electronic tool to provide reliable, timely ARV/lab logistics data.

SCMS will assist with the integration of the MACS/SAGE warehouse information tool to improve the performance of the Public Health Pharmacy (PSP), especially in terms of warehouse management and distribution.

SCMS will work closely the PSP, the National HIV/AIDS Care and Treatment Program (PNPEC), and other Ministry of Health and AIDS (MSLS) divisions to strengthen routine data collection, analysis, and use for supply chain decision making.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,330,000	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the OHSS budget code, SCMS will use FY 2012 and pipeline funding to provide technical assistance for:

**Quantification:** SCMS will provide short-term technical assistance to build capacity of the national quantification committee and transfer quantification skills to national counterparts in a quantification tool training and annual quantification for ARVs and lab commodities.

**Procurement:** In response to a human resource capacity development assessment, SCMS will help develop and implement a training plan for the PSP procurement team and the Ministry of Health and AIDS (MSLS) pharmacy and medicines division (DPM) staff.

**Storage and distribution:** SCMS will work to strengthen warehousing infrastructure at PSP by finalizing and validating technical specifications and procuring and installing warehouse equipment.

Waste management: SCMS will provide technical assistance to MSLS units to develop, validate, and disseminate a national policy and standard operating procedures for management of expired pharmaceuticals and laboratory waste, and to monitor and evaluate their implementation.

SCMS will continue to support effective coordination within the national procurement system, with strong involvement of the regional level, roll-out of the automated version of the logistics management information system, implementation of the recommendations of the situational analysis on equipment maintenance, continuation of the implementation of the integrated solution for the PSP information system, and support for improving storage and distribution systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the HMIN budget code, SCMS will procure safety boxes with pipeline funding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	3,770,000	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the HVCT budget code, SCMS will use FY 2012 and pipeline funding to procure HIV rapid test kits (RTKs) and lab consumables for PEPFAR implementing partners and other partners, based on a projected 1,150,000 individuals to be tested during FY 2013.

SCMS will send all commodities to the Public Health Pharmacy (PSP) central warehouse and ensure prearranged distribution planning for all incoming orders to facilitate in-country management. SCMS will support the PSP, the National HIV/AIDS Care and Treatment Program (PNPEC), and other Ministry of

Health and AIDS (MSLS) divisions to 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 provide technical assistance to support the PSP, PNPEC, and MSLS division for information (DIPE) to continue improving the quality, accuracy, and frequency of testing commodities forecasting. SCMS will provide technical assistance to improve the capacity of the national institutions to conduct efficient lab quantification processes by Sept 2013.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	620,000	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the MTCT budget code, SCMS will use FY 2012 and pipeline funding to procure HIV rapid test kits and lab consumables for a targeted 378,000 pregnant women to be tested in FY 2013, with appropriate care and ARV prophylaxis for 11,000.

SCMS will procure 93 PIMA CD4 count machines (funded in HLAB) for pilot use in PMTCT sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	30,700,000	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the HTXD budget code, SCMS will use FY 2012 and pipeline funding to procure and deliver ARVs for a targeted 95,000 adults and children on ART as of September 2013, plus two months of buffer stock as the country begins to implement new WHO treatment guidelines.

SCMS will support the Ministry of Health and AIDS (MSLS) supply chain technical lead to strengthen the national supply chain. SCMS will work to build the skills of the national quantification committee on



forecasting ARV needs. SCMS procures first- and second-line FDA-approved or FDA- and WHO-prequalified ARVs. The forecast is based on national standard treatment guidelines. Generics represent 94% of the total quantity and 75% of the total value.

SCMS will reduce shipment fees by prioritizing sea and road transportation instead of air shipments. SCMS will deliver procured drugs to the Public Health Pharmacy (PSP) central warehouses and ensure pre-arranged distribution planning for incoming orders to facilitate in-country management. PSP and the National HIV/AIDS Care and Treatment Program (PNPEC) with SCMS support will ensure that a rational distribution plan is pre-calculated for each site based on prior consumption and reviewed at least quarterly using client data and physical inventory spot-checks.

To avoid ARV stockouts, SCMS will (i) support the PSP to conduct bi-annual supervisions of ARV logistics management information system (LMIS) users, (ii) coordinate with PEPFAR implementing partners for training, coaching, and supervision of ARV LMIS users. M&E strategies for data quality will include assessing data received at the central level through the ARV LMIS and during the supervisions, while ensuring feedback to reporting sites.

To contribute to improving the PSP distribution system, SCMS will advocate for a feasibility study on outsourcing the drug distribution system.

SCMS will support supervision activities focused on the sites covering 80% of patients receiving ART.

SCMS will support the Ministry of Health and AIDS (MSLS) Directorate of Health (DGS) to take the lead to implement an integrated supervision tool for routine data collection to inform forecasting exercises.

The DGS will collaborate with the PSP, the National HIV/AIDS Care and Treatment Program (PNPEC), the MSLS information division (DIPE), and other MSLS divisions to supervise decentralized activities under the leadership of the regional and district health directors. SCMS will support training for pharmacy managers on the LMIS for ARVs and opportunistic infection drugs to improve reporting.

An important goal of SCMS capacity building for MSLS units and the PSP is to reduce the need for active data collection by obtaining reliable, complete, timely data on a routine basis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,630,000	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the HTXS budget code, SCMS will use FY 2012 and pipeline funding to procure and deliver reagents and consumables for HIV biological monitoring for 86,450 adult ART patients (along with 8,550 pediatric



patients, funded with pipeline funding in PDTX) by September 2013. SCMS will also procure reagents and consumables to support training of lab technicians at the national training school (INFAS). SCMS will ensure that a rational distribution plan is pre-calculated for each site, based on prior consumption data, and validated at least quarterly using client data and physical inventory spot-checks.

SCMS will provide technical assistance for:

Lab logistics management information system (LMIS): To avoid lab commodities stockouts, SCMS will (i) support the PSP to conduct biannual supervision of Lab LMIS users, (ii) coordinate with PEPFAR implementing partners for training, coaching, and supervision of Lab LMIS users.

M&E strategies for data quality will include assessing data received at the central level through the Lab LMIS and during supervisions, while ensuring feedback to reporting sites.

By September 2013, with the support of SCMS, the Lab LMIS will be fully implemented in the majority of HIV testing and lab monitoring sites. Lab LMIS users will be regularly supervised by PSP pharmacist supervisors and regional and district health directors according to a national supervision plan. Once the transition plan is developed and fully implemented, national counterparts will take ownership of training, supervision/coaching, and full implementation of Lab LMIS nationwide.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0

**Narrative:**

Please note that this mechanism's COP 2012 funding request takes into account about \$11.5 million in pipeline, across various budget codes.

SCMS is the procurement agent for PEPFAR-funded drugs and commodities in Cote d'Ivoire and the principal provider of technical assistance (TA) for the HIV/AIDS commodities supply chain, especially for forecasting and management.

In the PDTX budget code, SCMS will use pipeline funding to procure reagents and consumables for HIV biological monitoring for 8,550 pediatric patients on ART by September 2013.

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.

SCMS will provide technical assistance for:

Lab logistics management information system (LMIS): To avoid lab commodities stockouts, SCMS will (i) support the PSP to conduct biannual supervision of Lab LMIS users, (ii) coordinate with PEPFAR implementing partners for training, coaching, and supervision of Lab LMIS users.

M&E strategies for data quality will include assessing data received at the central level through the Lab



LMIS and during supervisions, while ensuring feedback to reporting sites. By September 2013, with the support of SCMS, the Lab LMIS will be fully implemented in the majority of HIV testing and lab monitoring sites. Lab LMIS users will be regularly supervised by PSP pharmacist supervisors and regional and district health directors according to a national supervision plan. Once the transition plan is developed and fully implemented, national counterparts will take ownership of training, supervision/coaching, and full implementation of Lab LMIS nationwide.

### Implementing Mechanism Details

<b>Mechanism ID: 9401</b>	<b>Mechanism Name: CoAg Ministry of Education #U62/CCU24223</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of National Education, Côte d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 750,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	750,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

USG support to the Ministry of Education (MEN) aims to help reduce the prevalence of HIV/AIDS in schools, through prevention interventions targeting small groups. Proposed activities will use approaches for those infected and/or affected by HIV/AIDS that are evidence-based and meet minimum standards with a view to provide services to 360,500 individuals, provide psychosocial care, nutritional support, and/or schooling to 1,250 PLWHIV, as well as school-based assistance to 40,000 OVC. When identified, eligible cases will be referred to clinical or other services that fall outside of the priority areas of this activity.



During FY 2012, the MEN plans to strengthen the quality, supervision and evaluation of prevention and care activities in order to develop students' decision-making skills to resist pressures and to enable teachers and other Ministry staff to adopt/model responsible behaviors. The project's objectives are to expand the systematic implementation of life skills education, provide coordination for OVC services at school to help them graduate and continue integration of appropriate OVC training modules in the primary school teacher training center (CAFOP) curriculum. The MEN will continue to support teachers to build their capacities in education, outreach and referral services for OVC and their families. A committee will be formed to continue these efforts and document results achieved by the end of the PEPFAR-supported project.

Vehicle

Through COP 11: 1

In COP12: 0

Total for life of mechanism: 1

**Cross-Cutting Budget Attribution(s)**

Education	457,000
Gender: Reducing Violence and Coercion	82,000
Water	33,000

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection  
 Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b> 9401			
<b>Mechanism Name:</b> CoAg Ministry of Education #U62/CCU24223			
<b>Prime Partner Name:</b> Ministry of National Education, Côte d'Ivoire			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,000	0

**Narrative:**

As part of national priorities for care and support, the MEN strives to utilize a holistic approach to care and support and provide an integrated package of quality services, from HIV counseling and testing entry point through prevention activities and for others during the period of enrollment in care or into ART. PLWHAs will receive peer support in the community from Quitus (NGO for teachers living with HIV), SSSU and other structures of care. MEN's approach is based on establishing a link between clinical care and support provided by the medical staff of SSSU, care and community support provided by the members of Quitus.

The Ministry of Education will support Quitus in the implementation of its activities and the capacity building of its members in palliative care, positive prevention and development of PLWHA support groups. These activities will involve collaboration with the PNPEC, MLS and HOPE-CI. At some level, organizational development and assistance with Quitus strategic and operational plans will be supported where deficiencies are identified to strengthen the local NGO's governance and financial systems.

Core staff and resources of QUITUS in collaboration with school health committees will continue to educate teachers and other staff on the importance of counseling and testing (early detection) and provide information on where and how to access these services. Information on where to receive multiple services and site locations will be shared to help coordinate appointments and ease times that clients can be seen when possible. OVC identified during the home visits by members of Quitus will be referred to social workers of MEN and other local structures (churches, CBO/CBOs) in order to receive the necessary support. Based on need, select PLWHIV will also receive drinking water supply through the distribution of aquatabs that will enable them to purify drinking water.



Strengthening the referral framework counter-referral processes between Quitus and PNSSU and other health facilities, will improve the quality of life of PLWHA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	0

**Narrative:**

The objective is to support 40,000 OVC by 2013.

To achieve this goal beyond the project, the Ministry of Education was involved in the care of OVC by providing them with school kits for each school year. For the school year 2011-2012, the MEN will support 20 000 OVC (any category) by providing school kits.

It should be noted that in addition to school kits, these children will receive, psychological support. These OVC are identified by all regional offices (DREN) involved. The identification data are then sent to the Finance Department of the Ministry in charge of planning support. So for the school year 2011-2012, the target to support 20,000 OVC was set after this identification process.

Concerning the OVC due to HIV, the lists are then cross-checked with those of the platforms to avoid any duplication on the one hand and, a survey of data reliability is conducted in the other hand by social workers.

In this area, coaching, supervision and evaluation of the activities implemented by field actors are scheduled under Cop 2012.

The support to OVC at school will continue on the 12 former sites (Abobo, Yopougon, Abengourou, Daloa, Dimbokro, San Pedro, Yamoussoukro, Bondoukou, Bouaké, Korhogo, Man, Agboville) and extend to 5 new sites (Dabou Adzopé, Gagnoa, Daoukro, Katiola) which will make a total of 17 sites, with coordination provided through the collaboration of platforms supported by the PNOEV and based at community centers.

The Ministry of Education will continue to focus on the provision of academic and psychological supports. Other services for the retention of OVC in the school system will be done by the MEN. To this end, the framework of collaboration with the national school canteen, the DPFC, the SNAPS COGES and DMOSS will be strengthened to provide better food support.

To reduce the vulnerability of OVC, social workers and child care workers employed by the MEN will



work with NGOs platforms for service delivery and monitoring of progress made by the OVC in school. These actors of implementation will benefit from capacity building for care and support of OVC by improving the quality of services for the OVC at school to provide and improve quality services to them. The MEN will also work in collaboration with other service to provide care for OVC, VCT and health facilities to implement an effective system for identification of OVC. It also intends to participate in outreach activities in collaboration with other partners in the fight against vulnerability suffered by OVC, especially girls who may be at risk of intergenerational and transactional sex practices. The Ministry of Education distributes school kits to all students and priority for OVC identified. Thus, for the school year 2011- 2012, 20,000 school kits are distributed by the MEN to OVCs.

For meals, the Government intends to set up canteens in all schools and the Department of canteens in schools plans to support all OVC in school.

20 000 OVC will be covered by the FTI (Fast Track Initiative) in access to education.

Success for us is the fact that the Government takes the responsibility to grant each academic year a school kit for each OVC identified. We will do more advocacies to increase the commitment of the MEN in the care of OVC

After starting the integration of OVC curricula in the FY11, for the CAFOP, the MEN intends in FY 12 to extend this integration to the ENS.

Assessments of the quality of services will be conducted, coaching an

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	400,000	0

**Narrative:**

Building on 2011 achievements, under the leadership of four joint supervisors, MEN will expand its training of 25,600 teachers, which is a third of the total number of teachers in Ivory Coast and increase HIV/AIDS prevention learning among primary and secondary school-aged children. The MEN project will continue the Life Skills education program in 26 geographical areas: APFCs in Abidjan 1, 2,3,4, Agboville, Adzopé, Yamoussoukro, Abengourou, San pédro, Bouaké, Bondoukou, Daloa, Gagnoa, Dimbokro, Korhogo, Divo, Man, Katiola, Boundiali,Guiglo,Touba, Séguela, Bouaflé, Odienné, Dabou, and Aboisso. Support in training methodologies and educational materials will be made available to teachers to conduct interactive lessons integrating Life Skills content into selected subject areas. The Ministry will continue to process of integration of these updated tools into the national curriculum promoting AB.

The target population of students from the primary school (CM) to secondary school is age: 10-14; 15 and older. The secondary beneficiaries are teachers who will be equipped to deliver the Life Skills sessions. Some youth that are 20 or older may be reached through community awareness sessions such as activism days organized in several schools and other group exchanges about the benefits of abstinence and delaying the start of sexual experimentation until marriage.

In collaboration with Measure Evaluation, the MEN has developed an M&E procedures manual. Based on this resource, the Ministry of Education will continue to track progress and make improvement in the its M&E system.

Activities of coaching, supervision, evaluation of class responses and learnings will provide a valuable source of feedback. Special attention will be placed on areas severely affected, due to the sociopolitical unrest, where the program can now be tailored to address staff shortages and students' needs. To help institutionalize the approach to be sustained over time, the MEN intends to involve the Ecole Normale Supérieure of Abidjan (ENS) in its plans to introduce Life Skill curricula into other teachers' trainings courses.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

**Narrative:**

Geographic areas targeted for condom and other prevention interventions include 19 Regional Education Offices (DREN) in Abengourou, Aboisso, Abidjan (1, 2, 3, 4), Adzopé, Bondoukou, Bouaké (1 and 2), Dabou, Daloa, Dimbokro, Divo, Gagnoa, Korhogo, Man, San Pedro, Yamoussoukro, in collaboration with other Ministry departments (DMOSS, DPFC, DESAC, DECO, DELC, DOB, DIPES, DRH, DAF) and the other 11 linked services (SCA, CRIMEN, SNAPS COGES, SAPEP, CABINET, CN Unesco, SNCS, CGES, SAA, BEP).

Based on the ABC approach and other means of prevention, information, education and access to contraception will benefit young people (of 15 years old and older), the teachers and other staff of the Ministry of Education. The DREN and the Ministry's Department focal points in areas above will receive condoms with plans for distribution channels to 48 sites, under overall coordination of the Ministry of Education. Other PEPFAR-funded partners involved in care and support for adults and OVC and the PNSSU will be involved in sensitization activities which provide opportunities to reinforce complementary messages and link those in need of these services.





In order to roll out existing approaches effectively, the MEN will coordinate supervise implementing partners, and conduct assessments of the program. In collaboration with EngenderHealth, program inputs will continue to strengthen MAP activities at the old sites such as Divo, Gagnoa and Adzope. The MEN will carry out the training of a pool of 45 trainers which will include 35 trainers positioned at the decentralized levels of the MEN (DMOSS) in addition to reaching parents and student populations. These peer-educators will play a critical role in outreach activities. Plans to raise community and household awareness about the need to stop violence against girls specifically, with the support of IRC, will be implemented in the regions of Man, Bouake and Yamoussoukro. Another related partnership underway is with UNFPA for the provision of awareness-raising materials for combating gender-based violence and expanded use of reproductive health activities in partnership with PNSSU as well.

Strategies for improving the quality of services will be linked to feedback taken from clients that seek testing and counseling services during the period of sensitization activities; and self-reports of use of condoms through 1-1 interviews and group exchanges. A renewed focus on revitalization of school health committee and the imbedding of the prevention approaches into structures of the MEN will help facilitate a longer term sustainable response to positively impact pregnancy and STI rates.

**Implementing Mechanism Details**

<b>Mechanism ID: 9415</b>	<b>Mechanism Name: FHI New CDC TA Mech (UTAP follow-on)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 2,250,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	2,250,000

**Sub Partner Name(s)**

Custom



(No data provided.)

**Overview Narrative**

Note: To align the UTAP budget and new COP submission cycles, FY 2012 funding will support activities through March 2014.

The project’s goal is to strengthen the Ivorian health and social systems by increasing the capacity of the government of Cote d’Ivoire (GoCI) to improve access to and quality of services for STI/HIV/AIDS prevention, care and treatment.

The objectives are to improve capacities of:

- GoCI and civil society to develop HIV/AIDS prevention standards  
?local, regional and national health facilities and community programs for STI/HIV/AIDS care, treatment, and support interventions
- GoCI and key stakeholders on strategic information

Target populations include the Ministry of Health and AIDS (MSLS), GoCI social centers, civil society, sex workers, men who have sex with men, prisoners, OVC, and women.

Working at the national level and in seven regions, strategies focus on implementing operational plans based on capacity and gap analyses to strengthen key national programs/departments; increasing technical and organizational capacities of key partners; meeting operational plan milestones for national leadership; and working with the GOCI to develop key national reference documents.

M&E strategies

- ? Strengthen GOCI and other partners’ capacities in monitoring interventions at central, regional and peripheral levels
- ? Document best practices and lessons learned with key stakeholders;

- Measure performance, quality of services, and data quality of national programs and networks of NGOs

? Develop operations research projects to build the evidence base

Vehicles: Through COP 11: 1. New requests in COP12: 1. This vehicle (\$54,433) will be used to coordinate interventions. Total for live of project: 2.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	595,000
----------------------------	---------

**TBD Details**

(No data provided.)



**Motor Vehicles Details**

N/A

**Key Issues**

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's legal rights and protection
- Mobile Population
- Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b> 9415			
<b>Mechanism Name:</b> FHI New CDC TA Mech (UTAP follow-on)			
<b>Prime Partner Name:</b> FHI 360			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

**Narrative:**

FHI360 will:

- Continue to strengthen the national coordination of care and support, in collaboration with Ministry of Health and AIDS (MSLS) divisions (DGLS, DGS, DSC, PNPMT, PNPEC) through bi-annual meetings in order to reinforce coordination at national levels.
- Provide technical support to the National HIV/AIDS Care and Treatment Program (PNPEC) to organize annual assessment workshops regarding care and support to share best practices.
- Participate in the quarterly meetings of the TWG for care and support to improve quality of service delivery.
- Provide support for quarterly meetings in Bas-Sassandra, Lacs and Fromager to harmonize

interventions and to share best practices.

**Promotion of care and support**

Under the leadership of MSLS, FHI360 will contribute to the organization of African Days of Traditional Medicine in order to highlight and to promote the integration of HIV/AIDS care and support interventions. In collaboration with PNPEC and other MSLS divisions, FHI360 will support national networks in the HIV/AIDS fight (COSCI and RIP+) to continue advocacy and sensitization of regional leaders, health and community workers on care and support including PwP, in the framework of continuum of care in 3 other regions.

**Strengthening care and support demonstration center**

After the establishment of a care and support demonstration center, FHI360 will continue to assist PNPEC to ensure effective implementation of care and support in this center.

Students at national training schools for health and social workers (INFAS and INFS) will be sent to the care and support demonstration center for a practical training in order to complete their ability to address this program area. PNPEC will facilitate students' and health and community workers' access to the center for a teaching practice in care and support.

**Revision of national care and support document**

FHI will support MSLS in the process about updating the community sector documents. FHI360 will support MSLS to disseminate the national Care and support guidelines document for health providers.

**Strengthening national M&E system**

FHI360 will

- Support individual tracking system in the care and support demonstration center in order to avoid double counts, to facilitate investigation of lost-to-follow up clients and improve data quality. Every PLWHA will be tracked from the demonstration center to their home by community workers. This approach will facilitate better follow up of PLWHA and their families including PwP.
- Support the MSLS and health districts to set up a system to document references from traditional care givers (TCG) to health care services in Bas-Sassandra, Lacs and Fromager. TCG of these regions will be sensitized and trained to refer clients.

Assist PNPEC to organize bi-annual joint supervisions with key partners to improve the quality of service delivery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0

**Narrative:**

FHI360 will continue to reinforce the 4 social centers (Yamoussoukro, San Pedro, Dimbokro and Bongouanou) where capacity assessment was conducted in 2011. Thus, FHI360 will contribute to take up key challenges regarding –i)-effective operational coordination of social centers' activities (including partners' interventions) –ii)-accessibility improvement to Quality services delivery by social centers and partners at departmental level and for OVCs and other vulnerable populations.

Strengthen technical and organizational capacities of Yamoussoukro, San Pedro, Dimbokro and Bongouanou social centers

In collaboration with the National OVC Program (PNOEV), FHI360 will assist these 4 social centers to develop their 2012 operational plan. This plan is important to appreciate the quality of services delivered in terms of level of realization. The social center' actors will be coached in the implementation of this plan. In addition, FHI360 will provide the social center actors with appropriate techniques in resource mobilization at district and regional levels.

FHI360 will also support social centers' coordinating meetings, including OVC program area. This support will enable social centers to effectively implement their consolidated action plans. The level of implementation of these plans will be evaluated during the monthly meetings with all the technical human resources

Strengthen Social centers partners activities

FHI360 will provide

- Assistance to social centers for the organization of regular platform meetings in order to improve quality of services targeting OVC and other vulnerable people,
- monthly support to social centers to coordinate key partners' activities concerning trainings, reference and counter reference, data management and quality service interventions.

Moreover, FHI360 will support social centers' activities in the community in collaboration with GCS: Ex: advocacy, community mobilization, resources mobilization, case resolution/conflict, OVC integration, fight against stigma and discrimination.

Strengthen social centers data management and best practices documentation

FHI360 will provide technical assistance to Social centers for data management at the local level. Thus, FHI360 will coach socials centers' M&E staff in order to improve data collection, analysis, reporting and transmission at regional and national levels. This assistance will focus on data quality control for better strategic and operational decisions.

FHI360 will assist social centers' staff for best practices, success stories and abstract documentation methodologies. This process will be implemented through quarterly coaching.

Strengthen regional coordination of social centers' interventions

FHI360 will support regional offices in their role of coordination, planning, supervision/coaching, monitoring and evaluation of social centers' activities. For this purpose, FHI360 will provide technical assistance to regional office staff to carry out quarterly field visits in order to strengthen social centers'

staff ability for better coordination of activities and quality delivery of services. .

Participate national coordination of interventions towards OVC

FHI360 will participate in OVC partners' technical meetings to harmonize interventions, assess progress, share experience and improve care and support for OVC and their families.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	600,000	0

**Narrative:**

With COP12 funding, FHI360 will continue to assist MSLS divisions and at least one national network to improve coordination of their activities. FHI360 will support the MSLS HIV directorate (DGLS) to update its 2 year capacity building plan. FHI360 will support the DGLS with the development of a guidelines manual for HIV/AIDS interventions. The manual will provide clear guidelines and explanations about coordination, planning, monitoring and evaluation at the central, regional, and district levels This will be disseminated. FHI360 will also support:

- The DGLS to assess blockages ensure planning, and documentation to strengthen national coordination.
- The production of a repertoire of all HIV/AIDS-related TWGs, with TORs and focal point.

FHI360 will continue to assist the DGLS about:

- Using the IRIS coordination model, which has been well received in pilot of 4 departments.
- Presenting the IRIS model to other donors/actors, and consider adopting it as national harmonized tool.

FHI360 will also support the DGLS to train at least 4 trainers in each health district and CDLS in M&E. FHI will support the district AIDS committee to ensure that trained persons in turn, train other committee members, to transfer these capacities and ensure a common understanding of the importance, tools, principles, and responsibilities associated with effective data management and use for decision making. In line with the new National Health Policy, FHI360 will assist the MSLS in developing a policy framework document that explains and guides the interaction of the private and public health sector actors, including private health clinics. FHI360 will support the Director of Public Sector interventions (DSP) to organize a workshop for the vice presidents' of the anti-Aids sectoral committees, to advocate for their effective implication in AIDS control activities.

FHI360 will support quarterly coordination meetings for the DSP and DSPSC with key partners to harmonize interventions in workplace. After 2 years of DSP and DSPSC capacity building, FHI360 will:

- Organize a 2nd assessment with TOCAT in order to capture successes, challenges, and lessons learned.
- 4 training workshops, with the leadership of DSP and DSPSC, in 4 areas to strengthen the capacity of anti-AIDS committees members

FHI360 will continue to assist CECI to strengthen the PPP platform and to organize a workshop to share results and lessons learned. In COP 12, FHI will use the recommendations from the HIV/AIDS behavioral and biological survey among women to develop and support the implementation of an action plan. FHI360 will support the public sector committee of the

Ministry in charge of Family & Women with the capacity building plan of the Abengourou Federation of Females' movements (FEMFECA). In addition, FHI360 will facilitate quarterly coaching on data management and quality control in public and private sectors. Under the leadership of DGLS, FHI360 will identify and support a national coordination Network fighting against HIV/AIDS. This support aims to contribute to civil society empowerment. FHI 360 will continue to assist 2 NGOs identified during the COP 11 in collaboration with DGLS. FHI360 will collaborate with DGLS and key partners to organize a training of networks in TOCAT administration methodology. Moreover, FHI will support DGLS to organize a workshop in order to share experiences, best practices and lessons learned in TOCAT process with key partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,250,000	0

**Narrative:**

FHI360 will support the national HIV program for highly vulnerable populations (PLS-PHV) to strengthen this program in accordance with the PLS-PHV' capacity plan developed in 2011 and updated periodically. This support will be useful for the coordination and overview of all the interventions. Indeed, FHI 360 will develop and contribute to integrate norms and standards of MARPS activities into national supervision guidance

FHI360 will assist PLS-PHV to ensure regular meetings of the TWG to coordinate national interventions targeting MARPs with strategic partners.

In addition, FHI360 will set up quarterly new coordination meetings with PLS-PHV, PNPEC and PNLT in order to analyze the gaps and find out new approaches to address the needs of MARPs at central, regional and districts levels.

To strengthen the coordination of interventions, FHI360 will support PLS-PHV to organize thematic and capitalization workshops to analyze problems, harmonization of interventions and to share best practices.

FHI360 will provide technical support to PLS-HVP for the development of a BCC reference training manual and participant workbooks for community workers in STI/HIV/AIDS targeting MSM and prison population.

FHI360 will support to PLS-PHV in the development of a Minimum Package of Activities for prisoners. FHI 360 will provide technical support for the development of a trainers' guideline and participant workbook for STI/HIV/AIDS prevention training of community workers in prisons.



FHI360 will assist PLS-PHV to develop national reference documents such as trainers' guideline, manual of training and minimum package of activities in order to strengthen the quality of service delivery regarding MARPS.

After situation analysis of HIV interventions in some prisons, it will be very useful to develop minimum package of activities to address this issue based on the need assessment.

Under the leadership of DPSE and DIPE, FHI360 will provide assistance to PLS-PHV to set up a database management system. A harmonization and validation workshop will be held on data collection and reporting tools.

FHI360 will support biannual joint supervisions with PLS-PHV, DPSE and DIPE to improve the quality of service delivery to the MARPs. FHI360 will also coach PLS-PHV to organize biannual missions for data quality control.

To scale up the Individual Tracking System (SSI) of the MARPs population, FHI360 will support PLS-PHV in the organization of advocacy meetings with strategic partners, and trainings of PLS-HVP staff and M&E focal points of local NGOs in order to facilitate the implementation and scaling up of this system.

FHI360 will work closely with the PLS-PHV during COP 12 to monitor the prevalence and behaviors surveillance system of female sex workers to ensure the transfer of competencies of this system to the national staff in COP 13.

FHI 360 will assist PLS-PHV and PNPEC to conduct a Survey of HIV and Associated Risk Factors Among MSM in San Pedro and Yamoussoukro in collaboration with Retro-CI and MSM organizations (ARC EN CIEL+ and ALTERNATIVE).

### Implementing Mechanism Details

<b>Mechanism ID: 9419</b>	<b>Mechanism Name: CDC Lab Coalition</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Lab Coalition	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	





G2G: N/A	Managing Agency: N/A
----------	----------------------

<b>Total Funding: 1,700,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,700,000

**Sub Partner Name(s)**

American Society for Microbiology	Clinical and Laboratory Standards Institute	
-----------------------------------	---	--

**Overview Narrative**

PEPFAR Cote d'Ivoire funds the CDC Lab Coalition to provide technical assistance (TA) to strengthen the Ivorian lab system for HIV/AIDS and other health sectors. FY 2012 funds will support three partners under the Coalition umbrella: American Society for Microbiology (ASM) (\$1,300,000), American Society for Clinical Pathology (ASCP) (\$300,000), and a To Be Determined partner (\$100,000).

**ASM**

Major goal is local organizational and human capacity development in quality assurance/improvement of lab testing. Objectives are to develop training programs for improved diagnosis of TB and other HIV-related opportunistic infections (OIs). Key intermediate outcomes include increased microbiological knowledge and retaining skills required to carry out quality-assured diagnosis of major infectious diseases. ASM will also support laboratory accreditation efforts previously supported by URC.

**ASCP**

ASCP's work aims to strengthen the capacity of Ivorian labs and improve the skills of laboratorians through in-service and pre-service activities. In collaboration with MOH, the school of lab technicians in Abidjan (INFAS), and CDC, ASCP will work to strengthen INFAS in Abidjan and two satellite programs in Daloa and Aboisso.

Cost-efficiency and transition to national/local structures: Trainings, mentorships, course materials, etc. enable in-country partners to provide similar trainings at a lower cost.

**TBD**

A new sub-award will ensure TA to support implementation of WHO-AFRO accreditation scheme, including evaluation of WHO accreditation implementation at 18 sites.



For more details on cost-efficiency, transition to Ivorian entities, and quality M&E, please see narratives in HVTB and HLAB.

Vehicles: No vehicles have been or will be purchased/leased.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	950,000
----------------------------	---------

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Impact/End-of-Program Evaluation

TB

Workplace Programs

**Budget Code Information**

<b>Mechanism ID:</b> 9419			
<b>Mechanism Name:</b> CDC Lab Coalition			
<b>Prime Partner Name:</b> International Lab Coalition			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	350,000	0
<b>Narrative:</b>			
ASM will continue to assist the government of Cote d'Ivoire with the development and implementation of			

TB/HIV infection control measures. The COP12 strategy will include specific activities to assist the National TB Control Program (PNLT), including the development of the following documents for implementation: 1) National TB-IPCI Policy and Strategy; 2) National TB-IPCI Operational Plan; 3) National TB-IPCI Training Manual; and 4) National TB-IPCI assessment tools. In addition, ASM, together with the PNLT, will conduct an assessment of risk factors in pilot sites with PEPFAR implementing partners in order to make evidence-based recommendations for setting up structures for prevention and control of TB at all levels.

ASM will assist with the procurement of the newly WHO-approved TB diagnostic system GeneXpert, as well as with field testing and validation of the new equipment and revision of TB testing algorithms. In addition, ASM will provide financial and technical assistance to the national accreditation body of Cote d'Ivoire (CRESAC) for the implementation of WHO-AFRO accreditation at 3 central and 6 regional laboratories. ASM will support CRESAC in developing national reference documents and implementing WHO accreditation within the national laboratory network, in accordance with national targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,350,000	0

**Narrative:**

American Society for Microbiology (ASM) (\$950,000):  
 Basic microbiology lab services for blood stream and other infections, which have high morbidity in HIV-infected patients, are limited in Côte d'Ivoire, as is quality assurance / quality improvement (QA/QI). Under COP2012, ASM will provide technical assistance (TA) to the national TB control program (PNLT) to develop national guidance documents for TB infection control, and will continue to provide in-country support for microbiology and OIs, lab systems and strategic planning, standardization of protocols for cost-effective testing, and good lab and clinical practice. A major focus will continue to be human capacity development, with an emphasis on expanding training to regional labs.  
 Continuing activities include: 1) improvement of training for simple OI diagnosis; 2) development of an integrated quality management system (QMS) for basic microbiology, 3) review and improvements to the basic microbiology curriculum and standard operating procedures currently used in CI, 4) onsite mentoring and guidance for development of a proficiency program for OIs and STIs to begin assisting with accreditation processes; 5) TA for QMS implementation for TB culture, drug susceptibility testing, and TB molecular assays moving toward accreditation, 6) TA for quality-assured direct smear microscopy, and 7) subcontracting with an Ivorian organization to work for the accreditation of 3 central



and 6 regional labs. Technical and financial support will be provided for development and implementation of national guidelines necessary for the implementation of the WHO-AFRO accreditation program at 18 labs.

ASM will continue to work with CI's Lab Technical Working Group (LTWG) to ensure that these activities are coordinated with other organizations supporting HIV, TB, and OI diagnosis and treatment.

ASM will also provide TA to Institut Pasteur CI for the organization of a scientific meeting to present 25 years' of CDC and PEPFAR research.

American Society for Clinical Pathology (ASCP) (\$300,000):

ASCP will work to strengthen the school of lab technicians (INFAS) in Abidjan and two satellite programs in Daloa and Aboisso. ASCP will provide TA to INFAS to increase teaching methodologies through hands-on trainings. ASCP will also provide TA to the local association of lab technicians (ACITEB).

ASCP improves cost-efficiency and helps transition activities to Ivoirian structures through trainings, mentorships, course materials, and other strategies that enable in-country partners to provide similar trainings at a lower cost.

ASCP's M&E strategies include use of the WHO-AFRO Accreditation Checklist as a baseline and post-training assessment tool. Improvement projects administered between trainings will be evaluated and validated by trainers and site mentors.

The pre-service evaluation method comprises a situational analysis following implementation of the improved curriculum. This will be measured against the needs assessment conducted in 2008.

In-service workshops involve a pre- and post-examination of content materials to indicate the degree to which each workshop increased participant knowledge and core competencies.

TBD (\$100,000):

A new sub-award will ensure TA, in collaboration with the national lab (LNSP) and regional lab support organization (CRESAC) to support implementation of the WHO-AFRO accreditation scheme, including evaluation of WHO accreditation implementation at 18 labs.

### Implementing Mechanism Details

<b>Mechanism ID: 9431</b>	<b>Mechanism Name: EngenderHealth GH-08-2008 RESPOND</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 1,150,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,150,000

### Sub Partner Name(s)

Association Ivoirienne pour le Bien-Etre Familial		
---	--	--

### Overview Narrative

RESPOND's goal is to improve the health of families in Côte d'Ivoire by preventing HIV transmission and facilitating testing and treatment by 1) increasing awareness and improving male gender norms among health care providers 2) fostering community and male support for healthy SRH behaviors; 3) increasing knowledge, access and use of FP/SRH-HIV services (particularly PMTCT). RESPOND will strengthen:

- a) capacity of healthcare providers to deliver client-centered SRH and HIV services
- b) capacity of partner organizations to engage men in SRH and HIV services
- c) community support for male engagement in HIV prevention and family planning

With support from the national programs for HIV/AIDS care and for reproductive health, all MAP activities will have technical assistance (TA) from MAP trainees who will monitor MAP activities in health facilities and in communities.

To be more cost-efficient, RESPOND has streamlined its staff. A sustainable and low cost response, built into the program includes an increased level of effort of MSLS and male civil servants, trained in the MAP approach, to continue program as a core group of skilled local resources.

Expansion of the MAP approach will engage partners/spouses of pregnant women in gender equity awareness and promotion; reduce high-risk behavior; and address GBV.

Performance and outcome monitoring will consist of ongoing documentation of project outputs and training outcomes via pre-and post training assessments. Experienced M&E staff will work closely with counterparts to report on the project indicators.

No vehicles have been or will be bought.



**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	190,000
Human Resources for Health	100,000

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 9431			
<b>Mechanism Name:</b> EngenderHealth GH-08-2008 RESPOND			
<b>Prime Partner Name:</b> Engender Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

**Narrative:**

RESPOND will work with supervisors of target health facilities to strengthen the capacity of the Ministry of Health and AIDS (MSLS) to support male-friendly services. To complement the national efforts to scale up services for women and their babies, RESPOND will help MSLS to also highlight men’s health issues through the development of comprehensive services. The skills gained from this program will enhance the supervisors’ ability to conduct regular supervisory visits in a manner more conducive to achieving



performance improvement measures.

RESPOND will work with the National HIV/AIDS Care and Treatment Program (PNPEC) and National Reproductive Health Program(PNSR) to implement Men as Partners program activities. RESPOND will help these two MOH programs with coordination of their interventions to contribute to healthy gender norms and practices. For this, RESPOND will work through the existing gender group to focus on gender norms approaches such as PEPFAR and GBV prevention and response to strengthen the capacity of the working group so that they can be used in other area of the Ivorian health system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	75,000	0

**Narrative:**

RESPOND will continue to strengthen community support for male involvement in HIV prevention and family planning and increase demand for SRH/FP and HIV and GBV prevention services. RESPOND will utilize existing community support groups (youth and adult) to provide support and follow-up of HIV services with referrals to HIV and SRH/FP services. RESPOND will continue to support its implementing partner, the Ministry of Education, to incorporate gender into ongoing HIV prevention efforts through a Men as Partners (MAP) refresher training, and will train additional 50 peer educators (e.g. teachers) on MAP interventions.

Using lessons learned from FY11 activities, RESPOND will refine and reinforce existing interventions to support MEN through workshops and dialogue to strengthen 50 peer educators' efforts to help men understand how gender and social norms increase their and their partners' risk for HIV and how they can adopt and promote alternative healthier behaviors.

Reports suggest that sexual violence has spiraled in recent years in both scale and brutality. While precise statistics are lacking, women and girls are the primary targets of sexual violence. RESPOND will strengthen GBV prevention efforts through peer education, by using the MAP approach within communities. Community opinion leaders will be trained by RESPOND to reach not only HIV positive individuals (women and their male partners), but also to advocate against family rejection and social stigma of GBV survivors. Community and MEN peer educators will be trained on GBV prevention efforts using the MAP approach.

Approximately 20 community leaders will be trained in GBV prevention efforts using the MAP approach for community engagement. This activity will challenge gender norms that contribute to gender-based violence and increase awareness of gender-based violence response.

RESPOND will collaborate with various partners to increase the involvement of men in prevention of HIV and gender-based violence. Materials to be developed will build on an information network where lessons learned are shared in an ongoing and systematic fashion in order to improve gender-based interventions for HIV prevention, and care and support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	175,000	0

**Narrative:**

RESPOND will expand skills and knowledge of the national HIV/AIDS Care and Treatment Program (PNPEC) to train health providers at supported sites to work effectively with men and women on reproductive health and sexuality issues, including gender concerns. The training modules will include sexuality, HIV and AIDS, condom use, contraception, sexually transmitted infections (STIs) and service management, counseling and communicating with staff and their clients.

The training is intended to equip health providers to address the SRH needs of couples and to contribute to the elimination of HIV stigma and discrimination. The training will also focus on prevention and early treatment of STIs, including use of condoms.

RESPOND will systematically encourage HCP to provide syndromic management of STIs for male clients visiting the health centers. RESPOND will work with implementing partners to ensure the availability of STI drugs and condoms at facility pharmacies.

In light of the Men as Partners program review, peer educators (from Ministry of Education and the community) will be trained and provided ongoing support on male engagement in HIV prevention, condom use and family planning promotion in the catchment areas of supported clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	0

**Narrative:**

RESPOND PMTCT interventions will promote couples counseling and testing via community engagement to promote male involvement.

During FY 2012, the RESPOND Project will increase the supply of male-friendly SRH/HIV services, improve knowledge, attitudes and behaviors among men toward use of SRH and HIV information and services and strengthen policy and support for HIV/SRH services that are responsive to the needs of male clients.



RESPOND will continue to strengthen the capacity of healthcare providers to provide high quality SRH and HIV services. At the community level, EH/RESPOND will work with support groups to increase demand and improve male gender norms and health seeking behavior.

In light of FY 11 successes, RESPOND will extend the MAP interventions to additional facilities supported by EGPAF, ICAP, HAI, ARIEL and ACONDA. RESPOND will train PEPFAR partners working to strengthen HIV and PMTCT services in new geographic areas. (Sud Comoe, Moyen Comoe, Zanzan, Marahoué, Haut Sassandra, Worogougou, Fromager Lacs, and Agneby). RESPOND will build the capacity of partners who provide PMTCT and SRH services to serve male clients, with an emphasis on couples' counseling and HIV counseling and testing.

- Improved gender-based violence response efforts across MAP supported sites  
Contributing to the national strategic plan to reduce HIV incidence, RESPOND will train providers in medical care and psychosocial counseling of GBV survivors, including specific training on the ethics of management of client/patient data. RESPOND will conduct formative research to help HCP and stakeholders to identify GBV service availability and service quality gaps at the MAP supported PMTCT sites through baseline clinic assessments.

During FY12, RESPOND will train personnel from social centers located in the catchment areas around PMTCT facilities which have integrated MAP activities to encourage male partner referrals of all postpartum women (HIV+ or HIV-) for testing. Fifty (50) social workers will be trained on: 1) male-friendly services, 2) couple counseling and testing; 3) FP counseling and options, and 4) stigma reduction. RESPOND will also train the social workers to set up referral points in their community to meet the psychosocial needs of GBV survivors.

Drawing on experience with support groups from COP 11, RESPOND will continue to provide technical assistance to an additional 70 peer educators trained on community MAP sessions to provide men with ongoing support on male engagement in HIV prevention and treatment.

To foster an enabling environment for SRH/HIV services for men and women, RESPOND will:

- Convene a steering committee working group to identify existing protocol materials and draft training modules to strengthen health providers' response to GBV. This will be completed at the beginning of COP12 to inform future GBV trainings for providers and community members.

## Implementing Mechanism Details



<b>Mechanism ID: 10141</b>	<b>Mechanism Name: Building Capacity of the Pasteur Institute to Provide Quality Laboratory Diagnosis and Surveillance of Opportunistic Infections Related to HIV in the Republic of Cote d'Ivoire (Institut Pasteur)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pasteur Institute of Ivory Coast	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 1,000,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,000,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The Pasteur Institute of Ivory Coast (IPCI) with PEPFAR funding is the designated national institution to implement activities related to the diagnosis of TB and other opportunistic infections of HIV/AIDS, and work with various structures and central laboratories of the Ministry of Health and AIDS (MSLS) and CDC/Retro-CI to improve the coordination and implementation of lab activities with the national reference laboratory (LNSP). The main goals are:

1. Strengthen the TB lab network policy and regulatory framework development
2. Strengthening the capacity of ICPI and 6 regional laboratories for TB diagnosis
3. Ensure training and activities in human resource development
4. Strengthen the quality assurance and quality control component of the program
5. Improve lab infrastructure and equipment at IPCI and throughout the national network
6. Develop a laboratory information system
7. Strengthen public health surveillance
8. Prepare IPCI laboratory services for accreditation



The project has two capacity building components in IPCI and peripheral laboratories. At IPCI, shared responsibilities and inputs are contributed from activities that support the national management of contracts, maintenance, purchase of reagents, equipment, human resources, and training. At peripheral labs, the involvement of all structures of the MSLS to implement the project allows actors in the health system to integrate these activities into their routine functions.

Vehicles: Through COP11: 2 No vehicle will be purchased with COP12 funds. For life of mechanism: 0.

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	320,000
----------------------------	---------

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

TB

### Budget Code Information

<b>Mechanism ID:</b>	10141		
<b>Mechanism Name:</b>	Building Capacity of the Pasteur Institute to Provide Quality Laboratory		
<b>Prime Partner Name:</b>	Diagnosis and Surveillance of Opportunistic Infections Related to HIV in the Republic of Cote d'Ivoire (Institut Pasteur)		
<b>Prime Partner Name:</b>	Pasteur Institute of Ivory Coast		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>



Care	HVTB	900,000	0
------	------	---------	---

**Narrative:**

IPCI's PEPFAR-funded activities will include implementing the following strategies to support the functioning of laboratory procedures for effective TB screening, technologies and surveillance.

**Strategy 1: Policy and regulatory framework develop**

Standard operating procedures (SOPs) for microbiology will be developed for specimen and culture transportation, and long term conservation of biological products. Revised TB microscopy guidelines will be implemented. Lab Monitoring tools will be agreed upon, created and disseminated. A national algorithm for TB diagnosis using culture will be developed. Advocacy for the development of national laboratory norms and standards will take place this year after the review of national guidelines by a consultant.

**Strategy 2: Strengthening the capacity of laboratories for TB diagnosis**

8 regional labs will continue to be strengthened for culture and identification of TB. Procurement of lab consumables and reagents and lab specific equipment will be supported and related activities reported. The IPCI TB will report activities using molecular technologies.

**Strategy 3: Training and activities in human resource development**

The following activities will be put in place: recruitment of 2 lab technicians and international training for 2 biologists for quality control of media, Development, validation of a microbiology training manual, Organization of 2 training sessions for lab technicians and biologists on AFB smears microscopy from the 8 regional labs for sites with poor EQA results on AFB smear microscopy (at IPCI).  
 Technical assistance for: the implementation of a preventive and curative maintenance program at IPCI, the implementation of the EQA program, the implementation of the STI lab network and serology testing for other OIs, the implementation of sample repository systems at the region/ IPCI (Biobank), to support the accreditation, the implementation of TB culture at regional labs

**Strategy 4: Quality assurance/quality control/EEQ**

Extension of the EEQ for AFB microscopy to all CATs and new regional TB lab sites with needs assessment of EQA implementation at national level and purchase of equipment such as reagents and consumables for TB EQA panel preparation.

**Strategy 5: Infrastructure and equipment**

Laboratory equipment will be purchased for 2 Renovated CHR infrastructures (8 refrigerators, 8 channels ELISA, 8 cabinets). Procurement will be a part of a more functional system for facilitating project

implementation.

**Strategy 6: Laboratory information system**

Technical Assistance in various areas of the program will be implemented to support the computerized system at IPCI for the establishment of a secure network for data management, the additional equipment acquisition for the establishment of the computerized network (hardware and software solutions for IT/network security and access point; backup relocated cabling, intranet, VPN, etc.), implementation of computer System OPEN ELIS for setting connection IPCI Lab Device, Internet connection between the peripheral laboratories sites and IPCI.

**Strategy 7: Strengthen public health surveillance**

Develop tools to reinforce surveillance systems, strengthen IPCI capacities with equipment for packaging and transporting secure containers, consumables, and small equipment. Procure equipment for long-term storage (Cryobiology) for specimen collected at sentinel sites and surveillance of MDRTB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0

**Narrative:**

With PEPFAR support through CDC, IPCI will continue its leadership in a number of cross-cutting areas in the Ivoirian HIV/AIDS response that strengthen the laboratory services through these key interventions and approaches.

**Strategy 1: Policy and regulatory framework develop**

SOPs for microbiology will be developed for specimen and culture transportation, and long term conservation of biological products. Lab Monitoring tools will be developed and disseminated. A national algorithm for TB diagnosis using culture will be developed. Advocacy for the development of national laboratory norms and standards will take place this year after the review of national guidelines by a consultant.

**Strategy 2: Training and activities in human resource development**

A theory based and practical training on: lab bio-safety, preventive maintenance for laboratory equipments, lab stock management, transportation of lab specimen/ biological products, lab data management sample repository management or Biobank for 50 lab technicians, will occur. International training for 2 biologists annually to assist in the management of laboratory accreditation, Biosafety, and Lab Information System. International internships for 2 biologists in Monitoring and Evaluation,



management of equipment, and Databases management.

Strategy 3: Strengthening IPCI capacities for accreditation  
 International training for 2 biologists annually in the management of laboratory accreditation processes. Technical Assistance will be provided for laboratory accreditation.

Strategy 4: Quality assurance/quality control  
 Recruit technicians for data entry (data entry clerk), 4 technicians for monitoring and evaluation of EQA program and training program. Needs Assessment of EQA implementation at national level. Purchase equipment reagents and consumables for EQA panel preparation and for EQA transportation. Procure office equipment, supplies and material for the administrative management of the EQA.

Strategy 5: Laboratory information system  
 Technical Assistance in various areas of the program will be implemented for the computerized system at IPCI, for the establishment of a secure network for data management, the additional equipment acquisition of the establishment for computerized network (hardware and software solution for computer security and implementation of computer System OPEN ELIS for setting connection IPCI Lab Device, Internet connection between the peripheral laboratories sites and IPCI. Procure communication materials for central and regional labs, Development and dissemination of monitoring and record tools.

Strategy 6: Strengthen public health surveillance  
 Develop tools to reinforce surveillance systems, strengthen IPCI capacities for packaging and transporting secure containers, consumables, and small equipment. Procure equipment for long-term storage (Cryobiology) for specimen collected at sentinel sites.

Strategy 7: Coordination of implementation  
 Project implementation will be coordinated through: annual workshops for the quantification of laboratory products for IPCI and the 8 regional labs Quarterly supervision visits, annual management review of regional laboratories activities. 6 supervision trips to work with teams each year in regional laboratories, Annual workshops for capacity building in monitoring and evaluation (IPCI), Annual workshop to share lab activities summary, Quarterly supervision of labs per year enrolled in EQA.

**Implementing Mechanism Details**

<b>Mechanism ID: 10276</b>	<b>Mechanism Name: HAI CDC CoAg 2009</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Alliance International	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 4,099,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	4,099,000

### Sub Partner Name(s)

Assistance Internationale a l'Enfance Coeur et Action	Association Ivoirienne pour la Promotion de la Sante, du Social et du Developpement	Association Ivoirienne pour le Developpement Social et Communautaire
Bouake Eveil	Cente Ste Marie Bondoukou	Centre Catholique de Djebonoua
Centre Catholique de Korhogo	Centre d'Animation Sanitaire et d'Etude Sociale	Clinique Sans Frontiere Bouake
CMS Flamboyant	Cote d'Ivoire Prosperite	Eden Lumiere Action
Entente et Developpement	Hopital Materno Infantile Akwaba	Initiative Developpement, Environnement Afrique Libre
La Colombe Ivoirienne pour le Bien Etre Social	La Famille pour les Enfants en Difficultes	Notre Terre Nourriciere
ONG Arc Fores	ONG Beny Haly	ONG Notre Ecole
ONG Solidarite Beoumi	ONG Victoire	ONG Wobeh
Programme de Sante Communautaire et de developpement		

### Overview Narrative

The overall goal is to expand access to comprehensive HIV/AIDS care and treatment while building capacity and contributing to sustainable service delivery within the health sector of the three northeastern regions of Côte d'Ivoire to attain targets detailed in the national strategic plan.

New objectives for COP 12 are:

- Expand and integrate HIV care and ART in 19 new public health facilities in 3 regions, totaling 61 sites; and to expand and integrate confidential C&T in 52 new public health facilities in 3 regions, totaling 130 sites,



- Expand and integrate PMTCT in 50 new public health facilities in 3 regions, totaling 121 sites. Please see below for strategies in different programmatic areas. In addition, HAI will support quarterly supervision of care and treatment activities to ensure quality of services, data, and effective management of ECD teams.

A comprehensive M&E plan will be assured at all levels using national HIS and will be led by a high-level M&E advisor based in Bouake and technical M&E backstop from HQ. HAI will use OR and implementation science to address system bottlenecks and weaknesses. 5-10% of each programmatic area's budget will be allocated to M&E activities.

5- Vehicles:

Through COP11: 1

New requests in COP12: 4

Total planned vehicles for life of mechanism: 10

New request justification:

2 in the Savanes, 1 in Bouaké, and 1 in Abidjan. HAI anticipates taking on 29 new health sites in Savanes previously funded by EGPAF with over 6274 registered PLWHA and 3697 on treatment (EGPAF data, March 2011). 16 sites in Ferké will require intense support in the first year. The Abidjan office needs a vehicle to participate in national strategic meetings.

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	280,000
Economic Strengthening	50,400
Education	156,000
Food and Nutrition: Commodities	216,000
Food and Nutrition: Policy, Tools, and Service Delivery	353,600
Gender: Reducing Violence and Coercion	59,000
Human Resources for Health	2,526,920
Water	88,000

### TBD Details

(No data provided.)



## Motor Vehicles Details

N/A

## Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection  
 Malaria (PMI)  
 Child Survival Activities  
 Mobile Population  
 Safe Motherhood  
 TB  
 Family Planning

## Budget Code Information

<b>Mechanism ID:</b>	10276		
<b>Mechanism Name:</b>	HAI CDC CoAg 2009		
<b>Prime Partner Name:</b>	Health Alliance International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	375,000	0

### Narrative:

HAI will strengthen linkages between program sites with non-HIV services by:

- Strengthen service linkages between all entry points (PMTCT, TB, CT, ARV, Family planning, and Community testing) to HIV care
- Collaborate with community counselors and local NGOs to strengthen linkage between maternal/child health and family planning and adult care services, to facilitate patients tested HIV positive to be registered in care
- Collaborate with FANTA, PATH and PNN to integrate nutritional assessment for HIV patients.

- In collaboration with PAM, support distribution of food supplements and follow up care of 300 malnourished HIV patients

- Facilitate wide distribution of nutrition assessment tools and facilitate data collection.

Strategies for incorporating WASH include:

- Integrated in all counseling session in antenatal consultation, sensitization message on importance of hand washing, training, support and sensitization on hygiene for traditional birth attendants.

- Broadcast in different languages sensitization message on importance of hand washing.

- Support the transport for the distribution of water purification kits, mosquito nets and condoms from the PSP to districts and equally from districts to health facilities

HAI will build capacity by

- Support creation and ongoing meetings of multidisciplinary adherence clubs at each health facility to monitor patients' adherence to care

- Support timely feedback of information to health facility and district staff

HAI will support all regions and districts which are listed above, whose population is approximately 1,855,953, of whom 92,798 are expected to be pregnant women.

The types of HIV care and support services HAI will implement include:

- Facilitate initial CD4 analysis of at least 95% of patients tested HIV positive and who are registered into care.

- Strengthen Cotrimoxazole administration in HIV care and adequate capture of this information.

- Support 15 local NGOs to offer palliative care for PLHA and linking of community care with hospital based care

HAI will use the following strategies to improve the quality of service delivery:

- Support situational analysis by district management team for 52 new sites earmarked for integration of adult HIV care and support services.

- Support peer counselors through local NGOs to track patients on care to improve clinical and laboratory follow up

- Identify best practices and organizing forums to share best practices

- Initiate and support health facility level analysis of monthly activity data for adult care and support indicators and use analysis of the results to influence decision making and improve quality of care.

HAI will address client retention and referrals by:

- Strengthen systematic registration of all HIV positive into care from all the points of entry.

- Strengthen follow up CD4 counts based on national protocol for patients not on ARV.

- Strengthen positive prevention activities for PLWHA in health facilities, in support group meetings. This will contribute to maintaining contact these patients not on ARV in care and ensure adequate follow up

<ul style="list-style-type: none"> <li>Facilitate and finance monthly adherence meetings at each health facility. These meetings will help track patients' follow up, early identification of defaulters (CD4 follow up, Cotrimoxazole pick up, clinical appointment, etc) and set up measure to actively search for defaulters</li> </ul>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0
<b>Narrative:</b>			
<p>HAI will support all 3 where 92,798 are expected to be pregnant women. The total number of pregnant women attending at least the first ANC visit is approximately 74,238.</p> <p>The goals are to support the national strategic plan's activities in providing care and support to OVC who are identified in HAI-supported sites or from the community and linking them to appropriate care, support and treatment services as needed. HAI implements nationally accepted standards of care for programming related to OVC.</p> <p>The strategies HAI will use include:</p> <ul style="list-style-type: none"> <li>Support 6 NGOs to offer care and support to OVC and the families and linkages with health facilities. NGOs selection will be based on their OVC and grant management experience, and sole PEPFAR source of financing for same activity. They will receive HAI support and coaching to ensure a continuum of care for families caring for OVC. HAI will collaborate with EGPAF and other PEPFAR partners to ensure coordination of NGO financing. The Social center will be implicated in all process of selection and subcontracting a partner.</li> <li>Collaborate and support (activities coordination) of Social centers activities in Bouaké, Beoumi, Korhogo, Ferke, Bouna and Bondoukou, the "OEV platforms" and facilitate community care workers' participation in activities of social center and "OEV platform".</li> <li>Support monthly meetings of youth clubs, including themes of abstinence as appropriate</li> <li>Support participation of health facility staff in meetings of Social centers and OVC platform</li> <li>Support strategies to support integration of female OVC into community including supporting schooling and vocational training</li> <li>Encourage birth reporting to the civil status of all HIV-exposed children in the first three months of life with the support of NGOs and social centers</li> </ul> <p>To measure the success of the program, HAI will:</p> <ul style="list-style-type: none"> <li>Facilitate and strengthen data aggregation and analysis at district level, in collaboration with the Social center.</li> <li>Continue to use the software CSI (developed by PNOEV) to track OVC through the system and measure progress.</li> </ul> <p>Strategies for improving the quality of service delivery include:</p>			

- Support and implement quality services to OVC and their families in accordance with the priorities of PNOEV and PEPFAR for COP12 and according to the needs of these OVC and their families in collaboration with URC
- Regular coaching visits to NGOs, community centers and community health workers by HAI staff

Strategies for strengthening links with MCH services include:

- Strengthen referral of OVC to health facilities for medical care.
- Integration of OVC activities in ANC clinics, post natal clinics, external pediatric consultation services, vaccination and nutrition services.

Activities to contribute to food and nutritional support include:

- Collaborate with PNN, FANTA and PATH to integrate nutritional assessment at OVC service centers and for children identified in the community.
- Support local NGOs to identify and refer malnourished children identified at community level to health facilities for nutritional treatment, care and support.

WASH activities: Integrating information of water treatment in counseling and proper storage of water during home visits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	275,000	0

**Narrative:**

HAI will support all regions and districts which are listed above, whose population is approximately 1,855,953. HAI clinical staff, including the National Director, Clinical Director, and regional Clinical Advisors, will lead the implementation of TB/HIV activities.

HAI plans to implement the following strategies:

- Evaluate non-CDT/CAT health facilities that offer HIV and TB treatment to measure their effectiveness in TB treatment in HIV treatment sites
- Support integration of complete package of care for TB/HIV patients (HIV testing, TB screening, Cotrimoxazole, condom use, STDs, CD4, ARV, TB treatment) at 12 CDTs/CATs (including 5 new sites) and 10 ARV sites.
- Conduct regular quality control measures in TB/HIV sites
- Provide office & laboratory supplies to TB service outlets in collaboration with PNLT
- Coordinate joint supervision of TB/HIV activities by PNLT/PNPEC/Districts
- Support distribution of TB screening tools/ IEC materials in PMTCT and HIV treatment sites
- Support reorganization and equipping TB and ARV sites for infection control (including the

- distribution of national guidelines, awareness, decongestion, and ventilation of waiting areas)
- Support integration of active search and TB screening and treatment in PMTCT and HIV sites
  - Support training of nurses and TSLs in ARV sites on preparation of sputum for TB diagnosis
  - Support transport of prepared sputum slides for suspected TB patients in ARV sites for diagnosis at 9 TB sites.
  - Support PNLT in training community health workers on observance, reference and counter reference between TB & HIV centers and community linkages
  - Support transport of samples to Abidjan for MDR-TB testing for patients with recurrent TB infection and treatment failure.
  - Support HAI Technical officer for TB/HIV and TB/HIV counselors.
  - Support activities to strengthen TB care and treatment in children under 5 years
  - ? Reproduce and distribute screening tools for children in TB and HIV sites
  - ? Reproduce and distribute algorithms for TB diagnosis in children at TB and HIV sites

Alignment with Country Policy: HAI is able to show that activities are aligned with the country policy and strategic plans for TB and HIV. HAI participates in national strategic planning and policy meetings, and there is a Liaison officer in Abidjan who is in constant contact with all relevant ministries. In addition, HAI consults with national ministries before implementing programs. Finally, as mentioned above, the MOHA is implicated in all activities that HAI implements in its sites.

Monitoring and Evaluation: Whenever possible, HAI uses the national health information system to monitor and track trends over time and jointly analyzes these data with health managers to improve the quality of services. In addition, HAI plans to conduct evaluations as well as use operations research during the COP12 year in order to assess progress, identify weaknesses or bottlenecks, and develop solutions with our MOHA counterparts.

Capacity Building: HAI plans the following activities:

- Support training of 18 doctors and nurses in ARV sites on preparation of sputum for TB diagnosis
- Coordinate joint supervision of TB/HIV activities by PNLT/PNPEC/Districts
- Support PNLT in training of 60 community health workers on observance, reference and counter reference between TB & HIV centers and community linkages

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	275,000	0

**Narrative:**

HAI will support all regions and districts which are listed above, whose population is approximately 1,855,953, of whom 92,798 are expected to be pregnant women. HAI will contribute to pediatric treatment scale up by:

- Support coaching of providers and implementation of PCIME to reinforce pediatric care and support in health facilities and community.
- Encourage doctors to coach and follow up all facility personnel on the importance of pediatric care and support for HIV-exposed infants,
- Strengthen systematic registration of all children tested HIV positive (PCR testing and rapid testing) into care from all entry points (including post natal and FP clinics)
- Strengthen regular follow up CD4 counts for children not on ARV.
- Strengthen Cotrimoxazole administration from 6 weeks age for all children born to HIV positive women and those not eligible for ARV.
- Facilitate transport of PCR samples from all regions to Abidjan
- Coordinate and support regular visits by district managers to monitor pediatric HIV care
- Strengthening already existing HIV positive clubs in all health facilities and creation of new positive clubs in new health facilities to provide psychosocial support to HIV positive children and their families
- Support creation and ongoing operation of monthly multidisciplinary adherence clubs at each health facility to monitor patients' follow up in pediatric care

Activities that support the needs of adolescents with HIV: Support and encourage infected young men to adopt AB methods during routine care in health centers

Activities that promote integration with routine pediatric care include:

- Strengthen linkage to pediatric care from all entry points; PMTCT, pediatric out patients, pediatric in patient , pediatric emergencies, pediatric treatment, vaccination services, nutrition services, delivery room and family planning services.
- Support community counselors (through local NGOs) to work and link all the pediatric entry points, identify children born to HIV positive women at entry points and referral to pediatric HIV care services.
- Support and strengthen PITC at all entry points: pediatric outpatients, inpatient, pediatric emergencies, and vaccination and nutrition services.

Strategies to strengthen links with other programs (MCH, FP) include:

- Strengthen counseling for best breastfeeding practices for children of HIV positive mothers by HAI staff and districts focal point during the coaching in health facilities
- Strengthen active search of infants of HIV + women at vaccination, nutrition, post natal clinics and family planning clinics.

Nutrition activities include:

- Collaboration with PNN, and PATH to train providers and integrate nutritional assessment and follow up of children at post natal clinics, family planning clinics, vaccination services (PECNAP).
- Collaborate with PNN and other partners to support the provision of food supplement (plumpy nuts,

fortified milk etc.) and therapeutic nutrients for 100 malnourished children.

- Support local NGOs to identify and refer malnourished children identified at community level to health facilities for nutritional treatment, care and support.

WASH activities: Integrating water treatment information in counseling and proper water storage

Capacity building activities include:

- Support quality improvement methods in collaboration with URC and JHPIEGO.
- Support data analysis at health facility level to improve quality of care.
- Best practices sharing activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	170,000	0

**Narrative:**

HAI will build structural and operational capacity of health districts, in close collaboration with regional health boards, to further develop skills of the health workforce and improve the quality of service delivery. HAI will take a systematic approach to health systems strengthening (HSS), addressing six essential areas of the health system framework as recommended by the WHO.

Human Resources (HR): Interventions will focus on building capacity of district health management teams (DHMTs) and training them to conduct periodic site assessments. This activity will be progressively integrated into the routine supervision process. The building of DHMT capacity will also involve the creation of budgeted work plans, supervision, data management, and quality of care. Ariel will strengthen HR of regional and district health boards, as well as the integration of social workers, to ensure, maintain, and sustain community activities at sites.

Service Delivery: HAI will implement a basic package of care integrating clinical and community activities. Quality improvement (QI) activities will be incorporated into district and regional work plans. Joint supervision led by HAI and DHMTs to ensure the progressive transfer of skills will take into account quality of care and data and will emphasize the feedback process through periodic QI follow-up meetings and a written report. HAI will provide TA to health care workers through regular site visits and systematic integration of a district focal point into the joint supervision team to facilitate progressive transfer of skills. Tools and procedures will be developed for that purpose.

Leadership & Good Governance: HAI will emphasize improving functionality of health regional teams and DHMTs to ensure good coordination of interventions through statutory meetings and those related to quarterly, semiannual, and annual follow-up of performance. HAI will advocate for the adoption and

integration of several available tools into the national process quality of care and capacity assessment.

Health System Financing: HAI will build the capacity of national partners at the local level and will train them on resource mobilization and on the efficient use of funds for health service delivery.

**Health Information System**

- Improving data collection: HAI will build capacity of sites and districts to produce quality data through training sessions on the use of new tools, provision of computers, data management software, and internet connectivity in district and regional epidemiological surveillance centers.
- Data quality improvement: HAI will provide support to district and regional health boards when they implement data management procedures and will conduct routine data quality assessments with integrated improvement plans. This activity will be progressively integrated into the routine process of supervision.
- Data use & analysis: HAI will support districts and regions in data analysis and use for decision making at the local level. Data validation meetings, follow-up on performance, and reports will ensure dissemination of data.

Technology: HAI will deploy data management software at districts and sites. HAI will facilitate the use of the PIMA CD4 test in labs to improve access to CD4 counts, reaching even remote sites. Lab activity supervision will be conducted by the QI staff of each region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

**Narrative:**

HAI will support all regions and districts listed above, whose population is approximately 1,855,953. The estimated prevalence of this region according to the 2005 EIS is 3.41%, and about 17% of people seeking services at health sites in the regions are counseled and tested for HIV.

HAI's approaches include:

- Support integrated implementation of Testing and Counseling (T&C) services including PITC and family approach at all service points (PMTCT, inpatient, outpatient services, TB, family planning services, and pediatric follow up) in 130 sites including 52 new facilities in collaboration with district team/PNPEC
- Implementation of pilot project with Projet San Francisco for couple C&T and follow up of discordant couples in 10 pilot health facilities



- Organize T&C coaching visits by district HIV focal point in collaboration with HAI T&C focal point and PNPEC to monitor the quality of counseling sessions, techniques of testing and data quality control
- Support implementation of internal quality control for rapid test at all T&C sites
- Support local NGOs in community sensitization with community and religious leaders to promote positive change in male norms, roles, and behaviors.
- Support local NGOs to reduce loss to follow up, reach out to those tested HIV+ and link them to appropriate health services
- Address HIV vulnerabilities among young girls and women in all services in health facilities.
- Assist MSLS in activities for National HIV Testing day in the three regions.

Targets and results for the last year can be found attached in the attached Excel file.

HIV Testing and Counseling links with other programs:

- Support implementation and strengthening PICT at pMTCT, inpatient, outpatient services, TB, family planning services in facilities and support reference and counter-reference between sites
- Coordination of T&C activities in health facilities with district pharmacies to avoid stockouts of supplies
- To link with PWP programs, HAI will support the reproduction of IEC materials (videos, posters, etc) from JHU and distribution to health facilities.

Testing Algorithm: HAI uses the national HIV testing algorithm and plans to support logistics for distribution of nationally approved algorithms for PICT.

Activities to strengthen referral system and patient tracking system:

- Provision of peer counselors and community counselors (through local NGOs) at all PICT points to reinforce reference system to HIV care and treatment services.
- Strengthen tracking of patients tested HIV negative and implement retesting at all service entry points
- Reach out to male partners on gender based violence and stigmatization and linking family members to follow- up HIV services. Special focus will be placed on following up sero-discordant couples and ensuring access to care
- Data quality assurance of individual level care and support database
- Data audit once a year to avoid duplication in counting PLWHA including care and support and PWP activities

Activities to monitor and measure effective linkages:

- Conduct operations research on effectiveness of linkages between programs, evaluation of lost to follow up, factors associated and develop strategies to reduce such losses

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,000,000	0

**Narrative:**

HAI will support regions and districts listed above, whose population is approximately 1,855,953, of whom 92,798 are expected to be pregnant women. The total number of pregnant women attending at least the first ANC visit is approximately 74,238:

To scale up quality PMTCT services, HAI will:

- Support expansion of pMTCT to 50 new facilities, including 13 public and 3 private sites were previously part of a PBF system and will need extra technical and logistic support to restart or reinforce activities.
- Support joint situational analysis for new sites with the district management teams & PNPEC.
- Support integration of complete pMTCT package in ANC (C&T, CD4, ARV prophylaxis, nutrition), primary prevention and prevention of unintended pregnancies among women of reproductive age.
- Promote exchange of experience and best practices between PMTCT facilities
- Package ARV prophylactic kits for HIV positive pregnant women (intra partum and post partum ARV doses).
- Support the reproduction, diffusion, and utilization of the new health booklet for pregnant women and their infants.

To promote demand creation, HAI will:

- Promote competition between sites of the same district or region with certificates of participation and the provision of equipment and materials for the high performers
- Use results from qualitative studies identifying bottlenecks to access of care and access to CD4 counts

To reduce lost to follow up, HAI will:

- Regularly analyze follow up registers available onsite with health workers, social workers, and community based organizations to link HIV+ women to health facilities, CD4 analysis, and other services
- Provide psychosocial support if the woman decides to disclose her status to her partner and provide emotional support and encouragement for partner testing (collaboration with Engender Health)
- Work with local NGOs to support home visits by peer counselors to HIV+ pregnant women to improve follow up and maintain them in PMTCT.

To support integrated PMTCT, HAI will:

- Integrate HIV C&T in family planning services.
- Strengthen diagnosis & treatment of STDs at ANC
- Establish a collaborative framework with PNSR to strengthen integration of reproductive health in

**PMTCT.**

Plans to decrease unit cost per patient and improve program efficiencies, HAI will:

- Use results from OR activities to identify bottlenecks, propose solutions, and measure the result of the change.
- Collaborate with PAM, FANTA, PATH, UNICEF, PNN, and local NGOs to integrate nutritional assessment of pregnant women and children at ANC at post natal clinics, family planning clinics, and vaccination services.
- Support the provision of food supplement for malnourished pregnant women and children and strengthen evaluation activities in collaboration with UNICEF and PNN.

To build capacity of health care providers and facilities, HAI will:

- Support bi-weekly coaching visits to facilities by HAI pMTCT assistants in collaboration with the district HIV focal point.
- In collaboration with chief medical officers, elaborate pMTCT micro and overall district operation plans
- Support PNPEC in organizing 3 regional trainings of midwives on prevention using national integrated modules (at least 20 participants per session).

To build supervisory, data collection, and monitoring capacities, HAI will:

- Support regular quarterly district supervision visits to health facilities.
- Support district level data collection agents.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,230,000	0

**Narrative:**

HAI will support all regions and districts which are listed above, whose population is approximately 1,855,953.

HAI's onsite supervision includes onsite coaching. This takes lessons learned in a formal training environment and applies them to onsite activities to troubleshoot bottlenecks in the actual implementation. This is followed by several months of joint MOH-HAI supportive supervision.

Over 50% of sites HAI supports do not have a permanent doctor on site and require extra technical, financial, and logistical support. To assure the effective administration of treatment, HAI organizes a system of roaming doctors, who visit treatment sites twice a month to prescribe treatment, perform follow up check ups, and diagnose any opportunistic infections.

HAI anticipates 19 new adult treatment sites in COP12. These sites were previously funded under a PBFS which has ended. HAI will provide extra technical and logistic support to these sites during the transition.

HAI tracks and evaluates clinical outcomes by:

- Collaborate with URC and JHPIEGO to implement QI methods in all 19 new health facilities, to improve overall quality of care.
- Regular monitoring to improve data quality.
- Initiate and support facility level analysis of monthly data and share of analysis with MOH to influence decision making, improve quality of service, and provide longitudinal tracking of epidemic.
- Collaboration with DPM to conduct pharmaco-surveillance and monitor frequency of undesirable side effects of treatment.
- Organize monthly prescribers' meeting to discuss and address cases of treatment failure, blood samples transportation and ensure feedback of results
- Support installation of SIGDEP in 10 new health facilities in collaboration with DIPE.
- Data and quality of care audit once a year

HAI supports improved retention of patients initiated on ART by:

- Support strategies for infection control at ARV sites such as decongestion, ventilation and lightening of waiting areas and active search for TB.
- Support the PSP in data collection and compilation at site and district level for drug and lab supplies.
- Make available and functional EDT in hospitals in collaboration with SCMS
- Participation in preparatory meetings for quantification of ARVs and laboratory products and in the TWG of the Monitoring Committee of ARVs
- Support to health districts in delivering monthly ARV reports, commodities and attrition summary reports
- Coaching health providers and managers for the delivery of ARVs to patients by the HAI staff
- Support community counselors and local NGOs in coordinating psychosocial support groups, home visits, and follow up visits for PLWHA and their partners to ensure retention in care.

HAI's strengthens links with MCH and FP services by:

- Support peer counselors (through local NGOs) to coordinate referral between MCH and FP services to care and treatment services

Nutrition activities

- Support food supplements distribution to 571 malnourished HIV patients
- Collaborate with FANTA, PATH and PNN to integrate nutritional assessment for HIV patients.
- Ensure procurement, and distribution of adult weighing scales in health facilities.
- Facilitate distribution of assessment tools and facilitate data collection

WASH activities:

- Support distribution of water purifiers to 200 HIV positive adult families and training on treatment and proper storage of drinking water.
- sensitization messages on importance of hand washing.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------



Treatment	PDTX	274,000	0
<b>Narrative:</b>			
<p>HAI will support all 3 regions where 92,798 are expected to be pregnant women. Activities that contribute to pediatric treatment include:</p> <ul style="list-style-type: none"> <li>•Support pediatric HIV treatment in 19 new health facilities in three regions, totaling 61 HAI supported sites that provide pediatric treatment.</li> <li>•Provide technical and financial assistance to 3 health centers of Savanes region that were previously supported by EGPAF funds.</li> <li>•Make available and functional EDT (a pharmacy software) in general hospitals in collaboration with SCMS</li> <li>•Support and strengthen strategies to ensure that all eligible HIV positive children are rapidly evaluated and started on HAART as appropriate</li> <li>•Collaborate with URC and JHPEIGO to implement quality improvement tools in all 19 pediatric treatment facilities to improve quality of services.</li> <li>•Initiate and support health facility level analysis of monthly activity data for adult care and support indicators and use of analysis result to influence decision making and improve quality of service.</li> <li>•Support to health districts in delivering monthly ARV reports, commodities and inclusion attrition summary through the flow of blood samples to the reference laboratory of the district</li> <li>•Coaching managers for the delivery of ARVs to patients by the HAI staff</li> <li>•Conduct data audit once during the year</li> <li>•Improved communication between Health district and health facilities across the conveying of blood samples developed by HAI</li> <li>•Collaboration in the process of quantification of ARVs and laboratory products.</li> <li>•Support to the PSP to collect data at the health district, general hospitals and CHR for the quantification of ARVs and laboratory products.</li> </ul> <p>Activities to support adherence, improve retention, and establish linkages to reduce loss to follow up include:</p> <ul style="list-style-type: none"> <li>•Provide coaching to all providers on counseling and analysis of health booklets to strengthen identification and active search of infants of HIV positive women at post natal clinics, vaccination, nutrition services, and pediatric outpatient consultation and inpatient pediatric ward.</li> <li>•Support creation and ongoing operation of multidisciplinary support and adherence clubs at each health facility to provide psychosocial support and monitor patients' adherence to treatment</li> <li>•Support peer counselors to follow up HIV-positive women and their children in the community and to link them to health facilities, including home visits and follow up to ensure attendance at medical visits</li> </ul> <p>Activities to promote integration of pediatric HIV treatment in MCH, nutrition, and community based activities include:</p> <ul style="list-style-type: none"> <li>•Collaborate with PNN and PATH to integrate nutritional assessment for children at post natal clinics/</li> </ul>			

family planning clinics, and vaccination services.

- Support local NGOs to identify and refer malnourished children identified at community level to health facilities for nutritional treatment, care and support.

Activities to provide specific services to adolescents include:

- Support and encourage infected young men to adopt AB methods during routine services at health sites.

Activities to provide early infant diagnostic services, PITC, and CD4 availability include:

- Support logistics and transport of PCR samples from all 3 regions to reference laboratory in Abidjan and results back to health facilities
- Support transport of CD4 samples for all HIV positive children to the reference laboratory
- support integration of PCR and pediatric rapid HIV testing at post natal clinics & PF clinics

### Implementing Mechanism Details

<b>Mechanism ID: 10791</b>	<b>Mechanism Name: New CDC TA Mech JHPIEGO</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 1,950,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,950,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Note: To align the UTAP budget and new COP submission cycles, FY 2012 funding will support activities through March 2014.

Goal: To improve government of Cote d'Ivoire (GoCI) capacity to reduce the mortality of people living with HIV/AIDS and prevent HIV in newborns by increasing access to high-quality PMTCT and care and treatment services and to cervical cancer prevention.



Objectives are to 1) evaluate implementation of standards based management and recognition (SBM-R) quality improvement approach at 40 pilot sites; 2) assist the GoCI in rolling out cervical cancer prevention (CECAP); 3) support the GoCI to implement a task shifting policy; 4) integrate HIV and OVC content into curricula at national training schools (INFS and ENSEP).

Cost-efficiencies will be pursued through SBM-R, which improves performance and decreases inefficiencies; task shifting, which enables nurses to provide treatment at a lower cost; curriculum work enabling graduates to provide OVC services without additional training; and single-visit cervical cancer screening.

To transition to Ivorian entities, JHPIEGO works with national entities and district health directors. For quality M&E, JHPIEGO will strengthen CECAP M&E using lessons learned from other CECAP country programs. For SBM-R, JHPIEGO will develop appropriate outcome indicators beyond improved adherence to standards. For task shifting, JHPIEGO is evaluating the pilot project.

Vehicles: Through COP11:1. New in COP12:1 (\$40,000), to work closely with health districts for the national roll-out of programs. For life of mechanism: 2.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	1,100,000
----------------------------	-----------

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Child Survival Activities
- TB



Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 10791			
<b>Mechanism Name:</b> New CDC TA Mech JHPIEGO			
<b>Prime Partner Name:</b> JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,100,000	0

**Narrative:**

For COP 12, Jhpiego will continue to support activities for cervical cancer prevention and treatment (CECAP) for women living with HIV and AIDS to ensure that women receive high quality care at 20 health facilities and 2 referral sites. Jhpiego will also assist the government on a national level to roll out cervical cancer prevention programs. To do this, Jhpiego will:

- Collaborate with Ivorian government to develop CECAP policies and training materials (guidelines, training toolkits, , monitoring and evaluation tools)
- Assist in monitoring the implementation of cervical cancer prevention and treatment in the 22 existing sites
- Work closely with the national HIV/AIDS care and treatment program (PNPEC) and health districts to train regional trainers
- Continue to participate and facilitate the CECAP technical working group (TWG)
- Work with Ministry of Health and AIDS department of maintenance to train indicated persons in maintaining cryotherapy and LEEP machines
- Work with CECAP TWG to develop CECAP information and education materials (pamphlets, flipcharts, etc) and print copies for use at sites
- Establish a linkage system to the labs for women with large lesions to provide treatment (LEEP)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0

**Narrative:**

The objective of integrating OVC contents into social workers curricula is to increase the number of qualified social workers who are competent to provide care and support to OVCs. Jhpiego has been working with health training institutions for the past three years through the ERCACI project, which was terminated in March 2011. Under this project, Jhpiego led the process of identifying and integrating



HIV content into curricula at the national training school of social workers (INFS) for the different cadres (e.g. social workers, pre-school educators, specialized educators), and developing a technical working group (TWG) that led the process at INFS to identify the relevant HIV/AIDS content.

Through the COP12, Jhpiego will work with the National OVC Program (PNOEV) and national training schools INFS and ENSEP (national school for continuing education) to:

- Reactivate the TWG at INFS and create one at ENSEP;
- Conduct technical update trainings for faculty in charge of OVC contents;
- Develop course syllabus and lesson plan for OVC contents;
- Follow up and mentor classroom teachers and instructors when they teach HIV contents;
- Identify a room/space to be used in each school for simulation.
- Evaluate the integration of OVC at INFS

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	50,000	0

**Narrative:**

The objective of task shifting is to develop and implement a policy allowing nurse and midwives to prescribe ARVs freeing up doctors and increasing access for patients. Jhpiego and ICAP have worked in partnership to: 1) advocate with government to implement a national policy allowing nurses to prescribe ARVs; and 2) develop a national training curricula for nurses and midwives and an orientation for doctors to act as supervisors/coaches of the nurses and midwives; Unfortunately, implementation of the policy has been delayed because there are still doubts by some that nurses and midwives can competently prescribe ART. After two years of advocacy, PNPEC agreed to allow a pilot project at 27 sites to determine if in the Ivorian context nurses and midwives could prescribe ART. Jhpiego developed the training curricula and conducted the training for 49 nurses and midwives from 27 sites in: Haut Sassandra (Daloa, Issia, Zoukougbeu), Lagunes (Abidjan), Fromager (Gagnoa), Bas Sassandra (Tabou), Sud Bandama (Divo), Zanzan (Bondoukou), Marahoué (Bouaflé, Zuénoula, Sinfra), Vallée du Bandama (Béoumi, Bouaké). They also conducted an orientation for 25 medical doctors to serve as supervisors. Jhpiego and ICAP are currently developing the protocol to assess the nurses and midwives competency.

Once the policy is passed and the country is ready to roll out the policy then Jhpiego will work with PNPEC, ICAP, and other national partners to develop a national scale roll out plan to enable nurses and midwives to prescribe ARVs by training nurses/midwives and medical supervisors who will provide

ongoing supportive supervision and coaching to the nurses/midwives at new sites. This will entail getting the training curricula developed for the pilot project endorsed nationally, developing regional pools of trainers, and rolling out training to all regions. The selection of regions will be based on the developed roll out plan. Jhpiego will also assist MSLS to identify and establish regional clinical training hospitals/sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	350,000	0

**Narrative:**

For the past three years Jhpiego has successfully implemented the quality assurance methodology, SBM-R, at 25 existing PMTCT sites where implementing partners, EGPAF and ACONDA, are providing ART. These sites have all “graduated” and the quality assurance is undertaken by the sites themselves. Under COP 11 Jhpiego is adding 10 additional PMTCT and care and treatment sites. The sites are located in: Vallée du Bandama (Bouaké), Savanes (Korhogo, Ferkessédougou). For COP 12, Jhpiego continue to supervise the 10 existing sites until they “graduate” and are self-sufficient. No new site will be involved in SBM-R approach through COP 12. In collaboration with its partners, Jhpiego will conduct a retrospective evaluation of the implementation of SBM-R in Côte d’Ivoire. Please note that this section focuses only on improving quality for PMTCT and the section to improve quality for care and treatment is under Adult Treatment Activity section.

SBM-R is a sustainable model because it involves the health facility from the beginning and by the end, the site is self-sufficient and maintains the approach itself. District health staff and facility staff are trained to assess their compliance with the national standards then trained to determine the underlying causes and develop and implement a plan to improve the uncovered barriers. Jhpiego’s role is to train, coach, assist and conduct the final evaluation to determine status. SBM-R is divided into three modules:

- o Module 1:

- ? Orient new sites what standards are, how they can be used for self-assessment, supervision, monitoring of progress during a five day orientation.

- ? Link previous sites to new sites to encourage cross-sharing.

- ? Jhpiego then helps sites measure their baseline for how the standards have been implemented to that point in time and develops initial activity plan.

- ? Implement easy fixes to gaps identified.

- o Module 2 (~2 months after module 1):

- ? Sites completes internal evaluation then participate in a 3 day meeting where sites present what they did and how they improved implementation of standards, and develop action plan for the difficult

tasks analyzing and addressing the root causes.

- o Module 3 (~3 months later):

- ? External assessment by Jhpiego followed by a 3 day meeting where sites review progress and measurement on SBM-R then develop action plan for achieving 80% and how to reach recognition.

- ? National committee already selected from previous years will verify 80% and in collaboration with Jhpiego will hold a recognition ceremony.

There is clear evidence that this model has increased health clinics compliance with the standards: in sites where Jhpiego has already worked, performance has improved greatly – 17/25 health sites achieved 80% or more on the assessment compared to an average baseline of less than 25% and not one health site scored above 40% at baseline.

Nonetheless, Jhpiego will undertake a retrospective analysis of health sites where SBM-R was implemented to determine if implementation of standards lead to better health outcomes (e.g., increased percentage of women attending ANC getting tested for HIV, more pregnant women living with HIV receive CD4 count, increased number of eligible women placed on ARVs, or receive therapy, etc.)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	250,000	0

**Narrative:**

Jhpiego uses the same quality assurance approach for care and treatment, as they do for care and treatment so the approach outlined above to do an evaluation of SBM-R in Cote d’ivoire is the same approach for SBM-R at care and treatment sites.

Under COP 11, Jhpiego is working with the Ivoirian government to review and revise the existing the national standards for care and treatment that were developed in 2006. Given that HIV care and treatment has changed in the past year, Jhpiego is ensuring that the new standards are aligned with national care and treatment policies for: patient tracking (evaluating clinical outcomes, retention of patients, etc.), integrating services with maternal child health and family planning services, access to nutrition, and access to water and sanitation. Jhpiego will work with implementing partners and Ivoirain government at national and district levels to ensure adherence to these standards at 10 sites.

Under COP 12, Jhpiego will evaluate whether implementing these standards has led to improved health outcomes. (e.g., improved adherence to therapy, improved retention of patients, improved infection prevention, improved integration with family planning, etc.)



### Implementing Mechanism Details

<b>Mechanism ID: 11489</b>	<b>Mechanism Name: Department of Defense</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Inter-Agency Agreement
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 200,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

HIV/AIDS prevention is a priority for the new Army Forces of Cote d'Ivoire; "Force republicaines de Cote d'Ivoire" (FRCI) which composed of the former national armed forces (FANCI), as well members of ex-rebels armed forces (FAFN). In addition the FRCI is recruiting new members who are from the combatants associated to the FAFN during the post-electoral crisis; they are young and illiterate young men characterized by their mobility which could increase with heightened risk of contracting STIs and HIV. In the aftermath of the post election military crisis, while Military Health Facility were looted and damaged need to be restored, there are also new challenges in leadership transition to build new armed forces that could address security issues and support the political reconciliation process in order to ensure economic growth. . Building on the MoD's existing program of STIs/HIV/AIDS prevention, care and support services, the US Department of Defense (DoD), aims to 1) reinforce technical assistance for the military health sector, as well the well-being of the Military, 2) support health system strengthening of the MOD's health structure and 3) contribute to implement of a more comprehensive HIV/AIDS prevention services, including the HIV related policy development.

DOD/PEPFAR is intended to work in collaboration with the military Commanders in order to strengthen the capacity military health facilities and entities for the provision of HIV/AIDS prevention services at the community level, and ensure quality of clinical services.

The lab renovation and equipment coupled with the findings of the HIV behavioral and bio-marker survey



will be the backbone of the HIV/AIDS prevention program among the military and gendarmes

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	125,000
----------------------------	---------

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services  
 Military Population

**Budget Code Information**

<b>Mechanism ID:</b> 11489			
<b>Mechanism Name:</b> Department of Defense			
<b>Prime Partner Name:</b> U.S. Department of Defense (Defense)			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	200,000	0

**Narrative:**

Laboratory support is essential for implementation of an HIV/AIDS comprehensive program for civilians and in the military. Emphasizing the unique nature of the military, the issue of data confidentiality, the quality of military health facilities, and the need/support expressed by the MoD to build a new laboratory



infrastructure, DOD/PEPFAR and the Department of Military Health Service (DSSA) will establish a military laboratory facility within the main Military Hospital of Abidjan (HMA), where STIs/HIV/AIDS prevention, support, care and treatment services are provided. DOD/PEPFAR and a solicited Implementing Partner (currently under selection) will work closely with the MoD through the DSSA and the Ministry of Health and the fight of AIDS (MSLS) through Institut Pasteur de Cote d'Ivoire (IPCI) to develop a national laboratory policy and strategic plan for HMA to be a reference centre for military laboratories.

With FY10 and FY12 funding, the renovation and the equipment of the laboratory, will allow the military health services to support the diagnosis of STIs/HIV/AIDS and TB, in order to improve the quality of health services for beneficiaries.

The Government of Cote D'Ivoire (GoCI) through the Ministry of Defense (MoD) will provide a written request with the forecasting requirements, the granting of space and its financial contribution/resources which is about \$160,000

The lab renovation and equipment projects will involve consultants (military architects, military engineers), the contractor, the CDC/Retro-CI Laboratory as well, the suppliers, the monitoring team and finally the user clients (the militaries). We expect the project will last two to three years. Successful implementation of renovation and equipment projects requires proper planning and effective supervision from initiation to achievement.

DoD HIV/AIDS Prevention Program (DHAPP) would provide necessary expertise and Technical Assistance (TA) on the field and from HQ at San Diego to achieve this activity.

### Implementing Mechanism Details

<b>Mechanism ID: 11491</b>	<b>Mechanism Name: CDC-RETRO-CI GHAI</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



<b>Total Funding: 1,439,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,439,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Projet Retro-CI, a CDC-Ministry of Health and AIDS (MSLS) collaborative USG-funded project, functions as the national reference laboratory for HIV/AIDS while working to build a strong National Public Health Laboratory (LNSP). With FY 2012 funding, Retro-CI will continue its support to the tiered MSLS public health lab system and will strengthen the institutional capacity and coordination role of the national HIV, TB, and malaria programs in building sustainable national infrastructure, increasing managerial and technical workforce capacity, and expanding services to provide quality diagnostic testing, clinical lab monitoring of treatment, and surveillance.

While building capacity at the national reference labs, Retro-CI will continue to provide HIV reference testing and quality assurance (QA) to support quality services within the national lab network. A major activity is the progressive transfer of competence and technologies to the designated national reference labs to provide the minimum package of HIV lab services at all levels nationwide.

Retro-CI's technical assistance (TA) will support achievement of both PEPFAR country goals and national strategic plan goals. Working with the CDC Lab Coalition, University of Washington I-TECH, Institut Pasteur of Cote d'Ivoire and other central and regional labs, the LNSP, the regional research organization CRESAC, and relevant national programs, Retro-CI will reflect PEPFAR CI's strategic emphases through priority support for validation and implementation of the national laboratory strategic plan; human resource development; and accreditation plans and processes, including strengthening of local lab NGOs capacity to support accreditation.

Vehicles: No project-specific vehicles have been or will be bought.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	100,000
----------------------------	---------

**TBD Details**

(No data provided.)



**Motor Vehicles Details**

N/A

**Key Issues**

Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood  
 TB

**Budget Code Information**

<b>Mechanism ID:</b>	11491		
<b>Mechanism Name:</b>	CDC-RETRO-CI GHAI		
<b>Prime Partner Name:</b>	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	83,000	0
<b>Narrative:</b>			
<p>Projet Retro-CI, a CDC-Ministry of Health and AIDS (MSLS) collaborative USG-funded project, functions as the national reference laboratory for HIV/AIDS and supports building capacity of the national HIV, TB, and malaria programs; increasing lab managerial and technical workforce capacity; and expanding quality-assured diagnostic testing, clinical lab monitoring of treatment, and surveillance. FY 2012 funding in PDCS will support procurements, supervision and technical assistance for the diagnosis of 10,000 infants by PCR, as well as procurement of lab containers to be installed at two regional labs for the decentralization of the early infant diagnosis program.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	745,000	0





**Narrative:**

Projet Retro-CI, a CDC-Ministry of Health and AIDS (MSLS) collaborative USG-funded project, functions as the national reference laboratory for HIV/AIDS while working to build a strong National Public Health Laboratory (LNSP). With FY 2012 funding, Retro-CI will continue its support to the tiered MSLS public health lab system and will strengthen the institutional capacity and coordination role of the national HIV, TB, and malaria programs in building sustainable national infrastructure, increasing managerial and technical workforce capacity, and expanding services to provide quality-assured diagnostic testing, clinical lab monitoring of treatment, and surveillance.

Retro-CI has been charged by the National HIV/AIDS Care and Treatment Program (PNPEC) with evaluation and validation of national HIV testing algorithms, evaluation of new lab practices and technologies, and provision of support and guidance on lab policy issues. A major activity is the progressive transfer of competence and technologies to the designated national reference labs to provide the minimum package of HIV lab services at all levels nationwide.

Retro-CI's technical assistance (TA) will support achievement of both PEPFAR country goals and national strategic plan goals. Working with the CDC Lab Coalition, University of Washington I-TECH, the LNSP, Institut Pasteur of Cote d'Ivoire and other central and regional labs, and relevant national programs, Retro-CI will reflect PEPFAR CI's strategic emphases through priority support for validation and implementation of the national laboratory strategic plan; human resource development; and accreditation plans and processes, including strengthening of local lab NGOs capacity to support accreditation.

Retro-CI will continue to support the national HIV/AIDS program through TA, providing a platform for training of lab professionals and for routine HIV testing, and will serve as a back-up lab for PEPFAR clinical partners for about 6,000 patients. Retro-CI will coordinate PEPFAR-supported lab activities in collaboration with PNPEC and national lab institutions and will transfer expertise by providing TA to the lab network through training, supervision, and implementation of quality assurance programs under the leadership of LNSP.

Retro-CI will work closely with the PNPEC for evaluation and effective implementation of point-of-care tests for CD4 count and viral load, such as PIMA machines. TA will be provided to PNPEC to decentralize early infant diagnosis (EID) of HIV to two regional labs and to improve the transport systems for samples and EID results. Working with the national association of lab technicians, Retro-CI will support continuing education on best laboratory practices.

Working with the CDC Lab Coalition, Retro-CI will continue support for the national institution in charge of lab accreditation (CRESAC) and for implementation of the WHO-AFRO accreditation scheme, aiming to enroll five labs each year in addition to the three central labs to achieve Level 5 accreditation.

Working with I-TECH, Retro-CI will continue implementation of an open-source lab information system and its extension to two other central labs (LNSP, IPCI) and six regional labs while developing local capacity to maintain the system.



Retro-CI will continue support for the quantification and procurement of lab commodities to support the national HIV/AIDS program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	16,000	0

**Narrative:**

Projet Retro-CI, a CDC-Ministry of Health and AIDS (MSLS) collaborative USG-funded project, functions as the national reference laboratory for HIV/AIDS and supports building capacity of the national HIV, TB, and malaria programs; increasing lab managerial and technical workforce capacity; and expanding quality-assured diagnostic testing, clinical lab monitoring of treatment, and surveillance. FY 2012 funding in HVCT will support procurements, supervision and technical assistance for the testing of 1,000 patients as part of their initial biological assessment for ARV treatment. In addition, technical assistance will be provided for HIV testing involved in ANC surveys, the Demographic Health Survey, and operations research.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	595,000	0

**Narrative:**

Projet Retro-CI, a CDC-Ministry of Health and AIDS (MSLS) collaborative USG-funded project, functions as the national reference laboratory for HIV/AIDS and supports building capacity of the national HIV, TB, and malaria programs; increasing lab managerial and technical workforce capacity; and expanding quality-assured diagnostic testing, clinical lab monitoring of treatment, and surveillance. FY 2012 funding in HTXS will support procurements and technical assistance in support of biological monitoring tests for 6,000 adults living with HIV and other lab services, as well as evaluation of new lab technologies.

**Implementing Mechanism Details**

<b>Mechanism ID: 12543</b>	<b>Mechanism Name: Health Policy Project (HPP), TBD GH-01-2010 (Futures Group International)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
----------	----------------------

<b>Total Funding: 0</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

No FY 2012 funding is requested for this mechanism, which will complete activities funded in earlier COPs.

The goal of the Health Policy Project (HPP) is to engage and strengthen the ability of individuals, universities, and in-country and/or regional institutions to build long-term capacity in the health policy arena and to address policy and advocacy needs at national and subnational levels. The HPP Côte d'Ivoire Program's primary objective is to support country-driven use of data for decision-making. Based on results of an HPP costing study in 2010-11 and the results of other behavioral surveillance studies and operational research on men who have sex with men (MSM) and female sex workers (FSW) being conducted in Cote d'Ivoire with other partners, HPP is training local stakeholders to conduct data analysis and triangulation activities in support of evidence-based HIV prevention planning. HPP-CI works to reduce some in-country costs related to workshops and meetings. For instance, in lieu of renting hotel space for each meeting and workshop, HPP-CI investigates strategies for cost-sharing with the government or with other partners. HPP-CI also work closely with its office in Accra, Ghana, to reduce travel-related expenses. HPP-CI conducts rigorous monitoring and evaluation of its activities. Its primarily intervention involves capacity-building interventions with its local counterparts. Beneficiaries complete a baseline self-assessment that is used to assess changes in knowledge and skills over time. No vehicles through COP11. No vehicle in COP12: Total vehicles planned for project life : 0

**Cross-Cutting Budget Attribution(s)**

(No data provided.)



**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b>	12543		
<b>Mechanism Name:</b>	Health Policy Project (HPP), TBD GH-01-2010 (Futures Group International)		
<b>Prime Partner Name:</b>	Futures Group		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0
<b>Narrative:</b>			
<p>No FY 2012 funding is requested for this mechanism, which will complete activities funded in earlier COPs.</p> <p>HPP is working to strengthen the capacity of key country stakeholders, especially the Ministry of Health and AIDS (MSLS), to understand and use data from models/tools such as Goals and HPP costing tools for the purpose of evidence-based advocacy. Capacity building approaches are targeted to Ivoirians with advocacy responsibilities who need to learn to strategically use data in policy-related advocacy with different target groups.</p> <p>Based on results of an HPP costing study in 2010-11 and the results of other behavioral surveillance studies and operational research on men who have sex with men (MSM) and female sex workers (FSW) being conducted in Cote d'Ivoire with other partners, HPP is training local stakeholders to conduct data</p>			



analysis and triangulation activities in support of evidence-based HIV prevention planning, including an application of the GOALS model to estimate impact and recommend improved efficiency in allocating funds to HIV services to meet national goals.

The Goals model helps decision makers determine the most cost-effective interventions considering the characteristics of the HIV epidemic in their country. It can be used to inform decision makers on allocation of budget and to otherwise inform resource mobilization.

Capacity-building is a core element of HPP. With FY 2011, HPP trained country counterparts in costing and analysis, taking a “learning by doing” approach to building capacity. This same process is being replicated in FY 2012 in support of activities aimed at estimating the resources required to implement the national strategy.

HPP is building the capacity of a small number of qualified individuals from partner institutions to develop the model specific to the HIV epidemic and response in Cote d’Ivoire. (This includes basic Spectrum training). As part of the capacity building, individuals learning how to include more recent data, for example, from studies of most-at-risk populations (MARPs), possibly more recent HIV prevalence data, and new costing data to update the model. Trainees include a limited number of staff from the MSLS. HPP provides consultation and review to all previous drafts and organizes conference calls on a regular basis with the local team to ensure that they are well-supported and meeting agreed-upon timelines. As part of this process, the HPP supports the local team to design appropriate data collection tools following standard cost collection practices but adapted to meet the needs of the national HIV program in Côte d’Ivoire. HPP provides TA, training, and other capacity building approaches to support a larger group of appropriate stakeholders to adapt and present materials for strategic policy-related advocacy. This larger group represents multisectoral interests and includes community-based organizations.

The project will build the capacity of 20 staff from the MSLS and support technical and logistical expenses for conducting resources allocation models.

### Implementing Mechanism Details

<b>Mechanism ID: 12557</b>	<b>Mechanism Name: PSI 2010 Co-Ag</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
----------	----------------------

<b>Total Funding: 1,750,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,750,000

**Sub Partner Name(s)**

Agence Ivoirienne de Marketing Social	Association des Epouses de Militaires de Côte d'Ivoire	Bouake Eveil
Croix Rouge Cote d'Ivoire	Eden Lumiere Action	Espoir FANCI
Syndicat National des Transporteurs et Marchandises de Côte d'Ivoire		

**Overview Narrative**

Goal: Contribute to reduce the HIV/STI transmission and impact

Dual Objectives: (1) Strengthen HIV/AIDS/STI prevention and care among mobile and vulnerable target populations; (2) Strengthen the capacity of the Ivoirian uniformed personnel to expand quality HIV prevention and BCC.

To be more cost effective, PSI has incorporated it experience in an effort to support local ownership and build capacity. PSI is continuously developing tailored expertise, tools, and models to improve health programming while also building organizational strength. PSI vision will be achieved by integrating capacity building at all levels of implementation.

PSI has established trusting relationships and mutual respect with local organizations engaged in health and development work. The PSI team’s success is rooted in its nuanced understanding of the country’s complexity and in the team’s ability to leverage networks to bring about positive change.

To assure high quality M&E, PSI adheres to rigorous evidence-based decision making. PSI will train all stakeholders, to gather and share data using its system. PSI will continue to monitor the accuracy and quality of reporting. One 4x4 car is planned to be used with condom delivery and supervision, to replace AIMAS’s old one.

**Cross-Cutting Budget Attribution(s)**



Economic Strengthening	35,000
Food and Nutrition: Policy, Tools, and Service Delivery	85,000
Gender: Reducing Violence and Coercion	15,000
Human Resources for Health	425,000
Water	7,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Military Population
- Mobile Population
- Workplace Programs

### Budget Code Information

<b>Mechanism ID:</b> 12557			
<b>Mechanism Name:</b> PSI 2010 Co-Ag			
<b>Prime Partner Name:</b> Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

**Narrative:**

PSI will work with partners to strengthen care and support systems across project sites in Côte d'Ivoire through trainings, referrals, improvement of supply chains and communication materials. PSI will strengthen referrals to new and existing care and support sites, as well as follow up care for those who tested positive for HIV or STIs. To reduce stock outs of medications and consumables, PSI will work closely with SCMS to improve the procurement and supply chain system through use of improved Management Information System (MIS) tools, using mobile phones with text messaging capabilities. Field agents will use the mobile phones to store and send data about each Counseling and Testing Center and/or care site and materials, equipment and medicines needed to PSI. The real time data will ensure that sites have the materials they need.

The Care and Support activities will be conducted in the whole OHP (24 zones) and PSAMAO (26 sites) sites toward uniformed personnel, their family, transporters, migrants and sex workers. Activities will be done as Testing and Counseling fixed centers. The project will aim to increase the percentage of individuals of target populations who have sought at least one relevant care and/or support service (such as STI testing, STI treatment, ART, or support group).

Counselors at all project sites provide support to PLWHA through home and workplace/site 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. PSI CI will strengthen and expand the pool of health providers through trainings on comprehensive care support to PLWHA. Counselors are also trained to refer PLWHA and their partners to appropriate health and other services and to update the mapping of care & support units, treatment centers, and Orphan and Vulnerable Children (OVC) care units. PSI will provide added support to the national police, customs agents and Water and Forests agents, as recommended by different Ministries.

In addition to psychosocial support and referral services, the project will continue to provide PLWHA with "positive living" kits containing insecticide-treated nets, household water purifying tablets, oral rehydration salts, condoms, and a positive-living guide. Counselors promote HIV prevention for PLWHA through use of the kit, such as teaching correct and consistent condom use. When the kit contents run out, PLWHA will be able to find condoms and ORS distributed by PSI CI and AIMAS at local sales outlets. Water purifying tablets will soon be available to PLWHA and the public via the commercial sector in the northern region (partnership between United Nation Children Fund (UNICEF) and PSI CI will distribute Aquatabs through the commercial sector). This effort will be associated by hygiene sensitization and the hand washing with soap promotion.

PSI CI will work with partners to strengthen care and support systems across project sites in Côte d'Ivoire through trainings, referrals, improvement of supply chains and communication materials. PSI CI will



strengthen referrals to new and existing care and support sites, as well as follow up care for those who tested positive for HIV or STIs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	0

**Narrative:**

PSI-CI will engage the target population through a variety of IPC activities and small group discussions. Such activities will take place in targeted locations in communities, neighborhoods, and stations where people naturally get together to meet, talk, rest, eat, watch television or listen to the radio. PSI-CI will provide ongoing support and supervision to supervisors to hold planned and spontaneous discussions in support of abstinence and fidelity.

In each of the 32 sites located in these town (Abidjan, Aboisso, Bondoukou, Dimbokro, Daoukro, Yamoussoukro, Daloa, Gagnoa, San-Pedro, Soubré) children of uniformed personnel will be grouped together in 6 groups by taking into account parameters of age, sex and address. Groupings will be 10 to 14 years and 15 to 24 years with separate group for girls and boys. This segmentation facilitates the discussions and offers an opportunity for the children to express themselves.

In total, 26 000 children of uniformed personnel will be sensitized on abstinence: 14 000 girls and 12 000 young boys, from 10 to 24 years old will be reached during Girl Club activities and young leaders Peer Education sessions. An accent will be put on discussion groups, movie viewing followed by debates, peer exchanges and educational games.

PSI CI will support the creation of new youth and girls clubs and organize regular group meetings for women and girls. PSI will train military spouses association to increase parent-child communication on abstinence and fidelity, to promote delayed sexual activity, primary and secondary abstinence and correct and consistent use of condom.

Communication supports, developed by PSI and validated by partners, will be duplicated and shared at all 32 sites. Messages on abstinence and delayed activity targeting children will be prioritized. For those who are sexually active, other means of prevention will be communicated.

The CCV will pursue these activities. To increase awareness of abstinence and fidelity behaviors, PSI-CI will organize several social mobilization events, integrated with CCT campaigns, debates, games, contests, theatrical troupes, dance and fairs; sporting events, competitions and game shows.

4 000 persons will be reached (3 000 wives and 500 couples) by IPC interventions on Be Faithful. 2 women by site in 25 sites will lead these activities in conjunction with the uniformed person peer Educators.

To insure the quality of the interventions, 30 to 45 minutes BCC sessions will be made by homogeneous groups of 25 persons at the most. A different theme will be approached every week by the peer educator. Once a group has discussed all of issues, the peer educator will pass to the next group. PSI CI will capitalize on market days to better reach communities and tap into partner AIMAS's materials and grasp of cultural influences to reach target populations.

25 religious leaders will be trained to accompany the young people and the adults to provide a religious point aspect of the topics. 120 persons of the local hierarchies and 180 relatives will be trained to insure the promotion of activities in their respective sites. 50 women will be trained for the supervision of activities in the sites. 235 young people will be trained in communication techniques for abstinence promotion.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	350,000	0

**Narrative:**

The Testing and Counseling activities will be conducted in the whole of OHP (24 zones) and PSAMAO (26 sites) sites toward uniformed personnel, their family transporters, migrants and sex workers.

Mobile Testing and counseling services are essential to reaching vulnerable mobile populations and tend to be more appealing for men. Furthermore, cost-per-client data from PSI indicate that mobile Testing and counseling services are more cost-effective than other fixed Testing and counseling sites. PSI program data and the participatory evaluations with target populations indicate that maintaining confidentiality and saving time are key reasons why men are more likely to seek HIV and STI testing through mobile services as well as through the private sector.

The Testing and Counseling services decided to combine approaches between fixed and mobile as an advanced strategy when the needs are identified or solicited during target groups' special events. Using geographic information system mapping to overlay access, coverage, and prevalence data, mobile teams will identify gaps and plan their penetration into areas and hot spots where counseling and testing (CT) is needed. PSI-CI will open new sites in target zones, including exploring the feasibility of expanding testing fixed sites in transport stations through partners using rapid tests. Mapping will also facilitate linking clients to follow-up services (Treatment and care) and assist in mobilizing communication teams to generate demand for services.

PSI CI will conduct participatory needs assessments of new and existing HIV/AIDS/STI testing sites to assess needs for equipment, training, and staffing. PSI CI will also coordinate with Regional and District Health Departments to respond to identified needs and offer HIV/STI testing training to personnel with emphasis on serving target populations. Furthermore, PSI will participate in monthly coordination meetings through the Ministry of Health and Fight against AIDS and engage in regular support and supervision visits.

PSI CI will integrate mobile with special days events such as National Testing Day (JNCD), Aids Control National Week and World Aids Day (JMLS).

We will continue to reinforce the existing collaboration between integrated Testing centers and the care and support centers. A cartography of all interventions and organism implementers will be developed to find a way for the complementarity and will be made available to partners.

Training is the pillar of assuring quality of care with rapid testing using the serial algorithm according to the national guidelines. 125 Testing and Counseling service providers will be trained on testing. Regular refresher trainings will also be held to ensure skills are maintained and improved. 150 providers will receive refresher courses. During quarterly supervisory visits to all sites, PSI CI staff will evaluate sites and counselors against a checklist of international standards for CT services and put in place improvement plans where standards are not fully met. With other HIV testing implementing partners, PSI CI will explore the possibility of creating a standardized quality assurance logo for sites that meet quality standards.

The system effectiveness of referral and counter referral will be reinforced through a tools harmonization and putting in place a monitoring mechanism. Quarterly experiences sharing meeting with care management implementing partners will be organized.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	0

**Narrative:**

For the OHP program, the target populations are: uniformed personnel, their partners and their sexually active age children. Truck drivers, sex workers and migrants constitute the target populations of PSAMAO program.

For both programs, the age brackets vary from 15 to 18 years and 19 to 25 years and more and are segregated by sex. OHP activities will take place in the camps of uniformed personnel (military, police, Waters and forests agents, gendarmerie and Customs agents). As for PSAMAO, activities will be localized in bus stations, big truck's parking, corridors and the agro industrial complexes.

In total 48,000 persons will be touched by the OHP program and 20,000 persons (among them 4,000 sex workers) for the program PSAMAO. These activities will be located in following town: Abidjan, Aboisso, Abengourou, Adzopé, Divo, Bondoukou, Bouna, Dimbokro, Daoukro, Yamoussoukro, Tiébissou, Bouaké, Korhogo, Boundiali, Ferké, Odienné, Séguéla, Bouaflé, Daloa, Gagnoa, San-Pedro, Soubré, Tabou, Man, Duékoué, Guiglo, Zuénoula.

Conducted in 2008 a PSI's TRaC survey indicated that over 60% universal personnel reported having sexual relationship(s) with one or more partners to whom they were not married. Of these, only 32%



used condoms regularly and 36% during their last sexual encounter. Significant findings showed that men lacked the self-efficacy to resist risky sexual encounters or to insist upon condom use during such encounters;

The persons touched during the sessions of BCC, from tackled issues, are invited to go towards testing and counseling units for STI and HIV. The actors trained to the techniques of BCC are also trained on STI and HIV testing techniques. The actors will lead talks during post test clubs. The OHP and PSAMAO supervisors participate in the coordination meetings (local, departmental, regional and national level) organized by the technical ministries and the supervisory ministries.

Sessions of BCC from 30 to 45 minutes will be made by homogeneous group of 25 persons at most. A different theme will be approached every week by every peer educator. Once all the tackled issues treated, the educator passes to another group.

In addition, formatives supervisions will be led to estimate the quality of the data strengthen the capacities of the supervisors and make a coaching of the organizations of young people and women for the manners of the activities. These supervisions will also allow identifying domains requiring capacities building. Quarterly meetings of coordination involving all the partners will be organized to discuss the state of progress of the project and handle the met difficulties

To be able to make decisions or plan actions based on the evidence, PSI CI plans to make 1 TRaC study to insure the quality of the delivered services among commercial sex workers (CSW). A study MAP on the quality of availability of the condom will be also led (OHP and PSAMAO sites). For data quality assurance, a capacities building training is planned for implementation partners' persons in charge of monitoring and evaluation. Tools of collection and communications will be provided to them, formatives supervisions will be scheduled and quarterly meetings will be organized for the data validation. The validated data will be regularly shared to the various actors and to their respective hierarchy. Also a workshop annual balance assessment will be organized to present the results of the activities led to all the actors operating in HIV field.

### Implementing Mechanism Details

<b>Mechanism ID: 12631</b>	<b>Mechanism Name: ANADER 2010 CoAg</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Agency of Rural Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
----------	----------------------

<b>Total Funding: 1,650,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,650,000

### Sub Partner Name(s)

ACONDA	Johns Hopkins University Bloomberg School of Public Health	Population Services International
Reseau des Professionnels des Media et des Arts engages pour la lutte contre le Sida en Côte d'Ivoire		

### Overview Narrative

With USG support, the Ivoirian rural-development agency ANADER works to increase access to HIV/AIDS prevention, treatment, care, and support in rural areas by providing evidence-based prevention, care, and referral services. Working through community social action groups and community counselors in villages, the project aims to: 1. Promote healthy behavior change to reduce HIV transmission; 2. Reduce HIV vulnerability among women and girls; 3. Build local uptake of PMTCT services; 4. Provide close-proximity HIV testing and counseling in high-prevalence areas; 5. Improve community care and support for people living with HIV and OVC; 7. Foster local ownership of HIV/AIDS activities by communities and local authorities. Cost efficiency is pursued by targeting densely populated rural sites to maximize peer educator and community counselor (CC) use, prioritizing local procurement, and conducting training and on-site in ANADER centers and religious facilities using ANADER staff. High-performing agents and CCs will be trained to be supervisors to reduce monitoring and supervision costs. Capacity building in M&E will produce more qualified staff for activity monitoring, accurate data gathering and verification, and field level evaluation of interventions.

Vehicles: Through COP11: 0. The program is running on two used ANADER-owned vehicles. New requests in COP12: 4 (\$160,000) for nationwide supervision activities. Total planned vehicles for life of mechanism: 5.



### Cross-Cutting Budget Attribution(s)

Economic Strengthening	25,000
Education	100,000
Food and Nutrition: Commodities	20,000
Food and Nutrition: Policy, Tools, and Service Delivery	56,000
Gender: Reducing Violence and Coercion	60,000
Human Resources for Health	510,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Mobile Population
- TB
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b>	12631
<b>Mechanism Name:</b>	ANADER 2010 CoAg
<b>Prime Partner Name:</b>	National Agency of Rural Development



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	0

**Narrative:**

ANADER 2012-13 adult care and support activities will consist of capacity development for community counselors (CC), ANADER rural development agents, and people living with HIV/AIDS (PLWHA) and their families in palliative care and psychosocial and nutritional support. Prevention with Positive (PwP) activities will focus on training of field actors and PLWHA support group leaders. Sensitization of PLWHA will focus on medical check-ups, ART adherence, systematic and appropriate use of condoms, and creating support groups. With the contribution of Heartland Alliance, commercial sex workers who have been identified and tested positive will be supported and monitored by CC, and will be provided with condoms and lubricant. They will also receive education against drug and alcohol abuse. PLWHA will be educated on identifying signs of sexually transmitted infections (STI) and on hygiene such as washing hands.

These activities will be extended to 32 new village sites. The target population is people living with HIV/AIDS, especially discordant couples.

PLWHA are identified through the project's mobile HIV testing, home-based testing, or testing at rural health centers, and offered support after they confide in CC.

Community social action groups (ECAS) created with the project's help, in charge of implementing HIV/AIDS and other activities in the village, will help foster good working rapport between health workers and CC). Wherever possible, CC from ECAS will assist in group testing and counseling at health centers. This shared responsibility will build CC recognition in the clinical and community settings and facilitate greater ease of follow-up through home visits of consenting, newly identified PLWHA. Where barriers arise that limit CC from providing supportive services at the health center (e.g. space, time, client loads, distance), health workers will refer PLWHA to the CC covering the specific area. With the use of the OVC pre-identification slips designed by ANADER and mobile and home bases testing approaches, PLWHA will continue to be identified for care and support services. Regular home visits to PLWHA by CC will help keep them in the system of care and support. During these home visits, CC will ascertain whether the clients referred to care and treatment services have had their medical checkups.

To improve quality of services, emphasis will be put on enhancing community involvement in HIV/AIDS interventions. A focus on addressing stigma and discrimination will help attract family members in care and support activities that might otherwise have been missed. Through support groups, PLWHA IGA will be financed and awareness on healthy positive living increased.

ECAS composed of community members will lead HIV/AIDS activities. Appropriate needs assessment tools and documentation of effective local solutions will be developed. PLWHA peer support group members will be trained to join/assist CC to provide appropriate support to their peers. Food security threats will be taken into account by giving nutritional counseling, providing therapeutic food to PLWHA

with the assistance of the World Food Program, and through IGA for those especially vulnerable. Hygiene kits (clean-water systems, male condoms, and lubricants) are provided to PLWHA, and condoms and lubricants are made available at community outlets in areas identified as “hot spots.”

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	0

**Narrative:**

By September 2013, the project will provide care and support for 11,124 children and their families. Community counselors (CC) will identify OVC while providing initial support to people living with HIV/AIDS, and based on children’s assessed needs will provide psychological and spiritual support, support for education and trade learning, access to health care, legal support, shelter, and economic strengthening.

Strategically, 378 individuals will be trained in OVC care and support, including quality improvement standards for OVC service delivery, age-appropriate counseling, and food and nutritional support. In each village site of the project, 3 CC and 1 rural development agent will receive training. At each new ANADER district head office of the project, 2 agents will receive similar capacity building.

Psychosocial support: Support groups of OVC will be created on village sites to help address mental and social needs and help children better integrate into their family or community without stigmatization and discrimination. Reporting will continue to focus on the number of OVC who actually participate in these activities.

Schooling and trade/vocational learning: 2,500 OVC will be targeted for enrollment in retention activities. Their parents or guardians are sensitized on the benefits of learning and safety/protection issues. Where there is a dire need, the program will work through local structures to assist with school fees, kits, basic food, and shelter. . Selected OVC beyond school age will be enrolled in vocational training in a workshop or training center.

Supporting health care: HIV-positive OVC are followed up by CC. Home visits are done to persuade parents/guardians to support the child in ART adherence and respect appointments for medical check-ups. When it is noticed that an appointment is missed, a CC will contact the ANADER local district to assess the situation or assist with transportation. In cases of extreme poverty or clinical need, some hospital fees will be paid or drugs for opportunistic diseases will be provided.

Legal support: Child rights will be promoted through sensitization (including local radio programs) and support of OVC families to:

- Register the baby before the age of 3 months
- Obtain birth certificates for older OVC
- Fight against physical ill-treatment and child labor;



- Encourage school enrollment, especially for girls
- Increase knowledge and prevent other harmful practices such as female genital mutilation

Household strengthening: To address the large number of OVC attending school without food or money to buy lunch, support will be given to an agricultural association in the village to produce food material and supply school canteens. OVC guardians will also receive financial assistance for income generating activities to enable them to support the children in their care. With the use of the Child Status Index, the effects of direct services to OVC will be evaluated after six months of support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	0

**Narrative:**

By September \2013, ANADER's HIV/AIDS rural program will have reached 11 regions and 26 departments where the HIV prevalence rate ranges between 3.2% and 6.1%. Activities will be implemented in 220 village sites.

AB field interventions will rely primarily on peer education using an accredited curriculum and outreach activities appropriate for the various target groups. 15- to 24-year-old male and female youth will be selected in the community, then trained in behavior change communication (BCC), HIV/AIDS/STI, and risk reduction (e.g. related to intergenerational and multiple partnerships). They will sensitize their peers during an average of four to six sessions gathering 15-25 participants. Training will be followed by coaching and supportive supervision by ANADER agents previously trained on the topics. Assessments of knowledge and attitudes will be conducted before and after sessions.

Older women are involved in the program as beneficiaries as well as actors. Women's association leaders will be educated on gender-based violence (GBV) prevention and response; faithfulness; rights of women, children, and the elderly; and social protection issues for HIV-affected households/communities. They will facilitate on-site awareness sessions within their associations.

In support groups, persons living with HIV/AIDS (PLWHA) will be coached to lead sessions with their peers. Topics will range from prevention with positives, specifically behaviors/practices to prevent new infections or reinfection and approaches that increase well-being in families of PLWHAs (e.g. related to GBV and other priority issues identified).

Couples identified with support from village and religious authorities will be designated as champion couples and will be educated/trained on mutual faithfulness, risks from multiple sexual partnership, and STIs. Champion couples will sensitize other couples in the community. Messages on being faithful, multiple sexual partnership, and STI will be broadcast on national radio and discussed through listening

groups formed at each site to stimulate further understanding of information and tools discussed on the air. . These activities will be conducted with technical support from JHU/CCP.

Target audiences include:

- youth 15-17 years old who have never engaged in sex;
- sexually active youth 15-25 years old;
- girls and women 15-34 years old potentially exposed to sexual abuse and violence;
- couples;
- members of farmers' field schools and associations

Among target groups, highly vulnerable individuals who do not know their HIV status will be encouraged to seek HIV testing and counseling services. During awareness sessions facilitated by women leaders, discussion topics will include condom negotiation, GBV, and risks associated with multiple sexual partnerships. Sensitization for couples testing and status disclosure will be prioritized.

Young peer educators, women's association leaders, support group leaders, champion couples, and ANADER agents will be trained or educated on their specific topics of intervention, then be coached on basic counseling to help themselves and community members adopt healthy behaviors and seek HIV or other health services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

**Narrative:**

Two approaches will be used to reach the target populations, mobile testing and counseling (TC) and home-based testing (HBT), and will be promoted through leaflets, posters, and local radio. JHU/CCP will provide technical assistance. Peer educators, leaders of women's associations, and trained champion couples will promote TC during sensitization sessions.

Both HBT and mobile TC will be conducted by community counselors (CC). Testing will be supervised by health district staff. Emphasis will be put on sensitization of households of people living with HIV/AIDS (PLWHA) who are being supported by CC. Testing will be proposed to the entire household. Community social action groups (ECAS) created with the project's help will be in charge of implementing activities against HIV/AIDS in the village, with the support of CC, peer educators, leaders of women's organizations leaders, religious leaders, etc.

Mobile TC: The aim is to reach vulnerable populations in zones of high HIV prevalence (up to 33%, according to a 2009 study). These targeted populations will be linked to the program by ECAS members, who are familiar with village "hot spots" of economic and social transaction and high-risk behavior. The ANADER mobile TC program targets agricultural industries, hydro electric plants, fish monger areas, and

mining zones.

HBT: This approach in a community setting will target pregnant women, their spouses, highly vulnerable populations, and family members of PLWHA. Couples TC will be emphasized to help facilitate the sharing of test results by partners.

Training of CC and ANADER rural development agents will be organized with the National HIV/AIDS Care and Treatment Program (PNPEC) and will use the national trainer pool. PNPEC will accompany supervision missions.

For the two approaches, testing will be conducted using the third national algorithm (Determine and StatPak). HIV-positive clients will be referred to the nearest rural health center and, as appropriate, to the nearest HIV care and treatment services. CC will ensure that PLWHA are linked to community-based care and support services (including OVC services) through home visits and follow-up tracking.

ANADER will provide financial support to health districts for management of biomedical wastes from both TC approaches. Biodegradable organic wastes will be destroyed in secure places at nearby health centers. Other types of wastes will be transferred to containers and disposed of safely by the health district.

TC activities be conducted in close collaboration with health districts. Quality control will be ensured by the districts' quality assurance staff during HBT. Lab technicians and nurses will participate in and supervise mobile TC.

ANADER will also participate in National HIV Testing Day.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	450,000	0

**Narrative:**

By the end of 2012-2013 budget period, ANADER's HIV/AIDS rural program will have reached 11 administrative regions and 26 departments where HIV prevalence rate ranges between 3.2 and 6.1%. Activities will be implemented in 220 village sites.

Target population will originate from villages and consist of:

- Professional sex workers around agricultural plants;
- Men and women over 25 years of age, in associations and/or in farmer field schools;
- Sexually active young people ages 15-25 years;

- Couples where at least one partner is between 25 and 49 years old;
- People living with HIV/AIDS;
- Seasonal agricultural workers.

Leaders among professional sex workers, PLWHA support groups, champion couples, farmer school members, community counselors, and ANADER workers will receive training on correct use and systematic use of condom.

All target populations will be sensitized on correct and systematic use of condoms. They will be provided clear knowledge on signs and symptoms of common STIs in order to seek early care and treatment in the closest health facilities. Moreover, they will be sensitized on PMTCT, testing and counseling, and other injury prevention issues such as precautions in the use of sharp objects / tools and protection with gloves. Sensitization will also be conducted on HIV infection risks associated with alcohol and drug abuse. Individuals who do not know their HIV status will be oriented toward HIV testing and counseling facilities.

At each intervention site, accessible and clearly identified condom sale outlets will be created mentioning opening hours. Care will be taken to store and monitor condom packs in appropriate storage conditions (heat, humidity, etc.) to maximize good product quality and renew stocks periodically. Program coordination will link up AIMAS (Agence Ivoirienne de Marketing Social) and condom outlet managers, which will help create opportunities for sustainability through local distribution channels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	0

**Narrative:**

PMTCT promotion activities will be implemented in 75 village sites in 26 departments (14 new) and 11 regions. ANADER will support health care workers to promote PMTCT services in the community and encourage mothers who have received PMTCT services to test their babies for HIV.

Based on a community/health facility referral model tested in 2012, ANADER will partner with PEPFAR partners implementing PMTCT interventions in village health centers. Community counselors (CC) will sensitize women of childbearing age through informational home visits and facilitated sessions with women's associations and support group meetings to avoid HIV infection, prevent unwanted pregnancies, increase attendance at antenatal consultations and observe appointments and treatment regimens. They will direct pregnant women toward health centers for ANC and HIV testing and follow up with HIV-positive clients enrolled for PMTCT. Emphasis will also be put on spouse sensitization to raise greater awareness of PMTCT and encourage more partners to accompany their wives to the first ANC. HIV-positive mothers' follow-up will continue through breast feeding and nutritional counseling until the child is tested for HIV. Traditional midwives will be trained on a community PMTCT module designed to help them motivate pregnant clients to do regular ANCs and refer them to certified midwives for care.



The partnerships with facility-based partners will emphasize linkages between health care facility and community service. Thus, community follow-up will be made easier when professional midwives inform village CC of notices sent to pregnant women's husbands/companions. Consultation fees will be waived for couples attending their first ANC together. In addition, health center midwives will regularly provide CC with updated information on clients lost to follow-up to allow for these women to be identified and brought back to the health facility. After delivery, HIV-positive mothers who have honored all four ANC appointments and carried out PMTCT enrollment correctly will be given a hygiene kit comprising bleach, detergent, and soap.

CC, women's association leaders, traditional midwives, and ANADER agents will be trained in a community PMTCT module with onsite coaching to support the delivery of high quality services. A documentation review will assess initial status of rural and urban health centers (e.g. PMTCT uptake, lost to follow-up rate, etc.). Reporting on PMTCT activities will occur on a monthly basis by CC. These reports will be checked for accuracy by the village site rural agent, then submitted to the ANADER district office for compilation, analysis, and transfer to PEPFAR-ANADER Program coordination. All implementers (professional and traditional midwives, CC, association leaders) will participate in periodic exchange meetings to foster synergy across interventions, routine activity appraisal, and timely response to difficulties. Quarterly supervision will be conducted by ANADER technicians and regional officers.

**Implementing Mechanism Details**

<b>Mechanism ID: 12655</b>	<b>Mechanism Name: CNTS 2010 CoAg 1U2GPS002713-01</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Centre National de Transfusion Sanguine de Cote d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 2,772,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	2,772,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The National Blood Transfusion Service is funded by PEPFAR to build its capacities in order to ensure an adequate supply of safe blood.

Objectives:

- Strengthen the NBTS' capacities for the collection, separation, storage and distribution of blood units
  - Pursue the implementation of the NBTS' Quality Management System
  - Accredite the NBTS' laboratories
  - Increase the number of new blood donors and strengthen the fidelization process
  - Strengthen the NBTS' Information and M&E System
  - Strengthen the legal and institutional capacities of the transfusion system.
1. Strategy to become more cost-efficient
    - Decentralization of transfusion activities through 26 transfusion sites and 4 laboratories
    - Assignation of in-country team leaders for the organization of local training
    - Strengthening of partnerships with National/ International Institutions for initial training on blood safety.
  2. Strategies to transition your activities to national/local structures
    - Coordination of transfusion activities by the Health Directors
    - Coordination of transfusion activities by the MOH at a national level
    - Building of advocacy to involve local stakeholders in the financing of blood safety activities
    - Validation of the 4th Consensus Conference recommendations regarding the sustainability of transfusion activities
- Vehicles:
    - Through COP11: 5. In COP12: 4 (\$160,000). The NBTS will open 10 new blood-collection sites in the coming months and needs vehicles to transport blood products and supervise activities. Through life of project: 15.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	233,616
Food and Nutrition: Commodities	90,000
Human Resources for Health	300,000



**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services  
 Malaria (PMI)  
 Safe Motherhood

**Budget Code Information**

<b>Mechanism ID:</b>	12655		
<b>Mechanism Name:</b>	CNTS 2010 CoAg 1U2GPS002713-01		
<b>Prime Partner Name:</b>	Centre National de Transfusion Sanguine de Cote d'Ivoire		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HMBL	2,772,000	0

**Narrative:**

With FY 2012 funding, the National Blood Transfusion Service (NBTS) will build on and extend previous efforts to:

1. Strengthen the NBTS' capacities for the collection, separation, storage and distribution of blood units:
  - Pursue the equipment of the new installed and existing blood transfusion centers
  - Strengthen storage and distribution capacities of 5 blood banks
2. Pursue the implementation of the NBTS' Quality Management System:
  - Pursue the process for the certification of NBTS blood transfusion services
3. Pursue the process for the accreditation of the NBTS' laboratories:
  - Implement a coaching program for the NBTS by the laboratory of CDC Côte d'Ivoire
  - Accredite the NBTS' laboratories

4. Increase the number of new blood donors and strengthen the fidelization process:
  - Pursue the development and the implementation of the NBTS' strategic plan for communication and community mobilization
  - Organize the World Blood Donor Day
5. Reinforce the biological analysis of the collected blood units
  - Equip and open the laboratory of Abengourou BTC
  - Purchase effective tests for the laboratory analysis in the BTC of Abidjan, Daloa and Yamoussoukro
  - Pursue the quality control of blood products
6. Improve and sustain the donors' tests results notification system:
  - Implement general actions: strengthen BCC activities prior to blood donation; encourage blood donors for tests results through the NBTS' Web site, SMS, and other communication tools
  - Implement specific actions: collaborate with the medical unit or the AIDS committee to encourage blood donors for tests results; collaborate with the PNPEC and the VCT centers for post test counseling
7. Establish a partnership with the VCT centers for the care and treatment of donors confirmed reactive to HIV, and the recruitment of HIV-negative clients for blood donation:
  - Reinforce care and treatment of blood donors on all NBTS fixed sites.
8. Improve the therapeutic and clinical use of blood and blood products:
  - Strengthen diversification, storage and distribution of blood products
  - Pursue the implementation of the National Haemovigilance System
  - Coordinate the collection and the management of data linked to the in-hospital usage of blood products
9. Build the capacities of the NBTS' staff and other stakeholders in blood safety activities:
  - Train the NBTS' staff in good practices of transfusion
  - Pursue supervisions and on-field training
  - Implement initial training programs on blood safety
10. Strengthen the NBTS' Information and M&E System: \$ 200 000
  - Purchase equipments to upgrade to e-Progesa
  - Pursue the extension of the NBTS national computer network and ensure its security
  - Conduc audits of the Blood Safety Program
  - Implement evaluation to assess program impact
11. Ensure the coordination and the sustainability of Blood Safety Activities:
  - Initiate the working group to validate and implement the recommendations of the 4th Consensus Conference for the sustainability of the Blood Safety Program.
12. Strengthen the legal and institutional capacities of the transfusion system
  - Conduct the application of legal texts and directives related to the clinical use of blood products
  - Build an advocacy to make of the Blood Safety Program a National Program.
13. Pursue the management of the NBTS/PEPFAR Blood Safety Program





### Implementing Mechanism Details

<b>Mechanism ID: 12673</b>	<b>Mechanism Name: Ministry of Health 2010 CoAg</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health and Public Hygiene, Cote d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 3,200,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	3,200,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

This mechanism supports the Cote d'Ivoire National HIV/AIDS Care and Treatment Program (PNPEC) and other Ministry of Health and AIDS (MSLS) ) structures to ensure coordination of HIV/AIDS interventions through integration and decentralization of HIV/AIDS and other health-care activities and implementation and enforcement of national policies, guidelines, and standards. Funding is requested in the OHSS, HVSI, HBHC, HTXS, HMIN, HLAB, and HVTB budget codes.

This overall result will be achieved by meeting three objectives:

1. Improve coordination of HIV control interventions at decentralized levels
2. Strengthen the regulatory framework and promote hospital hygiene
3. Strengthen management of strategic information for health .

The MSLS will implement activities through various technical divisions and foster stronger involvement of local government officials and other stakeholders to ensure efficiency and promote local ownership and sustainability. Activities will directly contribute to improving regional and district-level HIV planning, coordination, and implementation while strengthening human and institutional capacities for planning,



strategic information, training, supervision, and resource mobilization.

Vehicles:

Through COP11: 12 plus 5 motorbikes

New requests in COP12: 1 pickup, 16 motorbikes

Total planned vehicles for life of mechanism: 13 vehicles, 21 motorbikes

New request justification:

1 pickup (\$31,000) and 11 motorbikes (\$22,000) will be used by the ministry's division of equipment and maintenance to monitor maintenance of lab equipment at PEPFAR-supported health facilities; 5 motorbikes (\$10,000) will be used to collect routine prevention, care, and support data from far-flung villages to district-level data centers.

### Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?  
**(No data provided.)**

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	130,000
Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Human Resources for Health	300,000

### TBD Details

(No data provided.)

### Motor Vehicles Details



N/A

**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 12673			
<b>Mechanism Name:</b> Ministry of Health 2010 CoAg			
<b>Prime Partner Name:</b> Ministry of Health and Public Hygiene, Cote d'Ivoire			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	700,000	0
<b>Narrative:</b>			
<p>The Ministry of Health and AIDS (MSLS) Division of Equipment and Maintenance (DIEM) has decentralized services (CRIEM) in 6 of the 19 regions of Cote d'Ivoire and has the mandate to oversee all procurement, building, and renovation of health infrastructure and equipment.</p> <p>Starting with COP 2011, the contracting and oversight for the maintenance of laboratory equipment used at PEPFAR-supported health facilities is being progressively transferred to the MSLS. This effort will continue in COP 2012, involving the contracting of maintenance services with local vendors, building the capacity of the DIEM at central and regional level for supervision and minor maintenance.</p> <p>This is part of an overall effort to transition ownership of USG-funded activities to the host government and progressively contribute to better sustainability.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	150,000	0
<b>Narrative:</b>			
<p>With USG funding, the National TB Control Program (PNLT) has taken the lead in the response to</p>			



TB/HIV co-infection, along with the National HIV/AIDS Care and Treatment Program (PNPEC) and the Institut Pasteur of Côte d'Ivoire. The PNLT's response to the TB/HIV epidemic is focused on policies and guidelines promoting the development of a TB/HIV collaborative framework, improvement in diagnosis of TB among people living with HIV/AIDS (PLWHA), provision of routine HIV testing and counseling (TC) of TB patients, and integration of HIV care and support in all TB clinics.

With PEPFAR support, the TB program is implementing free routine provider-initiated opt-out TC at all 16 national TB specialist centers and 118 integrated TB diagnostic and treatment centers (20 other TB care and treatment sites still need to implement routine testing). PEPFAR-supported sites are on track to provide HIV tests and results to at least 21,651 TB patients in FY 2012.

The program is also training health care workers in monitoring and management of TB/HIV co-infection. In coordination with the PNPEC, PEPFAR-funded cotrimoxazole and ART are available in 110 TB diagnostic and treatment centers (December 2011), with links to HIV treatment sites following completion of TB treatment.

Through PEPFAR partners, the PNLT is also expanding TB screening at HIV care clinics and is working to make the referral system more efficient and the tracking of patients more accurate.

To improve TB infection control, the PNLT developed national guidelines and implemented infection control measures in 20 pilot sites in 2011.

To improve coordination of TB/HIV activities, the PNLT created a national TB/HIV joint committee with TB and HIV program partners, which conducts quarterly meetings to assess progress and improve implementation of TB/HIV activities.

Implementing partners are working with the PNLT and other programs to integrate HIV indicators within the national health system and at specialized TB centers and integrated peripheral sites, and job aids and training tools for counselors and other professionals are being adapted.

With FY 2012 funding, the PNLT will work to:

1. Organize 2 coordination meetings (1 per semester) on joint TB/HIV control activities, at the central level with the PNPEC and other donors and partners.
2. Support the organization of 1 annual coordination meeting at a TB center outside Abidjan.
3. Organize 2 update workshops and ensure the effective implementation of policies and guidelines for TB/HIV care and treatment
4. Coordinate the training of providers, in collaboration with the Ministry of Health Division of Training and Research (DFR), in care and treatment of co-infected patients.
5. Conduct 2 annual supervisions from the central to the regional level.
6. Support the Abidjan tuberculosis treatment center (CAT) in conducting 2 annual supervisions to the district tuberculosis treatment center (CDT)
7. Continue the deployment, maintenance, updating, and appropriate use of ETR software to improve data collection.
8. Organize a workshop for the validation of the PNLT National Strategic Plan 2012-2016.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	250,000	0

**Narrative:**

In HLAB, FY 2012 funding will prioritize validation and implementation of the national laboratory strategic plan, human resource development, and accreditation plans and processes. Support for the Ministry of Health and AIDS (MSLS) will mainly focus on capacity building to strengthen the laboratory system throughout the country, with support for MSLS leadership and coordination through:

- a. Support for the national public health laboratory (LNSP) to assume leadership as a true national reference laboratory by enhancing its infrastructure and human resource capacities, providing technical assistance to improve competencies for HIV diagnosis and expertise for the establishment and management of a national external quality assurance (EQA) program. LNSP will assume greater responsibility for reference HIV testing, ANC sero-surveillance, post-marketing surveillance of HIV rapid test kits, algorithms, and alternative blood collection methods.
- b. Improved infrastructure at the national health worker training school (INFAS) to increase its educational capacities, including the procurement of lab equipment and renovation of lab classrooms at two regional schools.
- c. Capacity building to help the MSLS division of equipment and maintenance (DIEM) to develop and implement a national program for the maintenance of lab equipment in public health facilities. DIEM will work with SCMS and the CDC/Retro-CI lab to develop policies, tools, and documentation for a global maintenance contract for biomedical equipment, including lab equipment procured by PEPFAR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	250,000	0

**Narrative:**

The Ministry of Health and AIDS (MSLS) decentralized M&E units aggregate health program data at regional level, analyze and transmit validated data to central level, and provide feedback to district health teams for decision making, under a strategic plan developed by the Division of Information and Monitoring Evaluation (DIPE). But the MSLS health information system, designed to support data collection from 23 MSLS programs, is hampered by a lack of qualified M&E staff, equipment, and standard procedures.



With USG support, notable progress has been made. The DIPE has conducted eight HIV sentinel sero-surveillance surveys among pregnant women since 1997. In 2011, MSLS/DIPE with the national HMIS TWG released version 1.5.5 of the national HIV/AIDS patient monitoring tool (SIGDEP, initially SIGVIH), which includes a functioning pharmacy module to address ART drug dispensation requirements. SIGDEP is currently used on 147 USG supported sites and aggregate data from 222 sites). On a regular basis, PNPEC and DIPE organize training sessions for 19,784 field-based healthcare providers. PNPEC organizes technical coordination and supervision on the central level (PNPEC's supervision reports, 2009).

The goal of COP 2012 support is to continue building the capacities of the MSLS at the central and decentralized levels, with an emphasis on strengthening the management of strategic information for the health sector national response, to ensure that health districts and facilities dispose of reliable, accurate, and complete data to improve the quality of service delivery.

The MSLS will continue to focus on regional-level capacity to meet challenges and expectations for improved data management. This support will be provided through training, follow-up, and supervision, which will enable the identification of high-performing health districts and facilities as well as difficulties in the availability of tools, data transmission completeness, analysis, and information use. These interventions will enable the regions to play their role in the data transmission channel and provide feedback information on a regular basis to districts for program performance improvement.

Interventions planned with COP 2012 funding will include:

- 1 – Building operational capacities of five of 20 regional M&E units (in addition to 5 funded in COP 2010); this will involve M&E needs assessments and development of a capacity building plan for each region, office equipment, communications and IT support, development and implementation of M&E procedures at regional level, and supervision and/or data quality evaluation.
- 2 – Organization of periodic forums for HIV data presentation and use for decision-making at central level
- 3 – Implementation of community-level M&E activities planned in the national strategic information plan. These activities will be defined jointly by PEFAR and the MSLS.
- 4 – Implementation of surveillance activities, including the development and approval of the third Warning Indicators Survey protocol and the validation of HIV and STI case reporting system protocol by local stakeholders
- 5 – Evaluation of the utility of routine PMTCT program data for HIV surveillance
- 6 - Deployment of the electronic HIV data management tool SIGDEP in 80% of health facilities to better capture patient information
- 7 - Periodic data validation meetings at the regional level, which will help prepare national 2012 HIV/AIDS and health sector reports

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------



Governance and Systems	OHSS	700,000	0
------------------------	------	---------	---

**Narrative:**

Effective coordination, human resources, decentralization of services, and key supporting functions such as strategic information and resource mobilization remain key challenges of the national response to the HIV/AIDS epidemic in Cote d'Ivoire. The Ministry of Health and AIDS (MSLS), which leads the health-sector response (HIV testing, care, treatment, drugs), is working to improve its planning, coordination, and monitoring and evaluation capacities, as well as to strengthen the involvement of community-level actors whose contributions are critical for scaling up the national HIV/AIDS response. With FY 2012 funds, PEPFAR will support the ministry and other partners to:

**Strengthen coordination and monitoring capacities**

The USG will help boost the MSLS' planning, coordination, and policy-making capacities in support of the national HIV/AIDS response, mainly by providing direct funding to key ministry divisions, especially the Director General office (DGS/DGLS), to ensure routine supervision and specific interventions to meet overall coordination challenges both at the central and regional levels.

Funding will also be provided to the National HIV/AIDS Care and Treatment Program (PNPEC) and to the National Reproductive Health Program (PNSR) to help improve the capacities of regional and district health management and technical teams to plan, coordinate, and improve the delivery of HIV/AIDS services, including integration of reproductive health and family planning and gender issues in HIV services.

The USG will support the department of finance and administration (DAF) in its plans to develop mechanisms that will help monitor the use of donor resources to ensure accountability. The DAF will also collaborate with other appropriate MSLS divisions to identify and share innovative ways to mobilize additional resources, including from the Cote d'Ivoire national budget.

**Improve human resources for health (HRH)**

To address the perpetual problem of inadequate health care personnel, which constitutes one of the major barriers to the expansion of HIV care services, PEPFAR funding will support the reinforcement of human and institutional capacity at the national health-care worker training institute (INFAS) by renovating classrooms and training 100 new laboratory technicians.

USG funding will also support the MSLS department of training and research (DFR) in improving the coordination of in-service training activities, especially by testing and rolling out the TrainSmart software to track all training in the sector, and by exploring other innovative ways to encourage and deliver continuing education using information technology, print materials, and other accessible media.



Improve coordination of STI/HIV/AIDS activities in the school health system  
 Based on a needs assessment, the national school and university health program (PNSSU) will develop and implement behavior change interventions, including dissemination of materials, and ensure quality data reporting on STI/HIV/AIDS care activities targeting in-school youth.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	450,000	0

**Narrative:**

One of the key strategies of the National HIV/AIDS Strategic Plan is to strengthen the regulatory framework and promote good hygiene to prevent HIV and other diseases related to lack of hospital hygiene. This strategy calls for strong central level coordination and management of activities in health districts. From 2004 to 2009, PEPFAR supported the GoCI to implement safe injection and medical waste management (SIGDM) activities in 3 reference teaching hospitals (CHU) and 61 health districts (DS). Some other major achievements include the training of 9,508 healthcare staff, the introduction of 11,200,212 self-controlled and shrinkable syringes and 127,850 security boxes, the creation of the SIGDM National Coordination Committee, the provision of standards and guidelines and of SIGDM policy documents, and the introduction of a separate waste management system at the CHU in Yopougon and in 2 general hospitals. There has also been the dissemination of 11,362 media communications encouraging the integration of SIGDM concepts in training programs at the National Institute of Healthcare Training (INFAS).

Since 2010, PEPFAR is helping the GoCI roll out these successful interventions to other decentralized levels of the health system, based on a national SIGDM policy. To date, 63 health districts are involved in SIGDM activities, of which 60% are reference hospitals. Activities proposed in COP 2102 are part of Year 2 of this rollout process, which will target the health districts of Abobo Est, Abobo Ouest, Gagnoa, Agboville, Mankono, and San Pedro. Activities will include:

1. Integrate safe injection and biomedical waste management into the national supervision guide.
2. Organize 4 coordination meetings for SIGDM activities at central and regional levels.
3. Conduct a training needs assessment. Based on the results of this assessment, a training plan will be developed and implemented. All training will be coordinated with the division of training and research (DFR) and the division of human resources (DRH).
4. Update and produce a student guide and trainer manual for SIGDM, the national HHSIGDM 2013-2015 plan, and the national medical waste management plan, norms and guidelines.
5. Integrate HHSIGDM modules into the training curricula of the universities of Cocody, Abobo-Adjamé, Bouaké and INFAS. This process will involve a quick assessment of the ongoing integration at the INFAS and of resulting improvements in service provisions. Based on results obtained, the MSLS will develop a



- plan for integrating these modules at universities, to be funded under future COPs.
6. Conduct an assessment of health care-related accidental blood exposure prevalence. This assessment will allow the MSLS to have baseline data and organize activities base on the results.
  7. Purchase and install 1 incinerator at Abobo General Hospital in Abidjan.
  8. Conduct an assessment of the utilization of six existing incinerators.
  9. Develop a protocol for piloting technologies other than incineration (autoclaves, grinding, etc.) for biomedical waste management.
  10. Implement the new waste management technology selected.
  11. Develop a strategy for integrating maintenance costs of the 7 incinerators in the MSLS budget, starting from COP 2014.
  12. Develop a collaboration mechanism between the division of public hygiene and the division for infrastructure and maintenance for the maintenance of incinerators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	700,000	0

**Narrative:**

The Ministry of Health and AIDS (MSLS) Division of Equipment and Maintenance (DIEM) has decentralized services (CRIEM) in 6 of the 19 regions of Cote d'Ivoire and has the mandate to oversee all procurement, building, and renovation of health infrastructure and equipment. Starting with COP 2011, the contracting and oversight for the maintenance of laboratory equipment used at PEPFAR-supported health facilities is being progressively transferred to the MSLS. This effort will continue in COP 2012, involving the contracting of maintenance services with local vendors, building the capacity of the DIEM at central and regional level for supervision and minor maintenance. This is part of an overall effort to transition ownership of USG-funded activities to the host government and progressively contribute to better sustainability.

**Implementing Mechanism Details**

<b>Mechanism ID: 12679</b>	<b>Mechanism Name: MFFAS-PNOEV CoAg 2010</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry for Women, Families, and Social Affairs - Mozambique	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A



Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 470,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	470,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

With USG support, the National OVC Program (PNOEVO) in the Ministry of Social Affairs works to increase Ivoirian capacity for sustainable high-quality care and support for OVC at national, community, and family levels by strengthening the capacities of social welfare centers, OVC coordination platforms, and local NGOs and providing high-quality direct services for OVC and families.

Objectives:

- Strengthen the coordination of interventions for OVC and their families at central and decentralized levels
- Improve quality of services for OVC and their families
- Consolidate the information system and OVC data management at national level

With FY 2012 funding and building on PEPFAR-supported achievements, the PNOEV will focus on three main strategies:

Cost-efficiency

- Develop community-based and regional approaches centered on the family to establish and strengthen pools of trainers, coaches, supervisors, and peer educators in OVC care and support, gender issues, counseling, etc.
- Strengthen the link between health and social services, and foster collaboration within the Ministry and with other ministries

Transition activities and transfer skills to local entities at decentralized and peripheral levels:

- Establish procedures coordinated by local social centers and supervised by regional directorates of the Ministry
- Ensure technical, organizational, and managerial capacity of social centers with support of PEPFAR technical partners
- Ensure advocacy is coordinated by regional directorates of the Ministry to help mobilize additional resources from decentralized communities and the private sector.



Monitor and evaluate the OVC program information systems and data management

Vehicles:

Through COP11: 2

New in COP12: 0

For life of mechanism: 3

### **Cross-Cutting Budget Attribution(s)**

Construction/Renovation	90,000
Food and Nutrition: Commodities	20,000
Gender: Reducing Violence and Coercion	50,000
Water	10,000

### **TBD Details**

(No data provided.)

### **Motor Vehicles Details**

N/A

### **Key Issues**

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Increasing women's legal rights and protection

Child Survival Activities

Family Planning

### **Budget Code Information**

Custom

Page 222 of 377

FACTS Info v3.8.8.16

2013-05-24 13:00 EDT



<b>Mechanism ID:</b> 12679			
<b>Mechanism Name:</b> MFFAS-PNOEV CoAg 2010			
<b>Prime Partner Name:</b> Ministry for Women, Families, and Social Affairs - Mozambique			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	0
<b>Narrative:</b>			
<p>With USG support, the National OVC Program (PNOEVO) in the Ministry of Social Affairs works to increase Ivorian capacity for sustainable high-quality care and support for OVC at national, community, and family levels by strengthening the capacities of social welfare centers, OVC coordination platforms, and local NGOs and providing high-quality direct services for OVC and families.</p> <p>With FY 2012 funding, the PNOEV will focus on the following strategies :</p> <p>Strengthening of the coordination of interventions for OVC and their families at national and local levels through:</p> <ul style="list-style-type: none"> <li>- Statutory and strategic meetings with technical directorates and related services of the Ministry of Social Affairs (MEMEASS) and other donors; technical meetings with national programs and coordination meetings with stakeholders on OVC issues.</li> <li>- Development and dissemination of documents relating to national care and support for OVC</li> </ul> <p>Decentralization of interventions to strengthen a pool of key people in specific areas, operations research, monitoring and evaluation, supervision (in collaboration with Measure/Evaluation)</p> <ul style="list-style-type: none"> <li>- Scale up support of technical partners to social centers</li> <li>- Promote a regional approach in the interests of efficiency and optimization of financial resources.</li> <li>- Skills transfer to social centers in order to build capacity of community organizations to assess OVC issues at the local level.</li> <li>- Support the organization of leisure activities for early childhood protection</li> <li>- Promote community awareness of OVC rights against discrimination</li> </ul> <p>Improve quality of interventions of care and support for OVC and their families</p> <ul style="list-style-type: none"> <li>- Strengthen mentoring system by experienced OVC care coaches</li> <li>- Quarterly training supervision of stakeholders in the field by master coaches</li> <li>- Joint supervision with the central and regional directorates of MEMEASS and TA partners</li> <li>- Coaching of 20 additional candidate trainers in OVC care and support ;</li> </ul> <p>Monitoring and evaluation:</p> <p>The project will continue to :</p>			

- Strengthen capacity of regional directions and M&E officers from social centers in analysis, communication and data use for decision making
- Supervise with routine use of RDQA tool and dissemination of data collection tools at decentralized levels under the coordination of social center ;
- Improve efficiency of OVC GIS based on systematic documentation of interventions
- Conduct studies to assess OVC quality of life and impact of PEPFAR-supported OVC programs
- Support integrated OVC data collection tools at social centers thru Measure Evaluation and CDC
- The project will focus on strengthening collaboration between the social center and departments of maternal and child health
- Monitoring of OVC growth
- Integrate Gender issue through on-site training of social workers ;
- Support participation social centers to commemorative days in collaboration with the Ministry

**Social Affairs**

Build capacity of community support groups to identify cases of GBV and referral to appropriate structures

- Involve legal units to address gender-based violence at local levels.
- Establish/strengthen GBV clubs in schools in collaboration with the Ministry of Education

For WASH, the PNOEV will continue to:

- Sensitize on environmental and domestic health activities
- Supply standard hygienic kits to OVC families in line with QI standards of services delivery
- Organize environmental and body education sessions for families at social centers;
- Promote

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	70,000	0

**Narrative:**

With USG support, the National OVC Program (PNOEVO) in the Ministry of Social Affairs works to increase Ivoirian capacity for sustainable high-quality care and support for OVC at national, community, and family levels by strengthening the capacities of social welfare centers, OVC coordination platforms, and local NGOs and providing high-quality direct services for OVC and families.

With FY 2012 funding in the HVOP budget code, the PNOEV will:

- Train 50 social workers and focal points of the OVC coordination platforms in gender-based violence (GBV) prevention and response, with the technical assistance of IRC
- Reproduce and disseminate available BCC tools on GBV at social centers



- Organize training and Information sessions on GBV on behalf of community and religious leaders, associations, youth, etc.
- Ensure links with other GBV and HIV programs through advocacy with:
  - the Ministry of Security and Defense working with uniformed people to set up focal points in barracks and military camps;
  - the Ministry of Education for boys and girls, teachers, and administrative staff;
  - the Ministry of Justice for legal support of GBV survivors
- Ensure the referral of survivors of sexual violence for early screening, prevention and care for sexually transmitted infections along with prophylaxis for blood exposure accidents
- Coordination, monitoring and evaluation of interventions:
  - Harmonisation and dissemination of data collection tools at the national level
  - Training of focal points in M&E and in the use of data collection tools
  - Integration of data in the national M&E system

**Implementing Mechanism Details**

<b>Mechanism ID: 12803</b>	<b>Mechanism Name: IMPACT-CI IMPROVING PREVENTION AND ACCESS TO CARE AND TREATMENT-COTE D'IVOIRE (Heartland HVP 2010 CDC CoAg)</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Heartland Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 1,500,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,500,000

**Sub Partner Name(s)**



Association pour la Promotion de la Sante de la Mere, l'Enfant et la Famille	Espace Confiance	Initiative Developpement Afrique
Initiative Développement et Environnement Afrique Libre	Renaissance Sante Bouake	Ruban Rouge
SAPHARM		

**Overview Narrative**

1. Overarching goals & objectives of project

- Improve access to prevention and care services for sex workers (SW) and men who have sex with men (MSM) by providing a minimum package of prevention services to 38115 SW and 12705 and care services to 2382 SW and 1191 MSM
- Reinforce the capacity of 12 local clinics and 3 community associations.
- Establish a system for monitoring and evaluation that contributes to the dissemination of lessons learned.
- Reinforce the coordination of prevention and care activities for SW and MSM.

2. Strategy to become more cost-efficient

IMPACT-CI activities are based on mobilizing and strengthening HVP at the grassroots. Training sessions by coaching and supervision will continue to be conducted on site by Focal Points from Health District. This will increase regular support on the ground at a lower cost as compared to traveling frequently to the sites or bringing groups to Abidjan.

3. Strategies to transition activities to national/local structures

IMPACT-CI will coordinate closely with PNPEC, PLS-PHV, and continue to transfer competences to the Implementing partners, and to the District for M&E activities..

4. Overall M&E strategy to ensure high-quality monitoring and evaluation of your project.

Quality monitoring will be conducted at local level by local supervisors (M&E person of the implementing partners, and the Focal Point from the Health district).

Vehicles: 2 vehicles;  
No new request made



### Cross-Cutting Budget Attribution(s)

Construction/Renovation	296,050
Education	100,000
Gender: Reducing Violence and Coercion	200,000
Human Resources for Health	870,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection

### Budget Code Information

<b>Mechanism ID:</b>	12803		
<b>Mechanism Name:</b>	IMPACT-CI IMPROVING PREVENTION AND ACCESS TO CARE AND		
<b>Prime Partner Name:</b>	TREATMENT-COTE D'IVOIRE (Heartland HVP 2010 CDC CoAg)		
<b>Prime Partner Name:</b>	Heartland Alliance		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	200,000	0
<b>Narrative:</b>			
<ul style="list-style-type: none"> <li>•IMPACT's interventions will continue to be implemented by 15 Implementing Partners in 12 health districts that are Abengourou, San-Pedro, Gagnoa, Guiglo, Daloa, Man, Yamoussoukro, Bouaké,</li> </ul>			





Bondoukou, Marcory, Yopougon Est, Abobo Est. Planned interventions included into the "Care and Support" axis of PSN 2011-2015.

- Activities target MSM and CSW (men and women) from to the following age stratification: Below 18 years, 18-24 years and over 25 years. Community care and support include: positive living, psychological support, nutritional status assessment, legal and social support, home based care, treatment literacy and support to adherence, trauma reduction, and psychological support targeting Peer Educators for burn out symptoms management. These services will be delivered by peer educators at home, in clinical centers, in 2 mobile clinics.

- Clinical care and support include STI screening and Management, prophylaxis and treatment of opportunistic infections, monitoring health status of HIV positive MARPs. This year IMPACT-CI will focus on strengthening the quality of current clinical services provided, through a stronger involvement of community agents in strategic decisions and activities and the sensitization of health professionals. IMPACT-CI will build the capacity of the health professionals on HVP health specificities. In Abidjan and San Pedro, IMPACT-CI will increase coverage of care and support service through bringing a minimal package of testing, screening and care on specific sites in their mobile clinics.

- In order to improve the quality of services, IMPACT-CI will reinforce the feedback system to disseminate the results of supervisions among implementing partners. Focal Points will provide local monitoring of implementation of the recommendations issued after supervision. A satisfaction questionnaire will be administered to clients quarterly to gather the opinions of the MARPs on services delivered. These opinions will be taken into account in the activity implementation in order to guide services delivery, to increase demand and client retention.

- All MARPS tested HIV positive through the mobile strategy will be referred preferably to IMPACT-CI clinical centers. Still, no pressure of any sort will be exercised on patients and peer educators who will prioritize HVP comfort and effective access to health services in the health system over all. IMPACT-CI will carefully monitor referral data and produce regular mappings of patient's most common trajectories toward testing, care and support. A map of the most successful service delivery outlets will be produced and orient further support of clinical services, as well as capacity building efforts. Progressively the most efficient centers in the national health system will be involved to MARPs care and support services to ensure long term sustainability.

- IMPACT-CI care and support strategy will also focus on hygiene and nutrition for MARPs. These themes will be discussed both with clinical and community partners through direct coaching and provision of minimum hygiene packages for HIV positive MARPS, as well as standard BMI equipment and nutrition counseling at clinical centers.

- IMPACT-CI will build the capacity of MARPs, peer educators in CBOs, following the priorities describes here under, and expressed needs through coaching. A particular effort will aim at strengthening self support services through treatment literacy, home based care and positive living techniques.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------

Prevention	HVCT	200,000	0
------------	------	---------	---

**Narrative:**

? IMPACT-CI targets MARPs (Sex workers and regular clients, MSM and their partners). A study run by FHI in Une 2007-2009 among sex workers at specialized clinical centers showed 27% prevalence in this population, ranging from 11% in Gagnoa to 44% in San Pedro. Data on MSM prevalence are still incomplete, but a few partial studies show an exceptionally high prevalence (up to 50%, Vuylsteke, 2010).

? Testing and Counseling leads to care and support, treatment. IMPACT-CI, through CBOs and clinical NGOs will continue to offer counseling and testing services while improving their quality and scale. Two approaches will be favored: a community led mobile strategy (“strategie avancee”) whereby peer educators will provide rapid test on community sites. A stable strategy (“strategie fixe”) in clinical centers. 2 clinical centers will also provide mobile testing and counseling services in their mobile clinics, in collaboration with peer educators. Both strategies will make use of Ditermine, Bioline and Statpak in conformity with national guidelines. People tested positive at clinical centers level will find care, support and treatment services locally. Those tested in the community sites will be referred to health centers in IMPACT-CI network for follow up.

? In COP12, a total of 10 164 PS and MSM should be tested.

? All MARPs tested positive that are not yet eligible for HIV treatment will receive follow up (care and support) from implementing partners. They will be invited to participate in community led activities by the peer educators responsible for testing and counseling. Those tested at the clinic will be referred to CBOs for community friendly follow up.

? All “VCT peer educators” trained by PNPEC according to national guidelines will benefit from reinforced training and supervision through coaching at district level and periodic supervision by Heartland Alliance team. The aim of IMPACT-CI is to create and stabilize a solid team of peer VCT agents who will provide quality services at the door step while ensuring confidentiality, to favor a trusting relationship with those who are ready for testing.

? One of IMPACT-CI objectives is to strengthen the quality of the link between community led activities and clinical services. In order to do so, IMPACT-CI will put the “client” at the center of its intervention model, giving HVP individuals the agency to express their needs and preferences. IMPACT-CI will learn from client’s demand and advices through quality assessment at service level, best practice reports and mapping of actual trajectories of MARPs seeking testing and counseling. This will be key to an uptake of the demand for testing and care at clinical sites as well as in the community.

? All data on counseling and testing will be validated on a quarterly basis by Heartland Alliance Monitoring and Evaluation team in collaboration with implementing partners, PEPFER and Health Districts.

? Capacity of the 27 VCT peer educators who were trained in CDIP will be reinforced to strengthen

the quality of services. This capacity building will be conducted on each site with expertise from human resource available in the health district. A solid team of at least 3 VCT peers will be stabilized in each of the 3 CBOs and 3 to 5 community core groups in clinics through higher incentives. Retro-CI lab will continue to ensure the control of lab test quality. All wastes will be taken care of by the clinics

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,100,000	0

**Narrative:**

- IMPACT's Interventions will cover 15 sites in 12 health districts that are Abengourou, San-Pedro, Gagnoa, Guiglo, Daloa, Man, Yamoussoukro, Bouaké, Bondoukou, Marcory, Yopougon Est, Abobo Est. IMPACT-CI is implementing in urban and suburban areas of cities listed above.
- Activities targeting MSM and CSW (men and women) according to the following age stratification: Below 18 years, 18-24 years and Over 25 years
- Interventions are conducted as part of the implementation of National Strategic Plan 2011-2015 in relation to the situation of HVP populations within the HIV context. These interventions are identified by the Government of Côte d'Ivoire and incorporated into the "Prevention" axis (PSN 2011-2015). Activities are as follows:
  - Promote the correct use of condoms targeting CSW and MSM across the sub-partners
  - Promote of HIV counseling and testing targeting CSW and MSM across the sub-partners
  - Provide support for operational coordination of the management of the national response
  - Provide support to the production, management and use of strategic information all the level the Health pyramid
  - Provide support for mobilization, management and optimum utilization of financial resources
- The intervention strategy is to provide the minimum package of services to the target populations at each intervention site (one stop shopping). To that end, IMPACT-CI shall ensure that the 15 partners offer a minimum package of services needed by CSW and MSM.
- In order to improve the quality of services, IMPACT-CI will conduct quality supervision and assessment missions and disseminate the results of supervisions to the implementing partners. The Focal Point in regions provides local monitoring of implementation of the recommendations. A satisfaction questionnaire will be administered to clients quarterly out of the clinic. OBCs and community core groups will document the best practices encountered and obstacles to qualitative services quarterly. This will guide services delivery, and will contribute to increase demand and client retention.

- IMPACT-CI will document behavioral changes in its program environment through focus groups in the CSW and MSM community sectors, mapping existing networks, community dynamics, representations, identities and practices, and program beneficiaries' trajectories towards seeking VCT and care. IMPACT-CI will also research gender issues within CSW and MSM communities and their impact on the quality and efficiency of prevention, care and support strategies and tools.
- Workshops will be organized by health districts and will involve implementing partners, and other services available in the area. Those workshops may also involve the implementing partners from different health districts. During these meetings, experiences and good practices will be shared, as well as specific expertise when needed.

### Implementing Mechanism Details

<b>Mechanism ID: 13046</b>	<b>Mechanism Name: Habitat OVC-AB 2010 CDC CoAg</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Habitat for Humanity	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 1</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1

### Sub Partner Name(s)

Centre Régional Pour l'Eau Potable et l'Assainissement	Khulisa Management Services (Pty) Ltd	
--	---------------------------------------	--

### Overview Narrative



Note: Due to delays and a large pipeline, Habitat for Humanity (HFH) will conduct activities using prior-year funds.

HFH's goal is to reduce vulnerability of OVC and their families by strengthening family-focused care. Based on needs assessments, HFH will provide care and support to OVC and their families to build their capacities and to reinforce coordination with government services.

Working with the National OVC Program (PNOEV) and local coordination platforms at social centers, HFH will work with local partners to identify OVC, assess their needs and resources, and provide needed support, including in health care, education, psychosocial support, legal support, and shelter.

HFH will work in partnership with the government and other partners to reduce costs and increase efficiency through referral systems. Working with local partners who already have skilled staff and their own infrastructure will also reduce costs.

Strategies to transition activities to local structures focus on strengthening the capacity of local organizations to ensure high quality services after the project ends. HFH will provide trainings, coaching, supervision, and workshops for experience sharing.

HFH will assist local partners with improved processes and systems, such as M&E training in the use of national OVC tools.

A rapid evaluation will be conducted in addition to an end-of-project evaluation to identify results and lessons learned.

Vehicle Through COP 11: 4 New requests in COP12: 0

Planned vehicles for life of mechanism: 6 plus two motorcycles

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **TBD Details**

(No data provided.)

### **Motor Vehicles Details**

N/A



## Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's access to income and productive resources  
 Child Survival Activities

## Budget Code Information

<b>Mechanism ID:</b>	13046		
<b>Mechanism Name:</b>	Habitat OVC-AB 2010 CDC CoAg		
<b>Prime Partner Name:</b>	Habitat for Humanity		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	1	0

### Narrative:

Note: Due to delays and a large pipeline, Habitat for Humanity (HFH) will conduct activities using prior-year funds.

Habitat for Humanity works with communities to reduce the vulnerability OVC by strengthening family-focused care, with a particular focus on girls' vulnerability. Interventions are guided by the national OVC priorities and evidence based approaches to address gender, nutrition, age-appropriate needs; family integration; economic strengthening; and community capacities to care for and protect OVC and increase coordination and strengthen the network of health/social/community facilities/resources.

Reinforcing local structures at household and community level will prevent disintegration of families. Activities in FY 2012 include: identification of OVC, service delivery, capacity building, and strengthening of coordination at local and central level. The Child Status Index (CSI) will be administered to every child every six months.

Working with the National OVC Program (PNOEV) and local coordination platforms at social centers, HFH will provide the following services in N'Zi-Comoé Région: Dimbokro, Bongouanou, Daoukro, Mbahiakro based on OVC needs. Health: access to health care services with distribution of mosquito nets, Education: OVC school enrolment and attendance, Food security and nutrition, Economic Strengthening: Financial literacy training, Protection and prevention of or treatment for abuse: Focus on OVC affected by violence especially among females, Psychosocial Care, Shelter and sanitation: minor home rehabilitations based on unsafe and unhealthy living conditions. Additionally VIP ILatrine will be



provided to 100 families.

HFH, with support from Khulisa, is in the process of developing a comprehensive monitoring process and tool. while learning to understand and be responsive to CDC processes and requirements.

To ensure the delivery of quality services to OVC and their families, HFH will: assess the capacity of sub-partners, train and coach sub-partners with all OVC documents, supervisory learning visits, and periodic on-site assessments.

Ownership and sustainability will be ensured by mobilising family and community resources, with emphasis on building resilience and problem solving capacity in addition to addressing stigma.

Strategies will focus on the improvement of girls and women’s access to complementary services that help reduce their exposure to HIV/AIDS. HFH will support sub-partners in the development of collaborative relationships and synergies with vital services; maternal and child health, reproductive health and family planning.

Sub partners will assess OVC needs, making appropriate referrals to address a range of client needs. HFH and its partners will use the CSI tool to identify OVC and their needs, mobilise community support, and provide nutrition guidance to affected families with poor nutritional status. Eligible OVC and family members in need in turn can be linked to food sources. Routine activities to evaluate the progress and improvement of OVC families will be conducted.

**Implementing Mechanism Details**

<b>Mechanism ID: 13137</b>	<b>Mechanism Name: Columbia UTAP</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 200,000</b>	<b>Total Mechanism Pipeline: N/A</b>



Funding Source	Funding Amount
GHP-State	200,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Note: To align COP submission and UTAP budget cycles, FY 2012 funding will support activities through March 2014.

In collaboration with JHPIEGO, Columbia University will support the Ministry of Health and AIDS (MSLS) in the implementation of task shifting of HIV care and treatment from medical doctor to nurses/midwives. This pilot project aims to document the scope of practice of nurses in HIV care and treatment before and after the pilot project; document the feasibility of nurse-led HIV care and treatment in 27 clinics; describe the clinical outcomes of the nurse-led model of HIV care and treatment; inform best practices for further scale-up of nurse-led HIV care and treatment in Cote d'Ivoire.

With FY 2012 funds, ICAP will support the elaboration of national guidelines defining activities to be shifted to nurses/midwives. Technical and financial assistance will support the MSLS division of training and research (DFR) in the elaboration of a national training manual and the National HIV/AIDS Care and Treatment Program (PNPEC) in the elaboration of national task-shifting standards and procedures and planning for national scale-up of pilot project activities. Columbia will intensify capacity building of health-care providers and monitor their implementation of task shifting. High-performing providers will constitute a potential regional pool of trainers for expansion phases.

Columbia will evaluate the pilot project to assess skills acquired by nurses/midwives, clinical results, and patient retention. The pilot project will be implemented in 27 sites in 17 health districts.

Vehicles:

Through COP11: 0. New in COP12: 1 (\$40,000), for coordination and supervision of activities.

Total for life of mechanism: 1.

**Cross-Cutting Budget Attribution(s)**

Education	15,000
Gender: Reducing Violence and Coercion	100,000





**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Impact/End-of-Program Evaluation  
 Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b> 13137			
<b>Mechanism Name:</b> Columbia UTAP			
<b>Prime Partner Name:</b> Columbia University Mailman School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0
<b>Narrative:</b>			
<p>Large distances, large patient loads, and an insufficient number of physicians reduce the efficiency and retention rates of HIV care programs. To address these problems, Columbia is working with the Ministry of Health and AIDS (MSLS) and its National HIV/AIDS Care and Treatment Program (PNPEC) to implement a task-shifting project on 27 selected sites. This pilot project aims to improve the quality of HIV care by shifting HIV care and treatment tasks from physicians to nurses/midwives.</p> <p>Unrest in 2010-11 delayed implementation, and Columbia is now working with PNPEC and JHPIEGO to restart activities.</p> <p>With FY 2012 funding, Columbia will support the elaboration of national guidelines defining activities to be shifted to nurses/midwives. Technical and financial assistance will support the MSLS division of training and research (DFR) in the elaboration of a national training manual and the National HIV/AIDS Care and Treatment Program (PNPEC) in the elaboration of national task-shifting standards and</p>			



procedures and planning for national scale-up of pilot project activities. Columbia will intensify capacity building of health-care providers and monitor their implementation of task shifting. High-performing providers will constitute a potential regional pool of trainers for expansion phases. Columbia will support the MSLS to develop nurses/midwives leadership to obtain a stronger engagement of health-care providers. Columbia will work with the MSLS information division (DIPE) to reinforce national health system and sustaining all DIPEs' initiative in relation with monitoring activities. Columbia will evaluate the pilot project in collaboration with PNPEC and other implementation partners to assess skills acquired by nurses/midwives, clinical results, and patient retention in care.

### Implementing Mechanism Details

<b>Mechanism ID: 13272</b>	<b>Mechanism Name: EGPAF OVC-AB 2010 CDC Coag-Keneya</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 1,588,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,588,000

### Sub Partner Name(s)

Centre Solidarite Action Sociale		
----------------------------------	--	--

### Overview Narrative

Project Keneya, whose primary goal is to create a sustainable local response to HIV/AIDS through strengthened prevention and care services, was designed as a response to the needs of OVC, their families and caregivers, and PLWHA in northern Côte d'Ivoire, severely impacted by 10 years of political



crisis and instability. . Keneya works in close collaboration with CBOs, networks, and social centers in targeted areas. S, and services delivered include: abstinence/be faithful prevention; adult care and support, OVC care and support, and HIV counseling and testing. Project Keneya also intends to build the capacity of CBO staff and social workers, through regular training and mentorship.

Keneya will increase cost efficiency through a family centered approach to care using a OVCs as entry points to the entire family.

Keneya's transition strategy is to build the managerial and programmatic capacity of Centre SAS in Bouaké, Notre Grenier in Bouna, and another NGO TBD in Korhogo.

Key national and local stakeholders will be actively involved in the implementation and monitoring of the project. . Along with involved CBOs, best practices and lessons learned will be documented and shared.

Vehicles: Through COP11:3 No vehicle will be purchased with COP12 funds. Through life of the project 5 vehicles will be purchased.

### Cross-Cutting Budget Attribution(s)

Economic Strengthening	30,000
Education	47,000
Food and Nutrition: Policy, Tools, and Service Delivery	14,000
Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	50,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

Increasing gender equity in HIV/AIDS activities and services



Increasing women's access to income and productive resources  
 Increasing women's legal rights and protection  
 TB

**Budget Code Information**

<b>Mechanism ID:</b> 13272			
<b>Mechanism Name:</b> EGPAF OVC-AB 2010 CDC Coag-Keneya			
<b>Prime Partner Name:</b> Elizabeth Glaser Pediatric AIDS Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	253,000	0

**Narrative:**

Under Project Keneya, EGPAF will support community-based care for people infected or affected by HIV (PLWHA). Trained community health workers (CHWs) at Keneya’s sub-partners are responsible for providing care and support services to PLWHA enrolled in treatment centers in the Keneya coverage area . To avoid duplication and overlapping of adult care and support with HAI and other donors like Global Fund and World Bank, EGPAF will conduct coordination meetings with partners in Keneya area, as well as PNPEC, PNN, and PNOEV, to update the mapping and define areas of intervention. In Vallée du Bandama, Keneya support in priority sites complements EGPAF’s Djidja project.

Services provided, tailored to needs assessed, include: psychosocial and spiritual support, nutritional assessment and counseling, treatment adherence support, prevention of OIs, referral to ANC or OB-GYN for screening for cervical and uterine cancer, PwP, and palliative care, among others. Retention in care will be strongly emphasized.

During home visits, CHWs will make appropriate referrals, including: active linkages to clinical PMTCT and care and treatment services (including TB); linkages for PLWHA to support groups; linkages for any OVC identified during home visits to OVC services supported under Keneya; and linkages based on nutritional assessments of adults and children living with HIV to social centers for nutritional support.

To ensure quality services, EGPAF will conduct regular supportive supervision visits to its sub-grantees, social centers, and CHWs. Through the use of internal and external assessments, EGPAF will work with stakeholders in the community to monitor, evaluate, and improve program quality. Development, training, and use of SOPs and job aides at all levels will encourage a culture of quality assurance. EGPAF will work closely and with CDC, the MOH, and other relevant stakeholders to ensure that quality

improvement is a top priority.

Condoms and WASH sanitation services (hand washing, environmental hygiene, and water purification tablets) will be made available to PLWHA. EGPAF will train CHWs to educate and monitor beneficiaries on the proper use of condoms and water purification tablets during home visits. CHWs will also be trained on stock management, identification, and distribution strategies to beneficiaries. Keneya staff will work closely with other partners, and particularly health centers, to avoid duplication of efforts.

The package of home-based palliative care services provided to PLWHA include nutritional assessments and appropriate referrals of adults and children living with HIV to community centers for nutritional support according to PNN guidance. Cooking demonstrations will be available to individuals based on nutritional assessment results. Keneya will also support economic strengthening through care and support of OVC and families for family empowerment.

The technical capacity of CHWs will be reinforced through training in PwP, adult care and support, and quality improvement. Counselors will be trained in PwP in collaboration with PNPEC, the health districts, and URC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	960,000	0

**Narrative:**

A sizeable portion of Keneya's scope is focused on OVC services, to be provided in covered regions. The goal of these activities is to contribute to the overall wellbeing of 9,500 OVC and their families and caregivers, including some OVC of sex workers. This goal is in line with national OVC goals as outlined by PNOEV. Keneya will assist community counselors to provide adequate responses building on the principle of "one OVC, one intervention," ensuring consistency with national guidelines.

Working with sub-partners and social centers, EGPAF will use a 3-pronged family approach to effectively offer care and support to OVC: 1) OVC identification; 2) needs assessments using the Child Status Index; and 3) needs-based provision of services to OVC and families or caregivers.

Community counselors and social workers, trained and offered technical assistance under Keneya, will provide these services according to the specific needs of each child and family, who are involved in the response.



In order to successfully implement the project, EGPAF will support training and capacity building of relevant individuals, as well as the reproduction and dissemination of necessary communication materials. In collaboration with CDC and PNOEV, training in OVC care and support and the completion of OVC data collection tools will be organized. Coaching for quality assurance will be conducted in collaboration with the PNOEV and URC.

EGPAF is committed to aligning OVC support services with the seven services, defined in national policy as well as actual need for OVC and families:

1. Psychosocial support
2. Healthcare referrals
3. Food and other nutrition services (interventions focused on assuring regular and continuous food access in quantity and quality)
4. Economic strengthening services (implementing activities to reinforce long-term welfare of OVC and families)
5. Education and vocational training (interventions focused on apprenticeship opportunities for OVC not in school, support for “catch-up classes” for OVC who have missed coursework, and school visits to check on educational and social progress)
6. Shelter and caregiving –(facilitation of access to safe and protective shelter and the promotion of a safe and supportive home environment)
7. Legal aid and protection services for OVC rights.

EGPAF will organize an Ariel Camp to gather children from the covered regions for them to stay for 4 days, share experiences, and encourage team building skills while emphasizing peer support.

To ensure high quality monitoring and evaluation of OVC activities, EGPAF will: ensure alignment of the project’s M&E system with existing national M&E frameworks, including what is currently in place at social centers; routinely collect data on identified performance measures and train personnel on collection and reporting of data; maximize stakeholder involvement and promote data use for program improvement through quarterly data reviews; and ensure data quality through partner trainings on indicator definitions and SOPs.

EGPAF will conduct regular supportive supervision visits at its sub-partners in collaboration with social centers. EGPAF will work collaboratively with CDC, the MOH, local networks, other USG-funded implementing partners, and appropriate national institutions on QA/QI activities.

Community health workers and social workers will make appropriate referrals of OVC to child health centers to ensure linkages with maternal and child

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------



Prevention	HVAB	50,000	0
------------	------	--------	---

**Narrative:**

Messages on abstinence and being faithful (AB) will preferably target young people aged 16-24 not in school, in youth associations, including young girls aged 16-19 years (and those who are permanent or temporary vendors in markets or bus stations. Among factors associated with high vulnerability, inconsistent use of condoms linked to poor negotiation skills and lack of knowledge about STIs are repeatedly reported as the most important (EIS, Aboudy, et al, 2009). The targeted population will be identified through youth community groups and also around markets, bus stations, and truck stations not covered by PSI/PSAMAO project to avoid duplication. The target population represents roughly 860,316 (38%) of the total population of youth in the coverage area. HIV-negative couples, women identified through PMTCT and VCT services are also targeted.

AB interventions under EGPAF's Project Djidja will also target HIV-negative couples identified in PMTCT and VCT.

EGPAF will work to ensure that age, gender, and culturally-appropriate materials are used for each specific target audience.

Keneya AB activities will focus principally on educational AB outreach sessions hosted by 65 peer educators (PEs). A team of two PEs will lead three small weekly group education sessions (10 people) in the communities of Bouaké, Botro, Katiola, Korhogo, Boundiali, and Ferkessédougou, for a monthly average of 390 small group sessions. Themes, messages, and materials tailored to the targeted clients will be used. Community leaders and heads of associations will be involved in community mobilization activities and selection of PEs on the basis of predetermined criteria. Keneya will reproduce various awareness materials and distribute them to PEs. Keneya will support ongoing activities of at least six HIV prevention clubs at community VCT centers, where age- and culturally-appropriate messaging and discussions about AB occur. Working with two main sub-partners, Keneya will design and implement community AB educational outreach sessions, including media presentations, leaflets, posters, image boxes and sensitization messaging, led by PEs trained in BCC and with involvement of community and religious leaders and other relevant stakeholders.. Special focus will be put on negotiation techniques for females regarding abstinence and fidelity for HIV prevention. The HIV prevention clubs established at community VCT centers will be gender-specific to allow for open communication, and emphasis (in both the male and female support groups) will be placed on addressing issues related to sexual violence, inequity and equality of rights. Additionally, community sensitization on gender issues, including stigmatization and sexual violence, will be part of community outreach activities. Victims of gender-based violence will be referred to VCT centers for HIV testing. PEs will make appropriate client referrals, including active linkages to PMTCT services for pregnant women and family planning services for women with unmet family planning needs. During community outreach campaigns, PEs may also promote uptake of maternal and child health and/or family planning services, VCT services, or STI treatment, as



appropriate.  
EGPAF will evaluate the effectiveness of the interventions in close collaboration with CDC and other key national and local stakeholders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	250,000	0

**Narrative:**

Keneya's target populations for voluntary HIV testing and counseling (VCT) activities are families and sexual partners of index subjects, AB program clients, women ages 30-34, and partners of women identified in PMTCT settings in the traditionally underserved areas surrounding Bouaké, Botro, Katiola, Ferkessédougou, and Korhogo. The HIV prevalence is 3.6% in central Côte d'Ivoire and 3.2% in the north.

EGPAF's family-centered approach reaches families of index subjects and the partners of 50% of PLWHA followed by Keneya, women using PMTCT services, OVC and their families, and PLWHA identified in community VCT centers. A repartition of families will be done to facilitate support by VCT counselors. This synergy of action will help to offer complementary services to these families that will include counseling advice and referrals to health centers for medical care follow-up.

VCT will target participants in AB educational sessions who express a desire to be tested; trade professions (carpenters, blacksmiths, mechanics, barbers, hairdressers) and students in schools and universities will be referred to VCT centers for testing. Additionally, community counselors will receive technical assistance and supplies to conduct VCT activities at community centers. They will be supervised for compliance with national HIV rapid test algorithms and management of biomedical waste.

VCT funding amounts to 16% of total funding requested. Keneya closely links VTC activities with OVC and adult care and support and AB prevention activities, because referrals and linkages between activities are active and ongoing. In community VCT centers, active referrals of HIV-positive individuals are made to care and treatment (C&T) and PMTCT services supported by EGPAF's Project Djidja. HIV-positive individuals will also be enrolled in Keneya's palliative care program component. Active referrals of HIV-negative individuals will also be made to the prevention clubs. Age- and culturally-appropriate AB messages will be delivered in both the home-based and community VCT centers by community counselors and social workers.

The bidirectional referral system will be analyzed each month to assess its functionality, and it will be strengthened as necessary to ensure complementarity of activities focused on AB prevention, counseling, testing, and treatment for better monitoring of people referred to C&T sites. At health centers around the VCT coverage area, counselors will make weekly visits to check the effectiveness of the





management of referred patients, where they can get the counter-reference sheet. and thus ensure proper functionality of bidirectional referral system. This process involves key stakeholders (health workers, community workers) in providing services primarily to all people testing positive. For remote sites, monitoring will be done over the phone. All this information will be documented.

To ensure high quality monitoring and evaluation of VCT activities, EGPAF will: ensure alignment of the project's M&E system with existing national M&E frameworks, including what is currently in place at community VCT centers; routinely collect data on identified performance measures and train appropriate personnel on collection and reporting of activity data; maximize stakeholder involvement and promote data use for program improvement through quarterly data reviews; and ensure data quality through partner trainings on indicator definitions and SOPs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	75,000	0

**Narrative:**

### Implementing Mechanism Details

<b>Mechanism ID: 13296</b>	<b>Mechanism Name: AVSI 2010 USAID CoAg</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Associazione Volontari per il Servizio Internazionale, Italy	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 2,116,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	2,116,000

### Sub Partner Name(s)



Amepouh	Association Ivoirienne pour la Promotion de la santé, du Social et du Développement	Association Jeunesse et Enfance de Côte d'Ivoire
Bayewa	Caritas St Martin	Centre de Santé la Providence
Chigata	Club des Amis	Fangou'an
Laikagnon	Nouv de Vie	Organisation Grâce Divine Eternelle
Tends Moi la Main Côte d'Ivoire		

### Overview Narrative

The project's goal is to increase Ivorian capacity for sustainable high-quality care and support for OVC at national, community, and family levels by strengthening the capacities of social welfare centers, OVC coordination platforms, and local NGOs and providing high-quality direct services for OVC and families. Cost-efficiency strategies include individual intervention plans for OVC and their families based on essential needs and family/community resources, tight geographic focus for subpartners, cooperation agreements with public institutions, use of community resources, and engagement of family networks. Strategies to transition activities to national/local structures include capacity building through joint activities, training, daily coaching, progressive empowerment of subpartners leading to subgrants and eventual "graduation," physical presence of AVSI offices at social centers, experience sharing, and agreements with local private companies for OVC advocacy.

Strategies to ensure high-quality M&E include periodic evaluation of social centers and subpartners, a dedicated OVC data management system supplemented by qualitative monitoring, participative M&E systems with social centers and subpartners, training, use of national and AVSI data collection tools, quarterly meetings with local partners, use of database for continuous planning as well as reporting, and external evaluation of psychosocial support and economic strengthening programs.

Vehicles:

Through COP11: 0 (using 2 vehicles from a previous mechanism)

New requests in COP12: 1 (\$30,000, all cost-share funds) to provide subpartner TA and monitoring.

Total planned vehicles for life of mechanism: 1

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	71,000
Economic Strengthening	100,000



Education	310,000
Food and Nutrition: Commodities	27,000
Food and Nutrition: Policy, Tools, and Service Delivery	35,000
Gender: Reducing Violence and Coercion	3,100
Human Resources for Health	55,800
Water	4,480

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13296			
<b>Mechanism Name:</b> AVSI 2010 USAID CoAg			
<b>Prime Partner Name:</b> Associazione Volontari per il Servizio Internazionale, Italy			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HKID	2,116,000	0
<b>Narrative:</b>			
<p>The project's goal is to increase Ivoirian capacity for sustainable care and support for OVC by building capacities of social welfare centers, OVC coordination platforms, and local NGOs and providing high-quality direct services for OVC and families. Successes since its 2008 launch include rapid expansion (supporting 12,818 OVC, 19 subpartners, 5 social centers as of Sept 2011); effective educational support building on OVC family resources; urban horticulture to improve family nutritional and economic status; and exceptional support to families during Cote d'Ivoire's 2011 crisis.</p> <p>With FY2012 funds, AVSI will provide technical and material support to 9 social centers and 23 local NGOs and care and support for 19,537 OVC (at least 50% girls) in 6,512 families in five sites in Abidjan and Bouake and four new sites. Coverage will reach 5% of OVC nationwide and, by focusing subpartners on their home zones, close to 100% of OVC in supported zones.</p> <p>Key strategies and activities are based on national policy, PEPFAR guidance, and available evidence, including AVSI's experience in other African countries. They include:</p> <ul style="list-style-type: none"> <li>- Support the national OVC program by building capacities of social centers, OVC platforms, and local NGOs through technical assistance, financial and material support, joint activities,, and training/coaching.</li> <li>- Support quality education for OVC through payment of school costs, integration of OVC in school-based feeding centers, after-school programs, support to schools, and skills training and job placement.</li> <li>- Improve the health of OVC and families through assured access to health care (including HIV care), immunizations, and anti-parasite care; hygiene kits; and IEC on health and post-trauma topics.</li> <li>- Improve psychosocial well-being through regular visits at home and school, training of caregivers, and family counseling and coaching.</li> <li>- Improve care and shelter through minor house repairs, supplies, and IEC on water purification.</li> <li>- Strengthen economic capacity through income-generation activities (IGAs) building on family/community resources.</li> <li>- Strengthen OVC protection through legal assistance for birth certificates, IEC on child protection, training on identifying and responding to child abuse, and support or referral for victims of child abuse.</li> <li>- Improve nutritional status through training and inputs for horticulture, gardening in conjunction with school feeding centers, training to identify and refer malnourished children, food supplements (including replacement milk) in urgent cases, and IEC on food hygiene.</li> </ul> <p>Programming and monitoring are based on measured dimensions of change, such as beneficiary participation, subpartner and community capacity, policy improvements, and well-being of OVC and families. In addition to using the Child Status Index to monitor well-being, AVSI annually evaluates OVC educational outcomes and will evaluate the impact of its IGAs and psychosocial support.</p> <p>Links with MCH services are strengthened through MOUs with health facilities ensuring access for OVC and their families, as well as IEC and training to promote awareness and referral.</p> <p>Strategies for improving performance and quality include mentorship, leadership by example, internships</p>			



for subpartner staff, use of a satellite strategy for reaching additional social centers and subpartners, collaboration agreements with national structures (e.g. training institute for girls), and training and support for horticulture / IGAs.

### Implementing Mechanism Details

<b>Mechanism ID: 13462</b>	<b>Mechanism Name: Building Capacity for OVC Care and Support in Seven Regions of Cote d'Ivoire</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children UK	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 2,200,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	2,200,000

### Sub Partner Name(s)

Afrique Espoir	Amepouh	Cavoequiva
Cote d'Ivoire Prosperite	Droit à l'education et au developpement	Initiative Developpement Afrique
Noutous	Prevention Sans Tabou	Rose Blanche
Save the Children Sweden		

### Overview Narrative

Goal: Increase Ivoirian capacity for sustainable, high-quality care and support for OVC.

Objectives:

- Strengthen government capacity to plan, coordinate, support, and monitor OVC care. Support the National OVC Program by building operational and technical capacities of social centers to coordinate services. Train and accompany social workers and OVC coordination platforms.



- Strengthen capacities of families, communities, and local partners to provide quality OVC care. Support 12 local NGOs/CBOs and 575 community members to deliver care for OVC and to strengthen the capacity of HIV-affected families to provide for their children.

- Reduce vulnerability through access to OVC care and socio-economic support, with an emphasis on reducing gender-based vulnerabilities.

SC will play a capacity building role, transitioning decision making and financial control to local NGOs and supporting social centers to oversee local strategy and coordination of OVC support.

SC will ensure cost-efficiency by delivering services through local partners, identifying the most efficient interventions, and ensuring close monitoring of expenditures.

To ensure high-quality M&E, SC provides support to local partners to ensure quality data collection and reporting and conducts regular field supervision. An external program evaluation is planned.

**Vehicles:**

Through COP11: 6, plus 6 mopeds, 6 motorbikes

New requests in COP12: 2 vehicles, 4 motorbikes

Total planned vehicles for life of mechanism: 10 vehicles, 6 mopeds, 16 motorbikes

**New request justification:**

2 vehicles (\$86,000) will support TA and monitoring of subpartners in expanding intervention zone. 4 motorbikes (\$9,000) will go to subpartners providing direct care in far-flung villages.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	22,267
Economic Strengthening	110,000
Education	60,300
Food and Nutrition: Commodities	27,000
Food and Nutrition: Policy, Tools, and Service Delivery	25,800
Gender: Reducing Violence and Coercion	20,100
Human Resources for Health	803,040

**TBD Details**

(No data provided.)



**Motor Vehicles Details**

N/A

**Key Issues**

- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b>	13462		
<b>Mechanism Name:</b>	Building Capacity for OVC Care and Support in Seven Regions of Cote d'Ivoire		
<b>Prime Partner Name:</b>	Save the Children UK		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HKID	2,200,000	0

**Narrative:**

Goal: To increase Ivoirian capacity for sustainable, high-quality care and support for the welfare of OVC due to HIV/AIDS.

Target populations: OVC, families affected by HIV, communities, local NGO/CBOs, social centers, OVC coordination platforms, National OVC Program (PNOEV).

Geographic areas: Save the Children (SC) supports the national decentralization strategy by focusing on remote areas where the PNOEV struggles to extend its reach, in the extreme West, East and Northwest of CI (regions of Moyen Cavally, Montagnes, Bafing, Denguele, Moyen Comoe, Zanzan), with a smaller project in Abidjan (Adjame).

Strategy: SC plays a capacity building role to ensure a comprehensive system of OVC care and support, with an emphasis on reducing gender-based vulnerabilities, targeting its support at 3 levels:

- PNOEV and state-run social centers: SC will support the national target to provide appropriate support to 50% of OVC by 2015. At least 23,000 OVC (26% of the PNOEV national total, and 5% of all OVC) will be reached by SC and its subpartners by Sept 2013. SC support to 13 social centers, including in-service training, coaching, and accompaniment to 30 social workers, will help ensure that the social centers monitor and coordinate OVC activities at the local level; collect, manage, analyze, and use quality data on OVC care and support; and are able to carry out and disseminate OVC situational analyses for their regions. SC will also train and support 40 social workers to conduct life-skills sessions for at-risk adolescent girls.

- Communities: SC will continue to provide technical, organizational, and financial support to enable 12 local NGOs to provide community-based care and support. At least 575 community caregivers will provide services, based on assessed needs, in the following areas: nutrition, health, education, psychosocial support, economic strengthening, legal and child protection, and shelter and caregiving. SC will also support local partners to develop age- and gender-specific strategies for the improvement of their OVC programming, SC will provide training and good-practice guides in economic strengthening, nutritional support, and family-based care, with guidance on effective monitoring and evaluation of activities.

- OVC and families: SC will support government and civil society to develop their expertise in family-centered HIV programming. SC will use the expertise of its non-PEPFAR-funded teams in WASH, health, nutrition, and food security to ensure best practices, synergistic action, and collaborative oversight of activities in support of families.

Program successes include rapidly scaling up OVC services in severely conflict-affected regions with limited government services. Challenges include ensuring quality M&E starting with data collection by village-level community caregivers. In response, SC has upgraded its OVC database, required all subpartners to hire M&E officers, and conducted extensive M&E training, which will continue under COP12.

Research/Evaluation: Ten internships will be offered to recent social-work graduates to work in social centers with a remit to carry out research in a specific technical area of OVC care and support or to evaluate existing interventions. Their work will be supervised by SC staff, and learning will be shared widely among OVC actors. SC's OVC portfolio will undergo an external evaluation at the end of COP12 to assess impact, quality, and cost effectiveness.

## Implementing Mechanism Details





<b>Mechanism ID: 13525</b>	<b>Mechanism Name: Hope CI OVC-AB 2010 CDC CoAg</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Hope Cote d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 3,050,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	3,050,000

**Sub Partner Name(s)**

Association pour la Promotion de la Sante de la Mere, de la famille et de l'enfant		
--	--	--

**Overview Narrative**

The goal of Hope CI is to contribute to reduce the impact of HIV infection in 5 regions of Côte d'Ivoire over a period of 5 years. Its specific objectives are strengthen the national HIV response to: prevent new infections for youth, strengthen the organizational and the technical capacities of 24 local CBOs/FBOs to implement effective prevention interventions and to provide quality care and support to OVC and their families.

For a more cost-effective and sustainable response, HCI will mobilize human, material and additional financial resources from communities, public and private corporations; plan interventions to provide multiple services. To facilitate longer term leadership and devolution of responsibilities to local and national organizations, HCI will: select local CBOs/FBOs and build their capacities; mobilize the surrounding communities to support the activities of CBOs/FBOs, and strengthen coordination and cooperation through participatory processes and communication.

To ensure sound project monitoring and evaluation, HCI will support:



- Site analysis to determine baseline data,
- Routine study of the program at the end of 2012; to assess the level of changes in beneficiaries' lives.
- Sub partners' M&E focal points trainings
- Program's evaluation on a semiannual basis, through review meetings and discussion groups on findings.
- Annual audit on the quality of interventions and data reported.

Monitoring and evaluation interventions will cost 15% of the global budget.

**Vehicle**

Through COP 11: 5 New requests in COP12: 5 Planned vehicles for life of mechanism: 10 (4 cars, 6 motorcycles) 2 vehicles (\$ 44,444/vehicle) and 3 motorcycles (\$ 2,800/motorcycle) used to coordinate activities for in-country travels.

**Cross-Cutting Budget Attribution(s)**

Economic Strengthening	82,000
Education	623,330
Food and Nutrition: Policy, Tools, and Service Delivery	82,000
Gender: Reducing Violence and Coercion	195,000
Human Resources for Health	709,802
Water	218,600

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A



## Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection

## Budget Code Information

<b>Mechanism ID:</b> 13525			
<b>Mechanism Name:</b> Hope CI OVC-AB 2010 CDC CoAg			
<b>Prime Partner Name:</b> Hope Cote d'Ivoire			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	0

### Narrative:

In FY2012, HCI will work with 8 Support Groups of PLHIV in Abidjan. The target populations will be: OVC's HIV infected parents/tutors; PLHIV peer educators; local PLHIV's support Groups; and communities.

The expected results for FY2012 are: i) 2,000 PLHIV provided with care and support; ii) 2,000 PLHIV reached with a minimum package of PwP interventions; iii) 300 PLHIV provided with food/nutritional support; iv) 75% affected households provided with bed nets and water purifying material; v) 100% of affected households provided with early TB testing; vi) 50 community counselors trained on PwP interventions. Those results will contribute to reach the national targeted goals: 80% of PLHIV clients provided with HIV prevention and care and support through 2015.

In accordance with PEPFAR and the national strategy, HCI will:

- Support the government to define a package of community PwP interventions; the PLHIV support Groups in improvement of the quality of data collection; and FBO/CBO-led HIV testing centers and outreach in communities for strengthening referral systems and service networks.
- Assist the Support Groups in the provision of psychosocial support through individual/group counseling; social support through nutritional counseling; spiritual support through referral to interfaith organizations.

To reduce the mother-child HIV transmission, STIs and to improve the quality of life of the PLHIV, PwP interventions will be implemented such as: promotion of the use of PMCT services; condom use; early

testing for cervical cancer; counseling on hygiene; treatment adherence education; referral for early TB testing and the HIV testing for families.

Services will be delivered through home visits, support groups' sessions with PLHIV and community mobilization.

HCI will collaborate with the ministry of national education for the institutional strengthening of PLHIV organizations within the teachers' body.

To improve the quality of services, HCI will train and supervise PLHIV peer educators and conduct an assessment on the quality of services.

Support groups will establish partnerships with HIV testing and treatment/care and support centers. PLHIV in pre-ARV phase and under ARV treatment will be referred from the testing/care centers to support groups for counseling help retain them in HIV services which may include complimentary home-based care and support services. Families of PLHIV will be referred from the support group to the care center for HIV testing and access to ARV treatment if needed.

Links will also be established with: i) maternal and to child health and reproductive health services to improve the access to these services to address other vulnerabilities such as unwanted pregnancy and to prevent or detect cervical cancer; ii) nutritional assessment, counseling and support programs for the referral of PLHIV with poor nutritional status or with food insecurity; iii) socio economic support programs/institutions for access to means of livelihood activities.

Sub-partners will be supported in the identification of families who have no access to clean water; IEC/BCC on personal and environmental hygiene; and provision of water purification materials (WASH estimated cost: \$ 17000).

The adolescents living with HIV/AIDS will be educated in abstinence, rights and ART adherence and well-being for those on and not initiated on ART. Their parents will also be trained in parent-child communication.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,600,000	0

**Narrative:**

In FY2012, HCI will work with 24 CBO/FBO in 22 sites: Abidjan, Tiassalé, Alépé, Sikensi, Grand Lahou, Dabou, Jacquerville, Divo, Lakota, San-Pedro, Sassandra, Soubré, Tabou, Aboisso, Grand-Bassam, Adiaké, Dimbokro, Daoukro, Bongouanou, Bocanda, M'Bahiakro, Prikro.

The target populations are: OVC, especially adolescents; their parents/tutors and families; community counselors; social workers; CBO/FBO; social centers; and communities.

The expected results for FY2012 are: 12,000 OVC provided with care and support; those eligible will receive nutritional support; and 100 community counselors trained in care and support. Results will



contribute to reach the national target which is to provide quality care and support to 90,000 OVC by 2013.

HCI and APROSAM will assist the Government in the strengthening of HIV prevention among OVC, support social centers and OVC platforms to strengthen the referral system and community networks that assist OVC. Additional activities to streamline coordination of interventions, train CBO/FBO for higher quality services and strengthen local governance structures as national information system specifically, will be implemented. Support for sub-partners to integrate effective gender programming to combat gender-based violence, for example will involve TA and sharing of tools. Lastly, a focus on leadership within communities' to participate and sustain the response will serves as a central component of interactions and service delivery platforms.

Emphasis on ways to address child protection issues and increase access to medical services for HIV infected OVC will remain as important programmatic considerations. Parents living with HIV/AIDS will be referred to PLHIV supports groups assisted by the project, for access to palliative care and PwP interventions. To measure the quality and success of the OVC portfolio, a routine assessment will be conducted. The CSI tool will be used prior to and after services in order to identify areas of improvement for OVC well-being. A household survey will be conducted to measure the impact of the project on the living conditions.

To face the challenge of current sociopolitical insecurities, HCI led on site training workshops and close coaching with sub-partners. However, the past crisis has impacted the program by cutting off access to select sites; health centers and the showing changes in clients' needs. By way of a solution, work-plan revisions have adapted to the unknowns in the CI context.

To improve the quality of services, HCI will: assess the capacity of sub-partners to provide quality services, train community counselors with national training modules and conduct annual assessment on the quality of services. Sub-partners will be supported in establishing partnerships with health centers caring for mother and child to improve families' access to health and reproductive health services. Emphasis will be placed on the identification of severely malnourished OVC, for nutritional counseling and support programs (Estimate cost: \$ 271,600). Sub-partners will be supported in IEC/BCC activities for families on hygiene and for providing water purification materials (estimated cost: \$ 201 600).

Other capacity building activities include education of OVC on HIV/AIDS and STI prevention and training of parents in communication.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,200,000	0

**Narrative:**

HCI will use nationally accredited curriculum and JHU/CCP field-tested tools to provide education and outreach activities to youth, parents and older adults with the goal to facilitate more informed and healthy decision making which can prevent HIV/AIDS in these targeted groups. Special consideration of the needs and vulnerabilities of women and girls will be an integral part of each intervention. Strategies will include:

i) Promotion of parent-child communication for ages 9-12 using the "Families matter" approach that strengthens the communication between parents and their children on sexuality. ii) Promotion of abstinence and correct use of condoms through "SUPER GO" Strategy targeting out of school and non schooled youth from 15-19. This will help to strengthen adolescents' skills supporting the adoption of healthy behaviors. iii) Promotion of Fidelity, correct use of condoms and testing will also be a focus prioritizing females in the 20-24 age range, to promote behaviors such as couples' monogamy, voluntary HCT and consistent correct use of contraceptives (female condoms/ the negotiation of male condom).

Hope CI will implement the program in a number of geographical areas. "Families matter!" approach will be used in N'Zi Comoé Region; Sud Bandama Region, Bas Sassandra Region. Promotion of Abstinence and Promotion of Fidelity, correct use of condoms and HIV testing will be extended to the Region of Lagunes.

Interventions for different age groups aim to address the key drivers of the HIV/AIDS epidemic in CI. These include early sexual debut among youth, multiple concurrent partners, ignorance and misperceptions about risks and limited access to information and services related to their sexuality and RH issues.

Target populations vary from 4000 parents, aged 25-49, that will be reached including 3000 women to other age groups. We will also focus on those aged 30-34, most infected group; and 4000 pre-teens ,9-12 years. 15-19 years: 8000 persons, with 80% of young women and among ages 20-49 years, 19,000 persons. Including 9000 persons will be reached (20-24 years:, with 80% of women) and 10 000 persons will be reached (couples with 5 000 women of 25-49 years and their partners);

'Families matter" approach activities' will involve parents, through five evidence-based sessions, on a weekly basis over 5 consecutive weeks. For promotion of abstinence; fidelity and correct use of condoms, activities will be carried out weekly with groups of 25 people or less, through sessions, from the national curriculum "Education through Abstinence." JHU/CCP's facilitation spots tools on « Super Go », spots on HIV testing, and, HOPE CI's image boxes will also be used.

To ensure linkages with other vital programs, parents will be referred to RH services for complementary information and eligible children for additional OVC services. Those in most need will be supported in IGA, especially young women and where risks are identified access to HIV and cervical cancer testing programs will be available.

Training on the "Families matter!" approach, will target 16 sub partners' facilitators and training of 25 peers educators on the fidelity promotion module in addition to 150 peers' educators from its sub partners

on the full range of content areas

### Implementing Mechanism Details

<b>Mechanism ID: 13539</b>	<b>Mechanism Name: IRC 2010 CDC Coag</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Rescue Committee	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 1,350,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,350,000

### Sub Partner Name(s)

Association de Soutien a l'Autopromotion Sanitaire Urbaine	Initiative Developpement Afrique	
--	----------------------------------	--

### Overview Narrative

The International Rescue Committee project's overall goal is to build a sustainable, local response to the HIV epidemic, particularly among vulnerable populations in the central, northern, and western regions of Côte d'Ivoire. The specific objectives are to build the technical, organizational, and management capacity of local CBOs/FBOs to plan, deliver, evaluate, and sustain high-quality HIV prevention services. At the end of the five-year period of CARA II, the expected outcomes are that local partners will have:

1. Reached 480,000 individuals with evidence-based, preventive interventions
2. Reached 23,500 women aged 15-49 with PMTCT messages
3. Tested 28,100 people
4. Provided care and support to 3,000 PLWHA
5. Provided 2,000 OVC with care and support



## 6. Gained the capacity to lead similar projects on their own

To make the program more cost-effective, the IRC will: focus on a gradual handover of key activities to local partners; rely on IRC GBV and economic recovery development expertise; and develop non-cash-dependent ways to motivate peer educators and community advisors (CAs).

As IIRC transfers project activity ownership to local partners, it will monitor each partner's progress. The IRC will collaborate with national and regional state actors, allowing the IRC to locally address programmatic constraints.

Key planned M&E activities include a baseline analysis at the beginning of COP 2012 for the new geographic areas, a mid-term review of the project, and two evaluation missions to assess intervention quality.

Vehicles:

Through COP11: 0

New requests in COP12: 2 (\$80,000) for 2 subpartner organizations to carry out supervisory trips and attend meetings in the project's large geographic area.

Total planned vehicles for life of mechanism: 5

### **Cross-Cutting Budget Attribution(s)**

Construction/Renovation	15,000
Economic Strengthening	40,000
Gender: Reducing Violence and Coercion	32,000
Human Resources for Health	456,000

### **TBD Details**

(No data provided.)

### **Motor Vehicles Details**





N/A

**Key Issues**

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13539			
<b>Mechanism Name:</b> IRC 2010 CDC Coag			
<b>Prime Partner Name:</b> International Rescue Committee			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	0

**Narrative:**

The IRC will continue to lead adult care and support activities to improve the quality of life for adults and children living with HIV, along with their families; and to minimize their suffering through clinical care, psychological, spiritual, social, and preventive services in implementing communities.

Through support to local partners, the IRC will develop a strategy that will connect patients to partners responsible for care and support, including HIV and TB care, PMTCT, and testing. This strategy will ensure that everyone identified as HIV+ through community partners can immediately have access to all diagnostic services.

To ensure quality services are available, the IRC and its partners will build on nationally-validated standards. The training sessions for Community Councilors will be made available through the national pool of trainers under the supervision of the National HIV/AIDS Care and Treatment Program (PNPEC). PLWHA will be provided with home care and support activities by trained community agents: these will be appropriate for the social and cultural context and will provide basic physical care, as well as psychological, social, and spiritual support.

The IRC will also refer the PLWHA to structures providing medical support for the intake of Cotrimoxazole. This project will assist PLWHA in adhering to treatment (ARV, cotrimoxazole, and others).

In addition, PLWHAs will be placed in support groups to promote positive prevention, fight against stigma and discrimination, share experiences, and promote Greater Involvement of People living with AIDS (GIPA). As a result, the implementing partners will have to involve PLWHAs at different levels of care and support. PLWHA will benefit from HIV/AIDS prevention activities focused on positive prevention and environmental hygiene, and the most vulnerable will receive hygiene and water purifying kits. Infected women will be directed to specialized services for gynecological screening and follow-up. The IRC will work with the PNPEC, the National Reproductive Health Program, and AIBEF to implement this activity.

Key actions for this component are:

- Grant to two partners for care and support activities for PLWHAs, in accordance with national standards and guidelines
- Support for organizations that provide care and support for PLWHAs (i.e., minor renovations to their premises and equipment)
- Strengthening functioning networks for referral to organizations that conduct prevention activities (including GBV) and care and support to OVCs
- Training of community counselors in care/support for PLWHAs, and violence and gender-based norms of masculinity related to HIV/AIDS
- Establishment and/or strengthening of self-support groups
- Support for the operation of a transit house
- Evaluation of the economic activities of self-support groups in the previous year
- Training/re-training partners for the development of economic activities for PLWHAs
- Participation in development processes and validation, dissemination, and use of national reference documents
- Collaboration with other institutions and programs for a synergy of effort (e.g., the National Program for the Fight against Malaria, the WFP)
- Coaching and technical monitoring of self-help groups.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	50,000	0

**Narrative:**

The main objective of OVC care and support activities is to improve children's (aged 0-17) quality of life by providing age and need-appropriate services to those, and their families, who are affected, infected, or

exposed to HIV/AIDS. The strategy will be based mainly on:

- **Child identification:**

Organizations and partners in adult care, actors involved in OVCs care and support, other partners and the community center will collaborate taking steps to avoid double-counting. OVC identification will be done through screening centers, PLWHA associations, and care and support centers (hospital and non-hospital structures). Social centers will also be an essential point for identifying child violence victims.

- **The initial needs assessment:**

This will estimate the contextually specific needs of each child. It will be done through the Child Status Index (CSI), a national reference tool validated for such evaluations.

- **Support:**

Community-based support focus will be based on the initial assessment and include the following holistic and high-quality areas:

- Services provided following national standards for most vulnerable OVC (economic, psychological, and social criteria), according to CSI's analysis and a rapid needs assessment of the family
- Psychosocial that starts with identification and continues during home visits
- Education (formal and technical). The IRC will work with the Ministry of Education and social centers to determine gaps involving children outside school systems.
- Shelter and care, including appeals during special events (e.g., Day of the African Child) for foster homes for OVCs
- Protection, including awareness sessions for children and their families on HIV/AIDS, GBV, and human rights using the "Family Matters" approach ) GBV survivors or victims of abuse will be directed towards care centers.
- Individualized, locally-appropriate support to food security and nutrition, done with PNN in socio-educational sites
- Health care through referrals to health centers
- Economic strengthening of OVC families through IGAs. IRC will train the most vulnerable OVC families.
- Parents and/or guardians of OVC through the "Family Matters" approach, where the IRC will work closely with the PN PE and social centers to scale up the program
- Social centers through capacity building in identification, assistance and referral of child victims of violence.

- Evaluation of services:

A progress evaluation will be done every six months with Child Status Index based on needs expressed at the beginning of the year.

The IRC will focus on the following:

- Grants to partners to lead OVC care and support activities within national standards/guidelines
- Advocacy support by the two partners and networks to promote protection and inclusion
- Strengthen the functioning of OVC platforms through social centers
- Train community counselors in community care and support for OVC, GBV, HIV/AIDS related issues
- Support the scale up transition and improve the quality of services offered to OVCs and their families
- Evaluate economic support activities developed for OVC, their families, and/or guardians
- Train/re-train partners for development of economic activities for OVC, their families and/or guardians
- Participate in the development processes and validation, dissemination, and use of national reference documents
- Organize joint missions to supervise training with the national programs and technical partners involved in

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	350,000	0

**Narrative:**

The IRC will intervene in: Man, Séguéla, Duékoué, Yamoussoukro, Tiébissou, Toumodi, and Bouaké.

AB-focused activities will target women (especially aged 30-34); and youth aged 15-24 (especially those not in school and performing risky work). The IRC chose these groups based on site investigation data and the 2005 EIS, which states that the national HIV prevalence remains high (3.9% in 2009, UNAIDS source), that it increases with age among young women, and that women aged 30-34 have a high prevalence.

The intervention will also address the post-electoral crisis-related increase in young girls' and women's vulnerability.

The IRC will use locally-focused peer education to reach women aged 15-24. With the national pool of trainers' support, target groups (up to 25 people each) will be trained. The IRC will evaluate participants before and after the meetings. Focused topics will be postponing sexual activity and secondary abstinence. The approach supports local norms denouncing cross-generational and transactional sex, rape, incest, and other forced sexual activity. The IRC will also use peer education to reach participants over 25. Training will focus on: GBV, HIV/AIDS transmission, multiple sexual partners, mutual



faithfulness with uninfected partner(s) in long-term sexual partnerships; and joint counseling and testing.

This approach is done closely with the national programs for highly vulnerable populations and for reproductive health and AIBEF.

In addition to peer education, the IRC will use the "Family Matters" approach. This targets parents and guardians of children aged 9-12 and encourages positive parenting and effective communication between parents and children regarding sex and sexual risk reduction. It also helps parents to better express their values and expectations. .

AB prevention activities will be conducted in collaboration with the Ministry of Health and the Fight Against AIDS (MSLS) through the PLS-PH, HOPE CI (Family Matters approach), social centers for support to victims of violence, and public health centers (medical support to IST and victims of violence).

The IRC will use its GBV expertise for "AB" Prevention by: training the PEs to provide clear and precise information on GBV, referring identified cases to social centers and public health centers, and contributing to better national coordination of GBV interventions through participation in PHV technical working group meetings.

The IRC works with the regional entities of the Ministry of Health and AIDS and other donors and stakeholders in its intervention zones.

Key actions for this component are:

- Give grants to four local partners to conduct prevention activities that conform to AB guidelines
- Support community mobilization and the identification of peer educators
- Develop or adapt messages to different target groups through mini-workshops
- Produce and distribute awareness materials and activity supplies
- Develop a communication plan for AB activities
- Organize training sessions for PEs in abstinence education, presentation skills and GBV
- Organize training sessions for facilitators on conducting quality “AB” prevention activities through the "Family Matters" approach
- Provide technical assistance to local institutions and NGOs
- Develop activities to increase women and girls affected by HIV/AIDS’ access to financial resources and means of production

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0

**Narrative:**

Testing and counseling (TC)D activities will complement and strengthen the IRC activities of the last year and those of other partners. Special emphasis will be placed on HIV testing.

Quality testing and counseling will be provided on-site. Sub-grants will be awarded to local partners to provide consulting services using two approaches: activities in the permanent centers and mobile activities.

- Mobilization for access to testing centers:

To promote HIV testing and counseling services, the IRC will work with all financial and social partner networks, in particular targeting community leaders and at-risk groups. The mobilization will be made within the community to encourage people, in particular the AB targeted groups, to get tested. Given the particular strategy developed in prevention, priority will be given to those groups targeted by PE outreach. Mobilization activities will normalize testing in the population.

Members of certain groups living with HIV will be encouraged to disclose their status, to undertake the fight against stigma, to participate in outreach activities against stigmatization, and to encourage people to be screened.

- Counseling and screening activities:

These activities will be conducted in accordance with national guidelines in this area.

- In the permanent centers: They will accommodate everyone who expresses the need for voluntary testing.

- The mobile activities (outreach): They will be directed towards screening for couples, families, and particularly vulnerable groups using the current national algorithm. The use of rapid tests performed on blood samples from finger-pricks will be used. Results will be communicated as soon as possible to reduce the number of clients who do not receive their results.

- Training/re-training service providers (consultants, technicians, mobilizers and receptionist):

Training of community advisors will be conducted through a national pool of trainers made available by the NPEC on the following topics: counseling techniques, screening at your fingertips, and the management of biomedical waste. Medical staff will conduct coaching and on-site training supervision to assure the quality of the services. Tools to be used will be those produced and validated by the national plan.

- Monitoring and supervision activities:

The partner will be responsible for providing the services, under the continued support of the local IRC team. In addition, regular supervision and reinforcement will be done on site by the IRC with the National HIV/AIDS Care and Treatment Program and local health authorities.

- The management of biomedical waste:

This will be done in collaboration with the health districts. To this end, discussions with partners and local health authorities (Departmental Directors and Regional Directors of Health) will ensure that waste generated during the screening activities is regularly taken away and transported to the department's or region's secure disposal facilities. In addition to this, an appeal will be conducted with local authorities



(City Hall and the General Council) to assist with this collection. Management of biomedical waste will be done in collaboration with the health districts. Waste collection will be routed through the screening center and safely transported to the center of destruction in the district. The victims of accidental exposure to blood will be directed to health centers to benefit from PEP kits provided by other partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	700,000	0

**Narrative:**

As part of the implementation of COP 2012, the IRC will continue to support prevention activities that focus on condom promotion and other types of prevention through grants to four local partners.

These interventions will primarily target persons whose sexual behaviors place them at risk of HIV transmission or infection, and those susceptible to infection because of their vulnerability (especially boys and girls aged 15-24).

In addition, the IRC will target women aged over 25 through women's associations, Women Training Institutes (IFEFF), small traders, and domestic workers.

Especially with youth, the IRC will use the approach developed in the program "African Transformation" by JHU/CCP to promote desired social and sexual behavior change in young people. This approach will be coupled with that of peer education, which uses behavior change communication (BCC). BCC activities will include the use of condoms when AB prevention does not apply; the importance of testing (including within couples); decreasing, intergenerational sex, sexual coercion, and GBV; and promoting the prevention of mother-to-child HIV transmission.

JHU/CCC will provide training in its African Transformation approach to addressing unhealthy gender and social norms. The national pool of trainers, under the supervision of the Ministry of Health and AIDS (MSLS), will provide training on the IEC/CCC. To maintain and ensure the quality of services, joint supervisory missions will be organized with members of the national pool and the regional structures of the MSLS.

In addition to joint supervision, the IRC will closely work with other MSLS decentralized structures, regional coordinators of the MSLS and other donors and stakeholders in the intervention zones.

For the implementation of this component, the following key actions will be taken into account:

- Grants to four partners to conduct OP prevention activities according to national standards and guidelines
- The implementation of a mapping of OP interventions for the project
- Development and/or adaptation of messages to different target groups through mini-workshops
- Production and distribution of awareness materials and activity supplies adapted to the different identified target groups
- Development of a communications plan for the OP activities
- Organization of training sessions and/or refreshers for 150 peer educators to enable them to conduct quality OP activities
- Training EPs on GBV prevention, including the identification and referral of survivors to social centers for psychological support and to health centers for medical support
- Participation in technical working group meetings on PLHWA to reinforce national response to GBV and gender issues
- Organization of joint supervisory missions with the national program for highly vulnerable populations for coordination of prevention interventions
- Technical assistance to local institutions and NGOs through regular supervision
- Making functional and/or revitalizing 60 outlets for condom sales. AIMAS technical support will be requested for the identification of condom outlets, training of sellers in condom social marketing, stock management, and the preparation and implementation of a sustainable mechanism to cover costs related to the sale of condoms.

### Implementing Mechanism Details

<b>Mechanism ID: 13561</b>	<b>Mechanism Name: Supporting Local Organizations to Implement &amp; Expand Comprehensive HIV/AIDS Prevention, care, and Treatment in the Republic of Cote d'Ivoire under the President's Emergency Plan for AIDS Relief (PEPFAR)/ACONDA CDC 2011</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: ACONDA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	





G2G: N/A	Managing Agency: N/A
----------	----------------------

<b>Total Funding: 6,307,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	6,307,000

**Sub Partner Name(s)**

Afrique Espoir	Amepouh	Association pour la Promotion de la Santé Maternelle
Centre de Prise en Charge, de Recherche et de Formation	Centre d'Eveil et d'Encadrement pour le Developpement a la Base	Centre Nazareen
Cercle d'Amitie et Progres	Chigata	Cote d'Ivoire Prosperite
Espoir FANCI	Famille en Action en Cote d'Ivoire	Femmes Egale Vie
Group d'auto assistance de Personnes vivant avec le VIH/SIDA et Promotion Sociale	Hopital Protestant de Dabou	Initiative Developpement Afrique Libre
Manne du Jour	Mouvement Estudiant pour la Sensibilisation	Organisation pour l'assistance en Milieu Urbain et Rural
Pierre Angulaire	SELETCHI	Service d'Eradication de la Mobilisation et d'Hygiene en Cote D'Ivoire
Sidalert, Côte d'Ivoire	Soeurs de la Sainte Famille, Dispensaire Pietro Bonilli	Solidarite Plus Abidjan
Vivre, Informer et Fraterniser		

**Overview Narrative**

The general objective of the Aconda program for PEPFAR II is to consolidate the accomplishments of our HIV care program in order to ensure the sustainability of HIV care activities in the health system. The implementation will be based on two strategies which are firstly, the district approach with its institutional and operational components and secondly, the regional approach. The district management team (ECD) will be involved in the coordination of activities, ARV and other strategic consumables supply. The ECD capacities will be strengthened and they will be provided with equipment and technical support. Focal persons will be identified within the ECD according to the themes to monitor specific activities and supervise health workers. The regions are the administrative authority for the district. Our strategy will be



to reinforce health regions in order to help them maintain the link with the entire district. The Aconda program will contribute to improve data's circuit respecting the national three ones principles, to strengthen capacity building of health workers particularly for CSE in Monitoring and Evaluation, data validation, analysis, quality control and the use of strategic information. We will also improve the use of national standards at different levels of health pyramid. Through COP11, funds were needed for 13 vehicles. We have a new request for 2 vehicles and 20 motorbikes in COP12. The total planned vehicles for life of mechanism are 15. Request justification concerns 1 vehicle (\$35,433) will be used for coaching 138 supported health facilities in 9 regions and 1 vehicle (\$15,748) for use in Abidjan for routine project activities. The 20 motorbikes (\$49,214) will be used in districts to collect data, transport blood samples and follow up HIV activities.

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	72,608
Economic Strengthening	19,500
Education	20,390
Food and Nutrition: Commodities	25,750
Food and Nutrition: Policy, Tools, and Service Delivery	26,255
Gender: Reducing Violence and Coercion	24,000
Water	11,500

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services



Malaria (PMI)  
 Child Survival Activities  
 Military Population  
 Safe Motherhood  
 TB  
 Family Planning

**Budget Code Information**

<b>Mechanism ID:</b>	13561		
<b>Mechanism Name:</b>	Supporting Local Organizations to Implement & Expand Comprehensive HIV/AIDS Prevention, care, and Treatment in the Republic of Cote		
<b>Prime Partner Name:</b>	d'Ivoire under the President's Emergency Plan for AIDS Relief (PEPFAR)/ACONDA CDC 2011		
<b>ACONDA</b>	<b>ACONDA</b>		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	450,000	0

**Narrative:**

Care and support services for adult patients will be set up at each site using a comprehensive care approach and continuum of care. Technical assistance, equipment, other information resources will be given to the 138 functioning sites and the 9 sites that have to be renovated. People that test HIV positive will be informed of the circuit inside the health center and the link between the health facility and the community. Adolescents, adult's men and women, pregnant women represent the target cell for this programmatic area. The promotion of care service offered in health center and out by mobile teams in community will be known by beneficiaries through sharing leaflets and other communication channels. Component of care and support basic package will be cotrimoxazole, pastilles for water purification, insect treated nets, (supported by SCSMS) in addition to hygiene, psychological consultation and therapeutic or supplementary food for malnourished patients which will be in collaboration with PNN. Screening for tuberculosis among PLWHA will be done with the existing support of PNLT and the data collection will be reinforced in HIV facilities. The same day blood sample is taken if the site has a laboratory delivering a full lab service or with an appointment when full lab tests are not available on site. A second visit will be planned according to the management period given before receiving results. The MD initiates ART services according to national guidelines, gives information on drugs, counseling on adherence and the patient goes to the pharmacy to collect ART drugs. The patient is also seen by nurse

or trained CC for adherence evaluation who with patient's consent, will obtain his/her geographical address and propose to accompany him/her home. Patients on ART services are seen every 3 months by the MD. Patients not yet eligible for ART services will be seen every 6 months for clinical support. Based on assessment findings of the initial pilot project, PwP activities will be consolidated at the 52 existing sites and an expansion program will be integrated into activities in all other sites with the main focus made on the Mother and child health services, family planning services and ART services. Focus groups will be organized such as with PwP associations that may help patients remaining in care reduce lost to follow-up, improve quality of life of PLWHA, and learn how to live positively. PLWHA group members can also be trained as peer educators and more engaged in the HIV/AIDS response. A specific emphasis will be put on HIV discordant couples. Distribution of basic tools such as PwP reference card, picture box, posters, leaflets, condoms and artificial penis for demonstration will be continued. Focal points will be identified at the district level among trained care actors providing them with materials and technical assistance to manage and to support the PWP implementation sites according to national guidelines. The health staff will be trained in STI syndromic care and benefit from STI care kits and consultation with PSP that will be offered to diagnosed patient visiting the health center every 3 months. With JHPIEGO, Aconda supports 3 health facilities where cervical cancer screening is proposed and organized. Aconda will promote cervical cancer screening in all sanitary district supported throughout care provider sensitization to reach all PLWHA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

**Narrative:**

The first phase of the Aconda HIV care program revealed that challenges in the level of involvement by select NGOs providing OVC services. Only 7 of those which have a sub-grant with Aconda, report data on OVCs routinely although 13 NGOs have received some form of related training. Aconda will strengthen NGOs capacity and contributions through coaching. Two coaches trained in collaboration with PNOEV and URC for quality care and support for OVC in the community will work at 10 health districts of Lagunes I and II regions. Training in supervision for CC of NGOs to take leadership will be completed for these activities: identification of OVC at the sites or within the neighboring communities and assessment of identified OVC needs using the tool provided by PNOEV. Aconda will continue to accompany NGOs to work closely with other geographical departmental platforms. In the framework of partnership in priority health regions, Aconda will work in collaboration respectively with SAVE the children and HOPE providing complimentary services. Aconda will make available reference and counter reference forms and standard tools for OVC. In ACONDA supported sites, CCs will propose that known HIV positive adult patients should have their children tested as well as others potentially at risk. Those people will be informed by CC of the existence of a specific care provision for the infected and affected



children at the site and/or district. SCMS will give cotrimoxazole, pastilles for water purification, and insect treated nets including in care and support package. CC will report data and facilitate information transfers to health district platform. In collaboration with PNOEV, OVC and their family will be informed of existing care services such as ways to utilize educational approaches with children, job training opportunities, nutritional and legal support, psychological support (for children and parents), and setting up age based support groups.

Site personnel will be trained in that specific care. The activity will be monitored and information will be shared with PNOEV and other partners such as the Ministry of National Education (for the distribution of school kits), WFP (for food support), UNICEF, ANADER, etc.

In the scope of community based services to OVC, CC are in charge of identifying OVC and assessing their families' needs basing on the forms provided by PNOEV. CC will provide support to OVC and their families and will sensitize their families for a better OVC acceptance. The messages delivered by the CC will raise awareness on gender issues (messages against marital violence, respect towards women and children...) in order to set up a nurturing family environment at home. NGO/CBO will enroll all the OVC in their intervention areas and communicate within their locations across partners. Participating in those platforms will enable all to efficiently collaborate with CEROV-EV in terms of OVC care and NGO/CBO/support. Quarterly supervisory methods will be led by ECD members according to the national HIV/AIDS resource developed by PNPEC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	300,000	0

**Narrative:**

In tuberculosis centers after systematic counseling, information on services is given following HIV testing. TB patients will be proposed and tested with the finger prick method. That method will be set up called CAT/CDT. TB patients that test HIV positive will receive care according to the TB/HIV national algorithm. At service outlets offering CAT/CDT, Aconda in collaboration with PNLT will identify, rehabilitate and equip those centers to manage TB infection control. Aconda will systematically provide coughing and spitting TB patients with protection masks.

In HIV care center, the medical doctor or nurse trained in TB/HIV co-infection Care and Treatment will carry out the systematic screening of patients tested HIV-positive based on the tuberculosis symptoms form established by "PNLT" and "PNPEC". This strategy will be implemented in PMTCT services and in HIV pediatric care. In the case of TB diagnosis or treatment, PLWHA will receive TB services on site (HIV site offering TB drugs) or in a CAT/CDT accompanied by a CC with a reference and counter reference form. Aconda will provide currently PNLT's TB screening form in all supported health facilities and will

ensure accurate patient records. The health service providers of TB and HIV will be trained in directly observed treatment short course (DOTS), PICT with Finger Prick, filling out referral and counter referral forms. On the TB and HIV sites, all those who use the services of these sites will be sensitized in the waiting rooms by the CC. All tuberculosis patients will undergo HIV testing and will receive biological and therapeutic care and treatment in the CAT/CDT. Referral and counter referral activities of patients having recovered from tuberculosis will be carried out through CC towards HIV Care and Treatment centers. The improvement of reference and counter reference in TB centers and in HIV/AIDS care centers will be the major objective of Aconda during COP12. Aconda will work closely with CAT/CDT data manager in order to get effective data. In TB/HIV care service outlets, Aconda will establish a link between the HIV/AIDS identification number and the TB identification number which will be notified on the TB chart only in the patient's records. TB-MR survey and supervisory visits covering the geographical areas CAT Abobo, Daloa, Gagnoa, and Odiénné will be organized in close collaboration with PNLT and PNPEC. Training supervision workshops will be organized for healthcare providers by district care focal point with Aconda collaboration on all service outlets. Quality improvement team will be set up on the services outlets. They will be monitored by URC and defined their own quality objective according to URC quality process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	0

**Narrative:**

The Ivorian NGO ACONDA works to build Ministry of Health and AIDS (MSLS) capacity to expand access to quality comprehensive HIV/AIDS prevention, care, and treatment while contributing to sustainable service delivery and attainment of national strategic plan targets in nine regions of southern, western, and northwestern Côte d'Ivoire.

Care and support services will be provided for infants born to HIV positive women, HIV positive children and adolescents receiving care in a clinical service outlet. HIV pediatric care will be implemented according to the PCIME strategy. Training in collaboration with PNSI will be conducted which includes modules and trainers. PCIME training sessions will be done for both healthcare providers and community counselors. Pediatric care and support is realized on 34 health districts. Children coming from PMTCT services will be tracked at multiple levels while they visit health facilities (immunization – weighting – dieting – pediatric consultation, etc) as a result of healthcare staff training completed in pediatric care for the infected. The mother and pediatric health booklet will be an essential tool in rolling out the active search strategy. The reference and counter reference chart in the Ivorian health system will be adapted to improve the link between PMTCT services and pediatric care services to decrease the delay for exposed children to be put into care program. After delivery, the child will be systematically referred to pediatric HIV care service for monitoring and early infant diagnosis by means of the DBS technique. The

ACONDA program will reach more than 80% of 2787 infants born to HIV positive women and continue to improve best management of PCR results so that to identify early HIV positive children and to start ART treatment. Children testing HIV positive will be followed up and those eligible for ARV treatment will be cared for in a comprehensive approach including not only ARV drugs but also cotrimoxazole, nutrition, vaccination, pear water, sanitation, hygiene and other care services. SCMS will give cotrimoxazole, pastilles for water purification, and insect treated nets including in care and support package. Nutritional education will be organized in care service outlets for parents in order to teach them good habits and new reactions with food. These sessions will be handled by site staff (trained MD, nurses, midwives). The pediatric nutritional monitoring will be done: regular weight and height taking to evaluate the pediatric nutritional state. Children will receive food kits in partnership with the PNN and PATH. The creation of a pool of adolescent leaders identified in health centers and sent to communities as peer educators will be undertaken to sensitize other children and youngsters. For PwP, new procedures targeting HIV-infected teenagers will be elaborated and provided to the health workers at sites level with the appropriated tools. Activity supervision will be done by ECD and Aconda from activity reports and periodic visits. Results of the evaluation will allow us to modify the strategy where needed. Quarterly based supervisions will be led by ECD members according to the national HIV/AIDS activity supervision document setup by PNPEC. Supervision visits by PNPEC and regionally will occur twice a year. National tools will be used for data collection and reporting will be done according to the network established between service outlets, the district and DIPE.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	392,000	0

**Narrative:**

ACONDA will build structural and operational capacity of health districts, in close collaboration with regional health boards, to further develop skills of the health workforce and improve the quality of service delivery. ACONDA will take a systematic approach to health systems strengthening (HSS), addressing six essential areas of the health system framework as recommended by the WHO.

**Human Resources (HR):** Interventions will focus on building capacity of district health management teams (DHMTs) and training them to conduct periodic site assessments. This activity will be progressively integrated into the routine supervision process. The building of DHMT capacity will also involve the creation of budgeted work plans, supervision, data management, and quality of care. Ariel will strengthen HR of regional and district health boards, as well as the integration of social workers, to ensure, maintain, and sustain community activities at sites.

**Service Delivery:** ACONDA will implement a basic package of care integrating clinical and community



activities. Quality improvement (QI) activities will be incorporated into district and regional work plans. Joint supervision led by ACONDA and DHMTs to ensure the progressive transfer of skills will take into account quality of care and data and will emphasize the feedback process through periodic QI follow-up meetings and a written report. ACONDA will provide TA to health care workers through regular site visits and systematic integration of a district focal point into the joint supervision team to facilitate progressive transfer of skills. Tools and procedures will be developed for that purpose.

**Leadership & Good Governance:** ACONDA will emphasize improving functionality of health regional teams and DHMTs to ensure good coordination of interventions through statutory meetings and those related to quarterly, semiannual, and annual follow-up of performance. Ariel will advocate for the adoption and integration of several available tools into the national process quality of care and capacity assessment.

**Health System Financing:** ACONDA will build the capacity of national partners at the local level and will train them on resource mobilization and on the efficient use of funds for health service delivery.

**Health Information System**

- **Improving data collection:** ACONDA will build capacity of sites and districts to produce quality data through training sessions on the use of new tools, provision of computers, data management software, and internet connectivity in district and regional epidemiological surveillance centers.

- **Data quality improvement:** ACONDA will provide support to district and regional health boards when they implement data management procedures and will conduct routine data quality assessments with integrated improvement plans. This activity will be progressively integrated in the routine process of supervision.

- **Data use & analysis:** ACONDA will support districts and regions in data analysis and use for decision making at the local level. Data validation meetings, follow-up on performance, and reports will ensure dissemination of data.

**Technology:** ACONDA will deploy data management software at districts and sites. ACONDA will facilitate the use of the PIMA CD4 test in labs to improve access to CD4 counts, reaching even remote sites. Lab activity supervision will be conducted by the QI staff of each region.

ACONDA will continue to provide support for the ongoing Demographic and Health Survey.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	300,000	0

**Narrative:**

HIV Testing and Counseling (HTC) activities are realized on 9 health regions which are Lagunes I and II, Bas Sassandra, Haut Sassandra, Fromager, Lacs, Denguélé Bafing, Moyen Cavally and 18 Montagnes. At the end of September 2011, 98.2% of all patients including TB/HIV in 135 CT services and 103.9% of all pregnant women in 103 PMTCT services supported by Aconda have received CT. Aconda has





obtained in health facilities 108172/110188 individuals who received HTC (including TB, pregnant women and infants) and 103843/104677 individuals who received HTC and their test results; in ANC settings 64692/64105 pregnant women who received HTC for PMTCT and 58861/57556 pregnant women who received HTC for PMTCT and their test results , in TB clinics, 3485/5760 TB patients who had an HIV test result recorded in the TB register. HTC activities based on PICT approach and finger prick, already implemented on 110 sites will be assessed to identify the gaps to be achieved. Aconda will take an active part in the promotion of the new testing algorithm with other partners. That simplified technique, will give us the opportunity to test patients at any stage of the health circuit. Trained CC will provide HTC according to national standards and the use of national HTC data collection tools. Each HIV positive patient relative like partners, children and parents will be encouraged to be tested in a proactive family testing procedure. The other way round, for each tested HIV positive child in the pediatric service, parents and brotherhood will be invited to take HTC in addition to EID. For couples HTC, Health actors and CC will be train to propose HIV testing to the both partners. Advantage of this strategy is to facilitate the follow up of the PLWHA (disclosure, observance of the therapy and continuation of care will be easier). Each PLWHA tested by a care provider will be referred to CC to reinforce information on HIV/AIDS, that patient will receive counseling based on a risk reduction plan which is also based on AB. The PLWHA will follow the HIV care circuit as defined and will be offered a comprehensive care (medical, TB, PwP, STI, care and support including nutritional and other support as needed). People tested HIV negative will receive appropriate counseling according to the AB and will establish a risk reduction plan with assistance from CC. An appointment will be given a control 3 months later. Patients, who are tested HIV positive in community or during mass HIV Testing campaigns, organized during various events, will receive a reference and counter reference form. The patient will be accompanied by a CC who will contact him with the CC on site. From that moment, PLWHA will integrate the health center HIV patient's circuit. The counter reference part of his form will be filled in by the CC on site and given to the accompanying CC who will take it back to the campaign organizing NGO/CBO. That procedure will permit a significant reduction of the lost to follow up patients and facilitate their tracking down within the community for better follow up. About 10% of our testing activities will be done in community. HTC extension outside of health facilities will consist in using CC for a" Door to Door". The nursing staff exposed to Post Exposure Prophylaxis (PEP) and all victims, national procedures related to use of ART must be applied at the most 48 hours after

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,015,000	0

**Narrative:**

PMTCT services will be re-enforced in 103 existing sites focusing on quality of services aspects. Forty new sites will be set up only in supported districts based on local needs and the area coverage level. The



elimination of mother to child transmission of HIV requires strengthening of all existing and new sites including at least one service related to reproduction health. To enhance the frequency of visits to the site by pregnant women and follow up of those with HIV, CC will be reinforced in terms of training and logistics in order to make sensitization on PMTCT routine practice. All health providers involved in motherhood and gynecology care provision will be trained in the prevention curriculum package with national recommendations and procedures. All these trainings will be done using national modules. Based on the PICT approach and finger prick testing, all pregnant women will be checked at various points of service within the health facilities. HIV positive pregnant women will be tested for CD4 and referred to the ARV services to undergo treatment if eligible. Their partners will be systematically proposed to be tested and placed in care if HIV positive. In collaboration with ENGENDER HEALTH, a pilot project set up at 3 sites, will improve the involvement of the partners of female clients' follow-up based on use of the Men As Partners approach. After the pilot phase, it seems necessary to evaluate the approach and to promote and implement good practices at other sites. Aconda will contribute to reproduction and dissemination of "Mother and child" health notebook, after validation. Health care providers will be trained for the use of the new "Mother and child" health notebook, which will be applied to improve the link between PMTCT and pediatric care. Non-eligible HIV positive pregnant women for ARV treatment will be provided with counseling and prophylaxis kits. CC will help and educate 85% of HIV positive pregnant women in how to take ART drugs for PMTCT at the health center and in their communities. Newborn children will be referred to pediatric units with their mother's HIV status noted in the "Mother and child" health notebook. They will be monitored for the HIV early diagnosis using the DBS method. The HIV-positive mothers and their children will be checked for nutritional status and provide with food and nutritional support if necessary. CC will monitor the infected pregnant women in their communities by home visits, auto-support group's activities and the integration of HIV positive women in their family and community. In the routine prenatal services, CC will provide individual counseling, psychological support and will collect data related to HIV testing. Without taking pregnant women's partner testing in count, the unit cost per patient reached with PMTCT in COP10 was \$ 14.38 and in COP12 we will get down to \$ 12.09. District PMTCT's focal point will mentor the new trainees. To be efficient at the district level coordination meeting will be organize to harmonize the intervention. Quality team will be created at each site and will be managed by the quality PMTCT focal point at district level. The Aconda team will provide the local stakeholders, including the district team, with technical assistance. Data will be collected and managed using the package of National tools at each unit of PMTCT activities. Care providers will be trained and supervised on consistent use of these tools..

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,700,000	0

**Narrative:**



ARV prescription is realized/offered in 9 health regions: Lagunes I and II, Bas Sassandra, Haut Sassandra, Fromager, Lacs, Denguélé Bafing, Moyen Cavally and 18 Montagnes. At the end of September 2011, Aconda has contributed to have 34 health districts provide 107 ARV services for 6733/6733 adults and children with advanced HIV infection newly enrolled on ART; 17377/22440 adults and children with advanced HIV infection receiving ARV therapy and 39889/42119 adults and children with advanced HIV-infection who started on ART. Forty new sites will be set up only at supported districts in order to increase access for ART services. Outlets opening, site meetings, trainings, supervisions, monitoring and evaluation are some services organized by Aconda in close collaboration with the ECD. Support will be given to physician through periodic sessions of group prescriptions, group therapy and phone calls. We will use a database to follow all PLWHA enrolled in health facilities supported by Aconda. Items which will be used include: clinical stage, CD4 level, and delay to ARV prescription. Every month, SI services present patients' records for the newly enrolled on ART. The control of data quality will be based on national ARV standards to confidentially conform ARV prescription. Sites with more than 5% non-confirmatory ARV prescription will receive coaching support. These supportive activities will be done in order to notice ARV prescription indications and to reduce default prescriptions early which is feasible when all clinical, biological, community data in the program is monitored. ACONDA priority action will consist of delivering service outlets with paper tools validated by DIPE with regard to the national electronic tool SIGDEP. At the site level the role of AMD will be enhanced. They will be more involved in a critical feedback loop by generating activities' reports and leading monthly meetings with health workers teams to discuss cases and findings. At district level a unique SI unit, CDGIS, will be setup. The data collection from sites with manual tools will be re-enforced and the data transmission to the DIPE will be improved using internet-based network. The unit dedicated to HIV activities data management, CATSIS, will be re-enforced to be more efficient. Among PLWHA, process to put eligible patients on ARV treatment according to national guidelines will be monitored at health facilities supported by Aconda. Side effects reported by clients will be supported by ACONDA under the leadership of the DPM. Side effect forms will be handled in the center's pharmacies; pharmacy staff will be trained and monitored in all the ART prescription centers. PLWHA on ARV therapy will receive care and support services. Cotrimoxazole, pastilles for water purification, insect treated nets, hygiene, PwP, psychology consultation and therapeutic food for malnourished patients will be given to them. \$ 7500 is provided for policy, tools, service delivery and commodities of nutrition. Tuberculosis screening among PLWHA will be included systematically at each following visit. Links will be done with STI consultation, MCH and FP services. The monitoring of preventive activities and PEP related to blood and biological fluid exposure will be effectively completed at 114 existing Care and Treatment sites and 46 new sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	700,000	0

**Narrative:**



The Ivorian NGO ACONDA works to build Ministry of Health and AIDS (MSLS) capacity to expand access to quality comprehensive HIV/AIDS prevention, care, and treatment while contributing to sustainable service delivery and attainment of national strategic plan targets in nine regions of southern, western, and northwestern Côte d'Ivoire.

ARV pediatric prescriptions are provided in 9 health regions: Lagunes I and II, Bas Sassandra, Haut Sassandra, Fromager, Lacs, Denguélé Bafing, Moyen Cavally and 18 Montagnes. By September 2011, Aconda contributed to 34 health districts scaling up ARV services to reach 193/536 children with advanced HIV infection newly enrolled on ART; 1276/1796 children with advanced HIV infection receiving ARV therapy. The pediatric ARV therapy will be reinforced for at least 10% of children enrolled in the program. Key difficulties in ARV pediatric prescription stem from the lack of trained physicians in this technical area, and identification of a high number of newborns with HIV remains a challenge. Linkages across PMTCT and pediatric HIV treatment services will decrease the delay for exposed children by using mother to child notebooks. Tracing of children coming from PMTCT services will occur when they visit health facilities (immunization – weighting – dieting – pediatric consultation, etc.) After delivery, we will reach more than 80% of 2787 infants born to HIV positive women for monitoring and early infant diagnosis, the DBS technique. We will improve management of PCR results to ensure HIV positive children start ART treatment sooner. Children who test positive will be followed up and those eligible for ARV treatment will be cared for in a comprehensive approach including ARV drugs, cotrimoxazole, nutrition, vaccination, pear water, sanitation, hygiene and other care services. SCMS will give cotrimoxazole, pastilles for water purification, and insect treated nets including in care and support package. Nutritional education will be organized in care service outlets for parents in order to teach them good habits and new reactions with food for children. Tuberculosis screening among children will be included systematically at each following visit. Links will be done with, mother and child health services, nutrition services and OVC programs in the community. Forty new pediatric HIV treatment services will be extended to all Aconda supported service outlets and the pediatric care guidelines by PNPEC will be available. The ARV drugs will be prescribed and given to children eligible according to national guidelines and side effects documented. For eligible children with CD4 equal or under 25%, ARV drugs in pediatric formula are available in all pharmacies. Adolescents' passage to adult HIV treatment services is often initiated by the announcement of HIV status from a psychologist and trained CC. A health system network that links referring pediatricians and referring physicians for adult care is the overall aim with methodological support given through physician's periodic sessions of group prescription, phone contacts and therapy. We will use a database to follow children enrolled in health facilities supported by Aconda. The control of data quality will be based on national ARV standards. Sites with more than 5% non-conformity to ARV prescription will receive coaching which will be done in order to reduce default prescription. Priority action will consist of delivering service outlets with paper tools validated.

## Implementing Mechanism Details



<b>Mechanism ID: 13602</b>	<b>Mechanism Name: Leadership, Management and Governance Project (LMG)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 700,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	700,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

The Leadership, Management and Governance (LMG) Program will provide technical assistance (TA) to the Global Fund Country Coordinating Mechanism (CCM), principal recipients (PRs), and possibly sub-recipients (SRs) to build capacity in the areas of leadership, management, governance, proposal development, and organization; monitoring and evaluation (M&E); supervision; and resource mobilization. LMG will help clarify the roles and responsibilities of these entities to enable them to fulfill their critical functions and be effective players in rallying all sectors to combat HIV/AIDS, malaria, and TB.

By strengthening these entities, LMG will help create more stable, transparent, and efficient national structures capable of winning and managing increased levels of Global Fund and other donor funding, and thus increase cost-efficiency. Capacity building will strengthen project management, financial and operational systems, and M&E capacities of the CCM and PRs. To support sustainability, LMG will provide ongoing training for new and future CCM members and collaborate with local universities to develop expertise in leadership, management, and governance to ensure sustainable support to the CCM and PRs.

The project performance monitoring plan (PMP) will be used to monitor and report on achievements in technical support to the CCM, PRs, and SRs. The PMP will serve as one component of quarterly and annual reports to PEPFAR, supplemented by evidence-based narratives on substantive achievements in performance during the reporting period.



Target populations for this project are the members and alternate members of the CCM in Cote d'Ivoire; current PRs; and possibly in select cases SRs.

No vehicles have been or will be bought/leased under this mechanism.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	700,000
----------------------------	---------

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	13602		
<b>Mechanism Name:</b>	Leadership, Management and Governance Project (LMG)		
<b>Prime Partner Name:</b>	Management Sciences for Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Governance and Systems	OHSS	700,000	0

**Narrative:**

The LMG project will implement capacity building tools to assist the Global Fund Country Coordinating Mechanism (CCM), principal recipients (PRs), and possibly sub-recipients (SRs) to strategically plan, implement, and document their contributions to health in Cote d'Ivoire, focusing on the health systems strengthening building blocks of information, governance, management, and financing. The project's



emphasis on governance will help ensure that the CCM and PRs competently manage funds and direct resources and stakeholder participation toward the goal of saving lives. Interventions will work to ensure that activities are implemented in a way that is transparent, accountable, and responsive to the needs of the country.

Strategies proposed by LMG are proven to have spillover effects that benefit other areas of health beyond HIV/AIDS. One major strategy is the implementation of a Leadership Development Program (LDP) strengthening participants' capacity to act across functional areas.

LDP participants continue to achieve results after the program ends because the LDP uses:

- an experiential learning process that includes reflection on participants' real-life experiences;
- team learning, which encourages sharing and building on one another's perceptions and experiences; and
- a methodology that motivates participants to work together in a process for achieving results.

By the time an LDP is complete, workplace teams have begun to address real challenges and make solid decisions that improve performance.

Under a predecessor project funded by PEPFAR Cote d'Ivoire, the LDP with the CCM resulted in systematic use of the CCM dashboard tool; a better-coordinated proposal development process and two successful Round 9 proposals; regular meetings; and better communication. Imparting the skills to the PRs will improve grant performance, a key goal of this project, and help build effective relationships among the CCM, the PRs, and the SRs.

Expected results include two Phase 2 grant proposals, additional resources for health, a model CCM, and grants that are performing well. All expected outcomes of LMG efforts come under the organizational and systems categories.

### Implementing Mechanism Details

<b>Mechanism ID: 13616</b>	<b>Mechanism Name: Columbia University ICAP - CDC CoAg 2011</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	





Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 2,839,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
Central GHP-State	2,478,257
GHP-State	360,743

### Sub Partner Name(s)

AIBEF- Daloa	Centre de Sante Notre Dame de la Consolata de Marandallah	Centre Medico Social de Sucrivoire
Centre Medico Social Mere Franziska de Gbagbam	Communaute Notre Dame de la Paix de Vavoua	Dispensaire Medico social Notre Dame du Calvaire de Guiberoua
Dispensaire Missionnaire Christ Roi de Sinfra	Formation sanitaire de la Police de Daloa	ONG Femmes Actives de Côte d'Ivoire
ONG SAPHARM	PMI Catholique de Guitry	Sante Espoir Vie-Cote d Ivoire

### Overview Narrative

1. ICAP will support HIV integrated services at 32 sites in Sud Bandama and Worodougou, and will provide technical assistance to build capacities

- At 7 district level in the 2 previous regions.

At regional level: Marahoue, Sud Bandama, Worodougou, Haut Sassandra, Fromager

- to local organizations including Sante Espoir Vie – Cote d’Ivoire (local NGO created by ICAP)

2. Innovative and evidence-based interventions will be implemented:

- Mobilizing and strengthening of existing networks and resources within the health system, including community health agents

- Establish technical teams at regional level to reduce costs associated with travels to sites

3. SEV-CI staff technical capacity and familiarity with ICAP’s programmatic approaches should ensure a smooth transfer of responsibilities within the dictated timeframe. ICAP current site support responsibilities will gradually be shifting to SEV-CI over the next 5 years. ICAP will reinforce regional





teams, identify and train programmatic “experts at district level and will conduct routine sites visit with districts/regions teams members

4. The monitoring and evaluation plan will encompass strengthening of information systems to allow production and use of strategic information relevant to the piloting of programs across the following areas : data collection tools, training on data collection and management, data quality and validation
5. Vehicules through COP11, none - in COP12, none- Through life of project , three (03).

**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	60,000
Food and Nutrition: Policy, Tools, and Service Delivery	4,000
Human Resources for Health	307,380

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning



### Budget Code Information

<b>Mechanism ID:</b>	13616		
<b>Mechanism Name:</b>	Columbia University ICAP - CDC CoAg 2011		
<b>Prime Partner Name:</b>	Columbia University Mailman School of Public Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	300,000	0

**Narrative:**

- Coverage in the geographic area and among the target population  
2 region and 7 districts and 23 C&Tx sites  
Activities planned will target cumulatively 6930 patients including 1575 PLHIV newly enrolled on ART. Thus, ICAP will contribute to scaling up population in care and treatment program according to national recommendation.
- Describe the types of HIV care and support services
  - o Screening for TB, STI, Nutrition
  - o Malaria prevention (provision of bed-net)
  - o Provision of a water purification kit for families who do not have access to potable water
  - o Prescription for Cotrimoxazole for eligible patients
  - o Strengthening prevention with positive activities
  - o Psychological support
  - o Availability of condom and counseling for use
  - o Integrate HIV care in prisons at 2 regions
  - o Describe specific strategies for improving quality of service delivery
  - o Strengthening appointment system
  - o Training providers on care and support activities and management of kits stocks to avoid stock out in collaboration with PNPEC, PNN,
  - o Expansion of nutrition support activities through PECNAP activities in collaboration with PNN and FANTA
  - o Recruitment and training social workers to provide psychosocial support for PLHIV
  - o Involving nurses and midwives in HIV care and support activities
  - o Organization of meetings for best practices sharing at regional level
  - o Supervision of providers by districts team
  - o Participating in URC's collaborative improvement program
- Mechanisms to address client retention and referrals
  - o Recruitment and training social workers to provide psychosocial support for PLHIV

- o Involving community workers in HIV care at community level in collaboration with PNSI and DSC (Direction de la santé communautaire)
- o Establishment of strong support group at site level
- o Strengthening multidisciplinary meetings at site level
- o Establish internal (between services within a same facility) and external (between health facilities) referral and counter-referral system
- o Awareness campaigns against stigma and HIV infection focusing small group
- Describe strategies for strengthening linkages
- o Sensitization providers on proper use of tools to refer patient
- o Mapping services available at district level and dissemination information at all site level
- Strategies for incorporating WASH Water, sanitation, hygiene
- o Minor reparation focusing on access to potable water within facilities
- o Education PLHIV and their families on pure water kit use.
- Capacity building activities
- o Individual/workforce
- Training providers on nutrition, prevention with positive, care and support in collaboration with PNPEC, PNN and district teams
- Training provider on prevention : screening of STI and increasing PICT at hospitalization in collaboration with PNN
- Coaching personnel in charge of the management of data
- Training district teams on analysis and data use for decision making
- o Organizational
- Reinforcement of referral system within and between care services.
- Improvement system for managing appointments, active follows up of missed appointments.
- Support health structures and districts for blood samples transport within the district
- o System
- Equip sites with computers to support deployment of national software.
- Quarterly feedback to districts and sites on reports
- Conducting quarterly analysis of individual SIGDEP data to re-orient program strategies.
- Strengthening

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	0

**Narrative:**

- Goals
- o Identify OVCs and support them according their needs

- o Strengthen OVC platform
  - o Involved social center in OVC care and support
- The program will rich based on their needs: 1418 OVC for psychosocial support, 2441 OVC for nutritional support.
- Strategies/activities use to achieve their goals
  - o Training providers, including community workers identification of OVC, completion of data collection tools and their orientation on platforms according to their needs.
  - o Adoption national norms and directives related to OVC's support
  - o Sensitization on identifying all children within families of PLWHA.
  - o Use of cards for children identified as OVC.
  - o Organization medical care for the OVCs within supported health structures: counseling and testing, nutritional support, distribution of bed-nets and other care as needed.
  - o Implementation of referral system and counter referral system between the points of identification of OVCs and social centers.
  - o Support social centers on managing platforms for support to OVCs.
  - o Advocate with community leaders to reduce stigmatization and discrimination faced by OVCs.
  - o Use national data collection and reporting tools for OVCs activities
  - Coverage in the geographic area
  - o 2 regions and 7 districts and 23 C&Tx sites, 28PMTCT sites and 7 CDT/CAT
  - Successes and challenges have you had in the past
  - o Success:
    - Support group for OVC at Hopital general Zuenoula
  - o Challenges
    - Access to OVC's platform: this activity is lead by PNOEV and expansion promised was not realized. ICAP will work with other partners and social centers in 2 region to address this challenge
    - Set up other OVC support group in 2 regions
    - Supportive supervision and quality assurance
    - o Participation in quality of care and treatment process for OVCs initiated by PNOEV in collaboration with URC
    - Describe your strategies for incorporating WASH in your activities
    - o Provide water purification kits for OVC and their if needed
    - o Sensitize parents on use pur water, environment , food hygien for children and families
    - Capacity building activities
    - o Training providers and social workers on support for OVC.
    - o Train providers in use of national data collection tools for OVC
    - o Ensure availability of the national data collection tools
    - o Hold quarterly meetings to analyze and share OVC data at regional level and with PNOEV in

order to reduce the risks of duplicating data during the period of consolidation of aggregated data

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	230,000	0

**Narrative:**

- ? Coverage in the geographic area and among the target population.
- o 2 region and 7 districts and 23 C&Tx sites and 7 CDT/CAT
- o Activities planned will target 1092 TB patients among them 221 TB/VIH co-infected patients.
- ? Alignment of Partner Activities with Country Policy
- o Expansion TB/HIV activities planned according PNLT plan for scale up
- o Infant TB screening tool developed by ICAP is been piloted according to PNLT plan in collaboration with others implementers partners
- ? Coordination across Partners
- o Participating to TB/HIV technical working group
- ? Monitoring and Evaluation
- ? Capacity building activities
- In collaboration with the districts, the PNLT and PNPEC
- o Provide technical assistance to providers for active TB screening at enrollment and during patient visits
- o Expand use of infant TB screening tool after pilot process at site level
- o Assure that HIV positive patient screened positive for TB are guaranteed follow up testing (microscopic, radiography, other exams) to confirm TB diagnosis.
- o In collaboration with the PNLT/CAT, follow up sputum smear tests to corroborate TB diagnosis
- o Strengthen HIV counseling and testing at 7 CDT/CAT
- o Guarantee availability of Cotrimoxazole in CDT.
- o Ensure that all TB patients testing HIV positive benefit from a nutritional evaluation and positive prevention outreach.
- o Support supervision activities supporting at TB clinics
- Reinforce the referral system between TB and HIV care and treatment centers.
- Train community workers on recognizing symptomatic patient in the community and refer them at TB clinic
- Participate in TB infection control activities at national level (pilot process) and at site level
- Organize semi-annual meetings to share experiences between the CDTs supported by ICAP.
- Develop indicators and tools for patients screened positive for TB follow up.
- Conduct quarterly data quality assessment

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	175,000	0

**Narrative:**

- Target Population : Children between 0 and 15 years
  - Geographic Coverage : 2 regions, 7 health districts and 23 C&Tx sites.
- Activities planned will target 2080 children. Among them, 316 (10%) will be on ART according to national guidelines. Thus, ICAP will contribute to scaling up the pediatric population in care and treatment program
- Activities:
    - o Screening for TB, Nutrition
    - o Malaria prevention (provision of bed-net)
    - o Provision of a water purification kit for families who do not have access to potable water
    - o Prescription for Cotrimoxazole for eligible children
    - o Tracing and interpretation of growth chart
    - o Psychological support to parents and children
  - Activities to support the needs of adolescents :
    - o Establishment of adolescent support groups focus on specific themes.
    - o Providing services offering information adapted to youth: (contraceptives, condoms, prevention and treatment of STIs and HIV).
    - o Messages on abstinence
  - Activities that integrate pediatric care, nutrition services and maternal health :
    - o Implementation of procedures to establish linkages between different service structures.
  - Strengthen referral linkages and synergies between mother/child health and family planning :
    - o Establishment system to identify and re-integrate exposed children and their mothers into entry point of Mother and Child care service and family planning services.
  - Nutrition :
    - o Training of service providers and community workers on screening of malnourished children
    - o Equipment for the height and weight monitoring

- o Nutritional care for malnourished children infected.
- o Implementation of tools for collection and reporting data
- Water, Sanitation and Hygiene :
- o Sensitization of parents on benefit of general and food hygiene for the family.
- o Provision of a water purification kit for families who do not have access to potable water
- o Creation of waters points in the pediatric consultation structures through minor renovations.

Capacity building :

- Providers
  - Training staff management of childhood illnesses.
  - Improvement diagnostics of pediatric cases by reinforcement of PICT at pediatric entry points and hospitalization
  - Training on tools to improve quality: SOC
  - Coaching providers in the completion of data collection tools
  - Coaching personnel in charge of the management of data
  - Training district teams on analysis and data use for decision making
- From the organizational standpoint
  - Reinforcement of referral system between different pediatric care services.
  - Improvement system for managing appointments, active follow up of children who missed their appointments.
  - Support health structures and districts for DBS samples transport to reference laboratories and results to sites.
- At the structure/district level
  - Support to the districts for supervision visits.
  - Provide at district and regional level technical assistance in data analysis and use.
  - Define and offer a complete package of pediatric care in 1 pediatric centre of excellence
  - Make available early infant diagnosis at supported sites
  - Reproduce and make available tools for pediatric care
  - Equip health structures with pediatric height and weight measures
  - Provide to Hopital general Sinfra and Issia equipment for nutritional demonstrations

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------

Governance and Systems	HVSI	200,000	0
<p><b>Narrative:</b></p> <ul style="list-style-type: none"> <li>• Contribution to scaling up pediatric treatment for HIV infected children 0-15 years of age <ul style="list-style-type: none"> <li>o ICAP will support 23 C&amp;Tx sites and targeted to reach 2080 infected children of whom 316 (10%) will be on ART. This target is higher than number of children enrolled in care by September 2011. ICAP will made effort based on new strategies such as tracking and testing children of HIV positive adults enrolled in the program</li> </ul> </li> <li>• Coverage in the geographic area and among the target population <ul style="list-style-type: none"> <li>o ICAP will support 23 C&amp;Tx sites in 7 districts arising coverage level to 70% for Worodougou region and 75% for Sud Bandama region. In these regions, ICAP is working with other partners and this situation does not allow extension. ICAP will focus on improving the quality of care provided in supported facilities.</li> <li>o In this 2 regions 717185 people are children (0-15 years of age), of whom 2710 (0, 3%) will be rich through this program including 630 exposed children.</li> </ul> </li> <li>• Activities to support adherence in pediatric populations, <ul style="list-style-type: none"> <li>o Recruitment and training of social worker to work at site level on providing counseling prior ART initiation</li> <li>o Identifying, training community workers to maintain contact HIV enrolled children and their families at community level</li> <li>o Tracing and tracking system for missed appointment children and their families</li> </ul> </li> <li>• Activities promoting integration of pediatric HIV treatment services into MCH platforms <ul style="list-style-type: none"> <li>o Training providers on providing HIV treatment including pediatric drug management to avoid stock out</li> <li>o Identify exposed or infected children at entry points within the facility and establish strong links between the health structures and the community services</li> <li>o Education and practice for parents of infected children on the use of color to identify ARVs and facilitate the proper doses for their children.</li> </ul> </li> <li>• Describe activities to expand capacity to provide early infant diagnostic services <ul style="list-style-type: none"> <li>o Tracking exposed infant with PCR positive for enrollment in care</li> <li>o Reinforcement of PITC focusing on children of HIV positive adult enrolled in care.</li> <li>o Offer sexual and reproductive health services to adolescents infected by HIV</li> </ul> </li> <li>• Capacity building activities for this technical area including <ul style="list-style-type: none"> <li>o Providers. .</li> <li>– Training providers on pediatric ARVs prescription, management of side effects, tools to improve quality</li> </ul> </li> </ul>			



- Training district teams on analysis and data use for decision making
- Train two pharmacists (and the pharmacy managers) in adherence counseling and pediatric ARV treatment.
  - o From the organizational standpoint
- Reinforcement of referral system between different PICT point of service and pediatric care and treatment services.
  - Availability of national data collection tools
  - o At the structure/district level
  - Financial and technical support to the districts for supervision visits (Routine Data Assessment).
  - Provide at the district and regional level a technical assistance in data analysis and use.
  - Coordination meeting at regional level to share data and best practices
  - Providing feed back by bulletin information to regional and district

Computerizing and Implementation of national software SIGDEP

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0

**Narrative:**

ICAP will build structural and operational capacity of health districts, in close collaboration with regional health boards, to further develop skills of the health workforce and improve the quality of service delivery. ICAP will take a systematic approach to health systems strengthening (HSS), addressing six essential areas of the health system framework as recommended by the WHO.

Human Resources (HR): Interventions will focus on building capacity of district health management teams (DHMTs) and training them to conduct periodic site assessments. This activity will be progressively integrated into the routine supervision process. The building of DHMT capacity will also involve the creation of budgeted work plans, supervision, data management, and quality of care. Ariel will strengthen HR of regional and district health boards, as well as the integration of social workers, to ensure, maintain, and sustain community activities at sites.

Service Delivery: ICAP will implement a basic package of care integrating clinical and community activities. Quality improvement (QI) activities will be incorporated into district and regional work plans. Joint supervision led by Ariel and DHMTs to ensure the progressive transfer of skills will take into account quality of care and data and will emphasize the feedback process through periodic QI follow-up meetings and a written report. ICAP will provide TA to health care workers through regular site visits and systematic integration of a district focal point into the joint supervision team to facilitate progressive

transfer of skills. Tools and procedures will be developed for that purpose.

**Leadership & Good Governance:** ICAP will emphasize improving functionality of health regional teams and DHMTs to ensure good coordination of interventions through statutory meetings and those related to quarterly, semiannual, and annual follow-up of performance. Ariel will advocate for the adoption and integration of several available tools into the national process quality of care and capacity assessment.

**Health System Financing:** ICAP will build the capacity of national partners at the local level and will train them on resource mobilization and on the efficient use of funds for health service delivery.

**Health Information System**

- Improving data collection: ICAP will build capacity of sites and districts to produce quality data through training sessions on the use of new tools, provision of computers, data management software, and internet connectivity in district and regional epidemiological surveillance centers.
- Data quality improvement ICAP A will provide support to district and regional health boards when they implement data management procedures and will conduct routine data quality assessments with integrated improvement plans. This activity will be progressively integrated into the routine process of supervision.
- Data use & analysis ICAP will support districts and regions in data analysis and use for decision making at the local level. Data validation meetings, follow-up on performance, and reports will ensure dissemination of data.

**Technology:** ICAP will deploy data management software at districts and sites. SEV-CI will facilitate the use of the PIMA CD4 test in labs to improve access to CD4 counts, reaching even remote sites. Lab activity supervision will be conducted by the QI staff of each region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	176,000	0

**Narrative:**

ICAP will conduct HTC activities at 31 sites already supported in the regions of Worodougou and Sud Bandama. ICAP will pursue these efforts to strengthen availability and quality of counseling and testing services at the health facility level.

The following activities will be implemented :

- Initiate community mobilization meetings: debates and advice on local radio shows or by

“griots” on market days; identify resource people to conduct the radio spots (doctors, nurses, community counselors, teachers, and administrative and religious authorities).

- Involve peer educators in the psychological support of patients testing HIV+.
- Make free HIV testing accessible at all levels of the health pyramid and in all health services/wards, including prenatal care and maternity wards.
- Support districts to reactivate village cases activities to bring services closer to populations that are having difficulty accessing care at health facilities.
- Offer patients HIV tests and report test results the same day ; for patients testing HIV+, assure that blood is drawn for biological testing that same day.
- Support districts to efficiently organize blood sample transport to reference laboratory for initial biological testing for patients testing HIV+, including for typing of HIV infection.
- Reproduce and systematically distribute card inviting the partners of tested clients to come get tested themselves.
- Assure the promotion of couples’ counseling and testing at health facilities.
- Identify and train a pool of regional trainers in techniques for couples testing.
- Organize coaching sessions for health care providers on couples’ testing at sites.
- Integrate couples’ testing with prenatal care and family planning services.
- Provide adequate psychological support to serodiscordant couples.
- Organize family testing activities beginning with index patients.
- Put in place a system to find exposed infants at all points of entry.
- Put in place a system to manage appointments and to restart care for children missing appointments.
- Strengthen the referral and counter-referral system between testing and care services.
- Facilitate medical care for patients testing positive at CSRs.
- Assure sensitization, testing and care for sex workers at 2 pilot sites.
- Support MSHP and DIPE to adapt data collection tools to the new HIV testing algorithm.
- Assure, with the district health team (ECD), that supportive supervision visits are held to improve the reporting process at health centers.
- Analyze, and share monthly with sites, the rate of HIV tests offered and accepted in counseling and testing centers.
- Together with sites, analyze process indicators such as proportion of patients testing HIV+ and having access to biological testing, the proportion of these receiving their test results, and finally, the proportion of HIV+ patients enrolling in care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	490,000	0

**Narrative:**

- 1- ICAP will support PMTCT activities at 28 existing sites in Worodougou and Sud Bandama regions. Estimated sizes of population are:  
 Expected pregnancies: Sud Bandama: 39,311, Worodougou: 20,142  
 Expected births: Sud Bandama: 38,572, Worodougou: 19,763  
 The main objective will be to ensure that 100% of pregnant women attend ANC and 80% of those tested HIV positive and their children receive high quality of PMTCT services
- 2- ICAP will continue its efforts to improve access to ANC services and to support high quality services for pregnant women tested HIV positive and their children. Proposed activities are;
- Promote and improve quality of ANC services and HIV diagnosis within exposed children
  - Strengthen PMTCT activities performance, nutritional support for HIV pregnant women and their children, primary prevention activities at PMTCT sites, prevention with positives services for HIV-positive pregnant women
  - Expand access to HIV counseling testing for pregnant women,
  - Ensure same day CD4 testing for pregnant women tested HIV positive, rapid determination of HAART eligibility, initiation of appropriate treatment at ANC sites and in maternity wards
  - Include in the minimum package of services nutrition aspects including dietetic demonstrations and an assessment of progress of the child's growth.
  - Implement strategies to involve partners in reproductive health services
  - Assess quality of PMTCT services at all sites every 6 months.
- 3- strategies to promote demand creation are:
- Work in close collaboration with community based NGO and others PEPFAR partners
  - Information regarding availability of the service and its promotion at district, community and facility level
  - Couples counseling and testing will be provided if pregnant women attend clinic with her partner
  - All pregnant women attending ANC will receive an invitation card systematically send to their partner for HIV testing. Couples CT will be provided if they come back together
- 4- Specific strategies to reduce the 'lost to follow up' rate are:
- Monitor patients appointments and initiate patients tracking and tracing for missed visits
  - improve referral linkages between the different care and support services and establish formal linkages with the community
  - Establish linkages with community based organizations to support HIV-infected women and help their families address stigmatization and provide them with psycho-social support to cope with their HIV status.
  - Strengthen community mobilization services for PMTCT
- 5- Improve referral and counter-referral services between ANC, labor and delivery, vaccination, family planning and HIV care and treatment services as well as exposed infant follow up.
- Follow up visits will be organized for the mother-infant pair with matched appointments for both

- Integrate HIV counseling and testing in family planning services
- 6- activities and strategies aimed at building the capacity of health care providers and facilities are
  - Conduct on site coaching visit in collaboration with district team
  - The plan for strengthening providers' capacity will be based on a regional approach that will consist of identification, training and involving of a pool of regional coaches.
- 7- activities and strategies to build capacity on data quality
  - Strengthen districts and regions' capacity to carry out monitoring and supervision activities.
  - Analyze, monitor progress on PMTCT output and impact indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	800,000	0

**Narrative:**

- Coverage in the geographic area and among the target population
  - o ICAP will support 23 C&Tx sites in 7 districts arising coverage level to 70% for Worodougou region and 75% for Sud Bandama region. In these regions, ICAP is working with other partners and this situation does not allow extension. ICAP will focus on improving the quality of care provided in supported facilities.
    - o In this 2 regions 717185 people are children (0-15 years of age), of whom 2710 (0, 3%) will be rich through this program including 630 exposed children.
    - Level of on-site supervision provide
  - o Prescribing ARV and patients follow-up according to national guidelines
  - o Management of side effects, therapeutic failures, and interruption of treatment
  - o Train on tools completion (patient chart, registers), patients tracing and tracking system f
  - o Quality of care assessment : MOC / SOC
  - o District team involvement on activity follow up , data quality assessment, data analysis and utilization for decision making
  - Tracking clinical outcomes
  - o Implement data quality assurance procedures and help sites and districts to routinely analyze data to assess program quality.
  - o Evaluate quality of service every 6 months by using SOC and make a plan to address challenges
  - o Using Routine data quality assessment every quarter
  - o Support district team supervision
  - o Participating in URC's quality improvement collaborative program
- Activities to improve retention of patients initiated on ART
  - o Recruitment and training social worker to work at site level on providing counseling prior ART

initiation

- o Identifying, training community workers for home visit, community sensitization
- o Tracing and tracking system for missed appointment children and their families
- o Strengthen support group meeting and focus groups
- o Involving pharmacist in counseling while providing ART drug to patients
- o Training providers on cohort analysis tools for decision making
- o Awareness campaigns focus on stigma in the community

Expected outcomes

- o Patients involved in their own care (follow up appointments)
- o Providers are working as multidisciplinary team at each site
- o Challenges regarding retention identified at site level and strategies defined by providers themselves

themselves

- Strategies for strengthening links and synergies with maternal/child health and family-planning services

- o Patients sensitization on advantages of access to contraceptives and dual protection
- o Training providers on integration of family planning activities in HIV care
- o Strengthen family planning services where available in collaboration with UNFPA

- Strategies contributing to food and nutrition support for eligible clients
- o Expand PECNAP program at all care and treatment site in collaboration with PNN and FANTA
- o Ensure availability of therapeutic food in collaboration with PNN

- Strategies for incorporating WASH
- o Minor reparation focusing on access to potable water within facilities
- o Education PLHIV and their families on pure water kit use.
- o Make available pur water kit for families in needs .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	168,000	0

**Narrative:**

- Contribution to scaling up pediatric treatment for HIV infected children 0-15 years of age
- o ICAP will support 23 C&Tx sites and targeted to reach 2080 infected children of whom 316 (10%) will be on ART. This target is higher than number of children enrolled in care by September 2011. ICAP will made effort based on new strategies such as tracking and testing children of HIV positive adults

enrolled in the program

- Coverage in the geographic area and among the target population
- o ICAP will support 23 C&Tx sites in 7 districts arising coverage level to 70% for Worodougou region and 75% for Sud Bandama region. In these regions, ICAP is working with other partners and this situation does not allow extension. ICAP will focus on improving the quality of care provided in supported facilities.
- o In this 2 regions 717185 people are children (0-15 years of age), of whom 2710 (0, 3%) will be rich through this program including 630 exposed children.
- Activities to support adherence in pediatric populations,
- o Recruitment and training of social worker to work at site level on providing counseling prior ART initiation
- o Identifying, training community workers to maintain contact HIV enrolled children and their families at community level
- o Tracing and tracking system for missed appointment children and their families
- Activities promoting integration of pediatric HIV treatment services into MCH platforms
- o Training providers on providing HIV treatment including pediatric drug management to avoid stock out
- o Identify exposed or infected children at entry points within the facility and establish strong links between the health structures and the community services
- o Education and practice for parents of infected children on the use of color to identify ARVs and facilitate the proper doses for their children.
- Describe activities to expand capacity to provide early infant diagnostic services
- o Tracking exposed infant with PCR positive for enrollment in care
- o Reinforcement of PITC focusing on children of HIV positive adult enrolled in care.
- o Offer sexual and reproductive health services to adolescents infected by HIV
- Capacity building activities for this technical area including
- o Providers. .
- Training providers on pediatric ARVs prescription, management of side effects, tools to improve quality
- Training district teams on analysis and data use for decision making
- Train two pharmacists (and the pharmacy managers) in adherence counseling and pediatric ARV treatment.
- o From the organizational standpoint
- Reinforcement of referral system between different PICT point of service and pediatric care and treatment services.
- Availability of national data collection tools
- o At the structure/district level



- Financial and technical support to the districts for supervision visits (Routine Data Assessment).
  - Provide at the district and regional level a technical assistance in data analysis and use.
  - Coordination meeting at regional level to share data and best practices
  - Providing feed back by bulletin information to regional and district
- Computerizing and Implementation of national software SIGDEP

### Implementing Mechanism Details

<b>Mechanism ID: 13624</b>	<b>Mechanism Name: SEV-CI CDC CoAg 2011</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Sante Espoir Vie - Cote d'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 3,060,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	3,060,000

### Sub Partner Name(s)

Association Ivoirienne pour le Bien être Familial	Columbia University Mailman School of Public Health	Communauté Notre Dame de la Paix de Vavoua
Dispensaire Médico Social Notre Dame du Calvaire de Guibéroua	Dispensaire Missionnaire Christ Roi de Sinfra	

### Overview Narrative

1. In collaboration with Ministry of Health of Cote d'Ivoire, SEV-CI will carry out a range of HIV interventions in three regions of Cote d'Ivoire (estimate population 3 271 025): HIV prevention through AB activities, adult and pediatric care and support, ARV dispensing, counseling and testing, laboratory, HIV/TB, PMTCT services, strategic information, renovations and procurement of commodities.
2. SEV-CI will implement innovative and evidence-based interventions that maximize resources





through:

- Setting of clear and meaningful benchmarks for capacity at site and district level
- Integrating interventions to strengthen service delivery and quality of care
- Mobilizing and strengthening of existing networks and resources within the health system, including Community Health Agents and TBAs

3. Partnership and close collaboration with ICAP-CI is critical to SEV-CI's strategy for meeting service delivery targets SEV-CI staff members' technical capacity and familiarity with ICAP's programmatic approaches should ensure a smooth transfer of programmatic responsibilities within the dictated timeframe. SEV-CI Will support all district and site supported by ICAP

4. In collaboration with ICAP, SEV-CI will develop and implement streamlined capacity-building M&E tools to measure and monitor individual and organizational competencies. SEV-CI will also develop a set of indicators to measure relevant project outcomes and will devise a process for providing performance-improvement feedback to facilities, DHTs and local organizations.

5. New requests in COP12: 2

Total planned vehicles for life of mechanism:

New request justification:

Two vehicles will be needed for site visits by the SEV-CI staff and also for general office operations.

**Cross-Cutting Budget Attribution(s)**

Food and Nutrition: Policy, Tools, and Service Delivery	30,400
Gender: Reducing Violence and Coercion	100,764
Human Resources for Health	384,450
Water	42,075

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

## Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection  
 Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood  
 TB  
 Family Planning

## Budget Code Information

<b>Mechanism ID:</b>	13624		
<b>Mechanism Name:</b>	SEV-CI CDC CoAg 2011		
<b>Prime Partner Name:</b>	Sante Espoir Vie - Cote d'Ivoire		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Care	HBHC	325,000	0

### Narrative:

During the 2012 fiscal year, SEV-CI activities will target 3 regions and 10 districts and 45 ART sites. Activities planned will target cumulatively 12 086 patients including 4 445 PLHIV newly enrolled on care. Thus, SEV-CI will contribute to scaling up population in care and treatment program according to national recommendation. HIV care and support services will focus on

- Screening for TB, STI, Nutrition
- Malaria prevention (provision of bed-net) Provision of a water purification kit for families who do not have access to potable water and educate PLHIV and their families about simple and low-cost water filtration/ purification techniques to reduce the incidence of water-borne diseases.
- Prescription for Cotrimoxazole for eligible patients
- Strengthening prevention with positive activities
- Psychological support
- Availability of condom and counseling for use
- Integrate HIV care in prisons at 3 regions

SEV-CI will develop activities to :

1. improve quality of service delivery

–Strengthening appointment system

–Providing ongoing support to health providers and regional trainers with the roll out and adoption of national policies and guidelines for clinical and biological surveillance of patients.

–Training providers on care and support activities and management of kits stocks to avoid stock out in collaboration with PNPEC, PNN,

–Expansion of nutrition support activities through PECNAP activities in collaboration with PNN and FANTA

–Improving the quality of HIV services by involving nurses and midwives in providing care and treatment

–

–Strengthening site providers' capacity to respond to exposure to infected blood (AES) and distribute posters and leaflets on proper guidelines to follow in the event of exposure to infected blood, in collaboration with PNPEC and FHI 360.

–Participating in URC's collaborative improvement program

2. address client retention

–Recruitment and training social workers to provide psychosocial support for PLHIV in collaboration with Human Resource Direction of MOH

–Involving community workers in HIV care at community level in collaboration with PNSI and DSC (Direction de la santé communautaire)

–Establishment of strong support group at site level

–Awareness campaigns against stigma and HIV infection focusing small group

3. strengthen linkages and referral

–Establishment internal and external referral and counter-referral system

–Training health providers including Social workers on carrying out primary prevention activities, strengthening linkages between HIV care and support services and family planning services

–Sensitization providers on proper use of tools to refer patient and strengthening linkages /supporting the continuum of services between health centers and the community

–Mapping services available at district level and dissemination information at all site level

–Minor reparation will be held focusing on access to potable water within facilities and Education PLHIV and their families on pure water kit use.

–Bring up to speed and provide technical assistance to health providers to use data collection tools correctly.

–Continue to participate in URC's collaborative improvement program and train and mentor providers on data quality.

–Organize and improve the quality of biological surveillance of patients enrolled in care.  
–Put in place data quality assurance systems and assist sites and districts with routine data analysis

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	0

**Narrative:**

During the 2012 fiscal year, SEV-CI activities will target 3 regions (Haut Sassandra, Fromager, Marahoue) 10 districts, and 87 health facilities. Goals are :

- Identify OVCs and support them according their needs
- Strengthen OVC platform
- Involved social center in OVC care and support

SEV-CI will focus activities on

- Training providers, including community workers identification of OVC, completion of data collection tools and their orientation on platforms according to their needs.
- Adoption national norms and directives related to OVC's support
- Sensitization on identifying all children within families of PLWHA.
- Use of cards for children identified as OVC.
- Discuss data related to OVCs at MDT meeting.
- Organization medical care for the OVCs within supported health structures: counseling and testing, nutritional support, distribution of bed-nets and other care as needed.
- Implementation of referral system and counter referral system between the points of identification of OVCs and social centers.
- Support social centers on managing platforms for support to OVCs.
- Advocate with community leaders to reduce stigmatization and discrimination faced by OVCs.
- Use national data collection and reporting tools for OVCs activities

- Supportive supervision and quality assurance
  - o Participation in quality of care and treatment process for OVCs initiated by PNOEV in collaboration with URC
- SEV-CI will provide water purification kits for OVC and their if needed and sensitize parents on use pur water, environment , food hygien for children and families

- Capacity building activities
  - Training providers and social workers on support for OVC.
  - Train providers in use of national data collection tools for OVC
  - Ensure availability of the national data collection tools

– Hold quarterly meetings to analyze and share OVC data at regional level and with PNOEV in order to reduce the risks of duplicating data during the period of consolidation of aggregated data

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	300,000	0

**Narrative:**

During the 2012 fiscal year, SEV-CI activities will target 3 regions (Haut Sassandra, Fromager, Marahoue) 10 districts, 45 care & treatment sites and 10 CDT. In collaboration with the districts, the PNLT and PNPEC, the strategies envisioned are :

- To pursue the scaling up of TB screening in HIV services:
  - Make available to service providers in the 45 supported cares and treatment structures the child TB screening tool and reproduce the TB treatment algorithms validated by PNLT and PNPEC and distribute them to sites.
  - Assure that the active screening of TB is carried out among pregnant women found to be HIV positive and enrolled in care.
  - Assure that HIV positive patient who screen positive for TB are guaranteed follow up testing (microscopic, radiography, other exams) to confirm the diagnosis of TB.
  - In collaboration with the PNLT/CAT, follow up sputum smear tests to corroborate the diagnosis of TB.
  - In collaboration with the PNLT/CAT extend the diagnostics and treatment of TB to level 1 CDT.
- Pursue the screening for HIV among patients tested positive for TB at Day 1 and guarantee the treatment of patients co-infected with TB/HIV.
  - Maintain the integration of counseling and testing for HIV in the 10 CDT
  - In collaboration with the district pharmacists, guarantee the availability of Cotrimoxazole in the CDT.
  - Ensure that all TB patients testing HIV positive benefit from a nutritional evaluation and positive prevention outreach.
  - In collaboration with the PNLT and the CAT, provide a financial support to two coordination zones for CAT for the supervision of activities supporting the fight against TB/HIV coinfection.
- Reinforce the referral system between TB and HIV care and treatment centers.
- Make accessible and truly offer TB treatment for the incarcerated population.
- Organize the care of incarcerated patients co-infected with TB/HIV, in collaboration with the reference CDT/CAT

- Strengthen linkages with community
- Improve community health workers and peer educators in the active research of TB, Disseminate positive prevention message during home visit
- control TB infection
- Put in place activities to control TB infection in 5 pilot sites, identified in collaboration with the PNLT
- Inform and sensitize service providers in measures for controlling infection in order to reduce the transmission of TB.
- Build capacities building, Monitor and evaluate activities
- Provide technical assistance to service providers for the active diagnosing of TB at enrollment and during patient visits in the 45 structures providing care and treatment of HIV.
- Organize semi-annual meetings to share experiences between supported CDT.
- Develop indicators and tools for the following of patients screened positive for TB. Hold semi-annual meetings to validate the data with all supported site (Care and treatment, PTMCT, CAT/CDT) in collaboration with the districts. Put in place a system to access the active file of coinfecting TB/HIV patients who continue TB treatment.
- Conduct quarterly controls of the data reported for patients co-infected in the CDT/CAT with the coinfecting patients under TB treatment, followed by the SIGDEP database.
- Share the TB data quarterly with the PNLT in order reconcile the data with that of the PNLT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	0

**Narrative:**

During the 2012 fiscal year, SEV-CI activities will target 3 regions and 10 districts and 45 care & treatment sites arising coverage level to 82%for Haut sassandra, 81% for fromager and 87% for Marahoue. In this 3 regions 1 518 152 people are children (0-15 years of age), of whom 3356 (0, 3%) will be rich through this program including exposed children. SEV-CI will contribute to scaling up the pediatric population in care and treatment program. pediatric care and support services will focus on :

- Screening for TB, Nutrition
- Malaria prevention (provision of bed-net)
- Provision of a water purification kit for families who do not have access to potable water
- Prescription for Cotrimoxazole for eligible children
- Tracing and interpretation of growth chart
- Psychological support to parents and children

SEV-CI will develop activities to :

1. support the needs of adolescents :
  - Establishment of adolescent support groups focus on specific themes.
  - Providing services offering information adapted to youth: (contraceptives, condoms, prevention and treatment of STIs and HIV).
  - Messages on abstinence
  
2. integrate pediatric care, nutrition services and maternal health :
  - o Implementation of procedures to establish linkages between different service structures.
  
3. Strengthen referral linkages and synergies between mother/child health and family planning :
  - Establishment system to identify and re-integrate exposed children and their mothers into entry point of Mother and Child care service and family planning services.
  - Identify children exposed or infected by HIV in mother/child health and family planning services and refer them to HIV care and treatment services
  
4. integrate nutrition :
  - Nutritional care for malnourished children infected.
  - Implementation of tools for collection and reporting data
  - Training of service providers and community workers on screening of malnourished children
  - Equipment for the height and weight surveillance of children in the health structure (baby scale, height measure)
  - Systematic de-worming of exposed or infected children (in accordance with the regulations in place).
  - The organization of nutritional care for malnourished children infected/exposed to HIV and provision of therapeutic feeding
  - Initiation of screening for malnutrition in the community during home visits.

SEV-CI will sensitize parents on benefit of general and food hygiene for the family; provide water purification kit for families who do not have access to potable water, Create waters points in the pediatric consultation structures through minor renovations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	200,000	0

Systems			
<b>Narrative:</b>			
<p>SEV-CI will build structural and operational capacity of health districts, in close collaboration with regional health boards, to further develop skills of the health workforce and improve the quality of service delivery. SEV-CI will take a systematic approach to health systems strengthening (HSS), addressing six essential areas of the health system framework as recommended by the WHO.</p>			
<p>Human Resources (HR): Interventions will focus on building capacity of district health management teams (DHMTs) and training them to conduct periodic site assessments. This activity will be progressively integrated into the routine supervision process. The building of DHMT capacity will also involve the creation of budgeted work plans, supervision, data management, and quality of care. Ariel will strengthen HR of regional and district health boards, as well as the integration of social workers, to ensure, maintain, and sustain community activities at sites.</p>			
<p>Service Delivery: SEV-CI will implement a basic package of care integrating clinical and community activities. Quality improvement (QI) activities will be incorporated into district and regional work plans. Joint supervision led by Ariel and DHMTs to ensure the progressive transfer of skills will take into account quality of care and data and will emphasize the feedback process through periodic QI follow-up meetings and a written report. SEV-CI will provide TA to health care workers through regular site visits and systematic integration of a district focal point into the joint supervision team to facilitate progressive transfer of skills. Tools and procedures will be developed for that purpose.</p>			
<p>Leadership &amp; Good Governance: SEV-CI will emphasize improving functionality of health regional teams and DHMTs to ensure good coordination of interventions through statutory meetings and those related to quarterly, semiannual, and annual follow-up of performance. Ariel will advocate for the adoption and integration of several available tools into the national process quality of care and capacity assessment.</p>			
<p>Health System Financing: SEV-CI will build the capacity of national partners at the local level and will train them on resource mobilization and on the efficient use of funds for health service delivery.</p>			
<p>Health Information System</p>			
<ul style="list-style-type: none"> <li>- Improving data collection: SEV-CI will build capacity of sites and districts to produce quality data through training sessions on the use of new tools, provision of computers, data management software, and internet connectivity in district and regional epidemiological surveillance centers.</li> </ul>			
<ul style="list-style-type: none"> <li>- Data quality improvement: SEV-CI will provide support to district and regional health boards when they implement data management procedures and will conduct routine data quality assessments</li> </ul>			



with integrated improvement plans. This activity will be progressively integrated into the routine process of supervision.

- Data use & analysis: SEV-CI will support districts and regions in data analysis and use for decision making at the local level. Data validation meetings, follow-up on performance, and reports will ensure dissemination of data.

Technology: SEV-CI will deploy data management software at districts and sites. SEV-CI will facilitate the use of the PIMA CD4 test in labs to improve access to CD4 counts, reaching even remote sites. Lab activity supervision will be conducted by the QI staff of each region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	225,000	0

**Narrative:**

SEV-CI will conduct HTC activities at 87 sites supported in the 3 supported regions SEV-CI will pursue these efforts to strengthen availability and quality of counseling and testing services at the health facility level.

The following activities will be implemented :

- Initiate community mobilization meetings: debates and advice on local radio shows or by “griots” on market days; identify resource people to conduct the radio spots (doctors, nurses, community counselors, teachers, and administrative and religious authorities).
- Involve peer educators in the psychological support of patients testing HIV+.
- Make free HIV testing accessible at all levels of the health pyramid and in all health services/wards, including prenatal care and maternity wards.
- Support districts to reactivate village cases activities to bring services closer to populations that are having difficulty accessing care at health facilities.
- Offer patients HIV tests and report test results the same day ; for patients testing HIV+, assure that blood is drawn for biological testing that same day.
- Support districts to efficiently organize blood sample transport to reference laboratory for initial biological testing for patients testing HIV+, including for typing of HIV infection.
- Reproduce and systematically distribute card inviting the partners of tested clients to come get tested themselves.
- Assure the promotion of couples’ counseling and testing at health facilities.
- Identify and train a pool of regional trainers in techniques for couples testing.
- Organize coaching sessions for health care providers on couples’ testing at sites.

- Integrate couples' testing with prenatal care and family planning services.
- Provide adequate psychological support to sero-discordant couples.
- Organize family testing activities beginning with index patients.
- Put in place a system to find exposed infants at all points of entry.
- Put in place a system to manage appointments and to restart care for children missing appointments.
- Strengthen the referral and counter-referral system between testing and care services.
- Facilitate medical care for patients testing positive at CSRs.
- Assure sensitization, testing and care for sex workers at 2 pilot sites.
- Support MSLS and DIPE to adapt data collection tools to the new HIV testing algorithm.
- Assure, with the district health team (ECD), that supportive supervision visits are held to improve the reporting process at health centers.
- Analyze, and share monthly with sites, the rate of HIV tests offered and accepted in counseling and testing centers.
- Together with sites, analyze process indicators such as proportion of patients testing HIV+ and having access to biological testing, the proportion of these receiving their test results, and finally, the proportion of HIV+ patients enrolling in care.
- Analyze the evolution of HIV prevalence among people ages 15-24.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	600,000	0

**Narrative:**

SEV-CI will carry out these activities at 80 sites in the 3 regions., SEV-CI will continue its efforts to improve referral linkages between different care and support services and will establish formal linkages with the community and strengthen districts and regions' capacity to carry out monitoring and supervision activities.

. The proposed activities are:

- o Strengthen primary prevention activities at the PMTCT sites
- o Sensitize and mentor health providers to expand IEC group sessions to include partner or persons that accompanied women to ANC services
- o Strengthen prevention with positives services for HIV-positive pregnant women
- o Strengthen integration of PMTCT services with existing MCH services.
- o Improve referral and counter-referral services between ANC, labor and delivery, vaccination, family planning and HIV care and treatment services.
- o Develop and make available a minimum package of services - taking care not to cause

stigmatization - in sites where pregnant women access HIV counseling and testing services to maximize their enrollment and adherence to care and treatment. When pregnant women receive their test results, those testing positive will receive a free kit which will consist of iron and parasite medication. They will also receive a second kit containing an insecticide treated net, anti-malaria pills, water purification tablets, and condoms

- o Improve the dispensation rate of prophylaxis to HIV + pregnant women by putting in place an appointment system - or by strengthening the existing one – and actively follow-up on women who have missed an appointment to obtain ARV, in accordance with national protocols.

- o Offer nutritional support (Nutritional assessment and advices) to HIV positive pregnant women including access to therapeutic feeding for malnourished women.

- o Include in the minimum package of services for HIV-positive women (pregnant or breastfeeding) a module on infant nutrition including dietetic demonstrations if necessary, and an assessment of progress of the child's growth.

- o In collaboration with UNICEF and PNN, ensure vitamin A availability's in maternity services and encourage midwives to administer the recommended dose vitamin A in labor and delivery wards during the immediate postpartum period.

- o Develop a strategy to mobilize mothers who regularly frequent ANC and postpartum care services.

- o Sensitize Traditional Birth Attendants and Community Health Agents to refer pregnant women and children to health facilities. They will also raise awareness and invite the partners of pregnant women's involvement in maternal and child care

- o Strengthen community mobilization services for PMTCT (sensitize community and religious leaders about PMTCT activities, prevent stigmatization and discrimination of HIV positive pregnant women, and organize radio broadcasts and community meetings to discuss PMTCT).

- o Establish linkages with community based organizations to support HIV-infected women and help their families address stigmatization and provide them with psycho-social support to cope with their HIV status.

- o Improve mother and child tracking through actions in the community (monitoring of child and the mother appointment by CHA during the home visit, awareness of the interests of appointment compliance

- o Ensure and improve data quality PMTCT services control at all sites every 6 months

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	910,000	0

**Narrative:**

During the 2012 fiscal year, SEV-CI activities will target 3 regions (Haut Sassandra, Fromager,

Marahoue) and 10 districts and 45 ART sites. Activities planned will target cumulatively 12 086 patients including 2 225 PLHIV newly enrolled on ART. The focus of SEV-CI activities will be on providing quality care and ARV to all HIV + patients.

SEV-CI will develop activities to :

1. Provide supervision on site level

- Prescribing ARV and patients follow-up according to national guidelines
- Management of side effects, therapeutic failures, and interruption of treatment
- Train on tools completion (patient chart, registers)
- Dissemination and adoption of ARV national protocols
- Patients tracing and tracking system
- Quality of care assessment : MOC / SOC
- District team involvement on activity follow up , data quality assessment, data analysis and utilization for decision making

2. Track et evaluate clinical outcomes

- Put in place data quality assurance procedures and help sites and districts to routinely analyze data to assess program quality.
- Evaluate quality of service every 6 months by using SOC and make a plan to address challenges
- Using Routine data quality assessment every quarter
- Support district team supervision
- Participating in URC's quality improvement collaborative program

3. improve retention of patients initiated on ART

- Recruitment and training social worker to work at site level on providing counseling prior ART initiation
- Identifying, training community workers for home visit, community sensitization
- Tracing and tracking system for missed appointment children and their families
- Strengthen support group meeting and focus groups
- Involving pharmacist in counseling while providing ART drug to patients
- Ensure that sites without medical doctors can provide ARV treatment by supporting « traveling doctors » at these sites to initiate patients on ARVs
- Training providers on cohort analysis tools for decision making
- Awareness campaigns focus on stigma in the community

The expected outcomes are:

- Patients involved in their own care (follow up appointments)
  - Providers worked as multidisciplinary team at each site
  - Challenges regarding retention identified at site level and strategies defined by providers themselves
4. strengthen links and synergies with maternal/child health and family-planning services
- Patients sensitization on advantages of access to contraceptives and dual protection
  - Training providers on integration of family planning activities in HIV care
  - Strengthen family planning services where available in collaboration with UNFPA, AIBEF and PNSR/PF
- Strengthen linkages between HIV C&Tx services and reproductive health (RH) services to provide RH services to ARV patients, including access to contraceptives and dual protection
5. contribute to food and nutrition support for eligible clients
- Expand PECNAP program at all care and treatment site in collaboration with PNN and FANTA
  - Initiate nutritional support services for PLHIV on ARV in OP facilities
  - Ensure availability of therapeutic food in collaboration with PNN
- SEV-CI will also realize minor reparation focusing on access to potable water within facilities education PLHIV and their families on pure water kit use and Make available pur water kit for families in needs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	200,000	0

**Narrative:**

During the 2012 fiscal year, SEV-CI activities will target 3 regions and 10 districts and 45 care & treatment sites arising coverage level to 82%for Haut sassandra, 81% for fromager and 87% for Marahoue. In this 3 regions 1 518 152 people are children (0-15 years of age), of whom 3356 (0, 3%) will be rich through this program including exposed children. SEV-CI will contribute to scaling up the pediatric population in care and treatment program

SEV-CI will develop activities to :

1. support adherence in pediatric populations,
- Recruitment and training of social worker to work at site level on providing counseling prior ART

initiation

- Identifying, training community workers to maintain contact HIV enrolled children and their families at community level
- Tracing and tracking system for missed appointment children and their families
- 2. promote integration of pediatric HIV treatment services into MCH platforms
  - Training providers on providing HIV treatment including pediatric drug management to avoid stock out
  - Identify exposed or infected children at entry points within the facility and establish strong links between the health structures and the community services
  - Education and practice for parents of infected children on the use of color to identify ARVs and facilitate the proper doses for their children.
- 3. to expand capacity to provide early infant diagnostic services and roll out PITC HIV testing in infants, children and adolescents,
  - Tracking exposed infant with PCR positive for enrollment in care
  - Reinforcement of PITC focusing on children of HIV positive adult enrolled in care.
  - Offer sexual and reproductive health services to adolescents infected by HIV
  - Improve the diagnostics of pediatric cases through the reinforcement of provider initiated counseling and testing in consultations, hospitalization and in vaccination services by the PECP sites. Active recruitment and enrollment of all exposed children with positive DBS test into care. Offer early diagnostics to all children exposed between 2-9 months
    - Capacity building activities for this technical area including
      - o Providers. .
        - Training providers on pediatric ARVs prescription, management of side effects, tools to improve quality
        - Training district teams on analysis and data use for decision making
        - Train two pharmacists per district (and the pharmacy managers) in adherence counseling and pediatric ARV treatment.
      - o organizational stand point
        - Reinforcement of referral system between different PICT point of service and pediatric care and treatment services.
        - Availability of national data collection tools



- Organization of multidisciplinary team meetings to discuss complicated cases and coordinate care
  - 
  - o At the structure/district level
    - Financial and technical support to the districts for supervision and monitoring visits (Routine Data Assessment).
    - Provide at the district and site level a technical assistance in data analysis and use.
    - Coordination meeting at district level to share data and best practices with site teams
    - Financial and technical support to the districts for organize sensitization meetings for community leaders on pediatric HIV challenges
- Computerizing and Implementation of national software SIGDEP

### Implementing Mechanism Details

<b>Mechanism ID: 13631</b>	<b>Mechanism Name: Fondation Ariel CDC CoAg 2011</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Fondation Ariel Glaser Pour la Lutte Contre le Sida Pediatrique en Cote D'Ivoire	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 7,430,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	7,430,000

### Sub Partner Name(s)

Agnitié Nitché	Association pour la Promotion de la Santé de la Femme, de la Mère, de l'Enfant et de la Famille	Centre de Santé El Rapha
----------------	---	--------------------------



Centre Intégré de Recherche Bioclinique d'Abidjan	Centre Médical Mère Maria Elisa	Centre Médico Social Ange Gardien
Direction de l'Information, de la Planification et de l'Evaluation	Elan d'Amour	Femmes Actives
Groupe de Formation Médicale en IST, VIH/sida, maladies Infectieuses	Hope Cote d'Ivoire	Ko' Khoua
Notre Dame des Apotre de Dimbikro	Protection Infantile Mobile	Ruban Rouge
Société Ivoirienne de Pédiatrie		

### Overview Narrative

Fondation Ariel, a new Ivoirian NGO created as part of the Track 1 ART transition, aligns its goals with national objectives and principles of the Global Health Initiative. To strengthen Ivoirian capacity to sustain accessible high-quality HIV/AIDS services, Ariel will work to 1) to strengthen the capacity of Ministry of Health and AIDS (MSLS) health district management teams (DHMTs) to plan, budget, monitor, and evaluate quality HIV services, with the aim of progressive country ownership; 2) to collaborate with the MSLS to offer HIV/AIDS services, and 3) to build Ariel institutional capacity to sustainably implement HIV programs and become a strong Ivoirian actor in the national response to the HIV epidemic. Ariel will base interventions on a systemic approach to health systems strengthening, using a district approach to build sustainability and prepare for effective transfer of skills. At the health facility level, Ariel will support the MSLS to provide a full range of HIV/AIDS prevention (PMTCT, testing and counseling, sexual prevention), care (including OVC care), and treatment services in 29 departments in seven regions of southern Cote d'Ivoire.

Co-location of services will contribute to cost-efficiency. Ariel will focus its M&E strategy on strengthening the capacity of sites and districts to produce data using national tools, supporting districts on data management and annual data quality audits, and support for data use and analysis at site, district, and regional levels.

Vehicles:

Through COP11: 0

New in COP12: 3. One (\$60,000) will be used by N'Zi Comoé Region for routine supervision, including of project activities; 2 (\$100,000) for Ariel's Abengourou and Abidjan offices for routine project activities and monitoring.

Total for life of mechanism: 3.





**Cross-Cutting Budget Attribution(s)**

Construction/Renovation	400,000
Education	10,000
Food and Nutrition: Policy, Tools, and Service Delivery	295,000
Human Resources for Health	1,640,000
Water	9,000

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Military Population
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b>	13631
<b>Mechanism Name:</b>	Fondation Ariel CDC CoAg 2011
<b>Prime Partner Name:</b>	Fondation Ariel Glaser Pour la Lutte Contre le Sida Pediatrique en Cote D'Ivoire



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	450,000	0

**Narrative:**

Ariel's goals have been developed to be consistent with national objectives and Global Health Initiative principles by strengthening national capacity to sustain access and availability of high quality adult care and support in Bas-Sassandra, N'zi-Comoé, Moyen-Comoé, Zanzan, Agnéby, Lagunes1 and Lagunes2 regions. The targets are to reach about 49,000 adults in care at 218 sites in FY 2012 and 101,700 adults at 254 sites in FY 2013.

Ariel will strengthen adult care and support activities at site level through a district approach to joint planning, management, and supervision. Ariel will offer a basic package of care and support in accordance with national guidelines and in collaboration with other PEPFAR partners. Ariel will promote the use of social workers who participated in PEPFAR-supported pre-service training program to help with pre- and post-test counseling and to provide or refer to needed psychological, social, and spiritual support, OVC care, and other support, in close collaboration with community workers.

Ariel will progressively establish routine patient readiness consultations for ART to improve patient retention and reduce morbidity and mortality. Patient literacy programs will also be offered. Pre-ART patients will be managed to prevent them being lost to follow-up (LTFU). The patient flow in each site will be analyzed to ensure linkages with other services (maternal-child health (MCH), family planning) and to ensure that all patients benefit from the basic care package. Cotrimoxazole prophylaxis will be offered to all patients in need. The program will stress palliative care to ensure that health care workers effectively implement these directives.

Ariel will ensure linkages with other support, such as bed nets from the national malaria program and water purification tabs. Ariel will work with the national traditional health program to involve traditional healers in the management and referral of some ART patients who are LTFU.

All five components of Prevention with Positives will be implemented in each site. National tools will be used to train and monitor health staff and community workers.

Ariel will emphasize quality assurance and improvement (QA/QI) and retention in care. Ariel will conduct a rapid quality assessment via district quality committees and implement corrective measures during joint supervision as necessary. As part of QI in supported districts, Ariel will assess retention site by site. Ariel will focus on prevention of LTFU by improving organization of care in each site, by defining a simple and easy patient flow, and by reducing turnaround time. Ariel will improve management of patient

appointments with electronic or paper-based systems and phone calls. The aim will be to increase retention to 80% within 12 months.

Based on evidence from a Food by Prescription pilot, Ariel will collaborate with the National Nutrition Program and other partners to provide food and nutrition support for eligible patients. To improve health worker motivation, Ariel will encourage merit recognition linked to results.

Ariel will facilitate and support a national strategy to promote cervical cancer prevention based on evidence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	0

**Narrative:**

Ariel's goal, consistent with national objectives and Global Health Initiative principles, is to strengthen national capacity to sustain access and availability of high-quality OVC services in Bas-Sassandra, N'zi-Comoé, Moyen-Comoé, Zanzan, Agnéby, and in select sites in Lagunes to reach at least 8,846 vulnerable boys and girls by September 2013. Through the district approach, Ariel will strengthen the quality of OVC services by:

- Responding to various clinical and psychosocial needs: A package of 7 services will be offered, based on assessed individual need, through the referral system between community social centers and health centers.
- Boosting OVC identification: Ariel OVC operations start at all supported health-care sites (PMTCT, TB, pediatric, ART), with OVC identified there and linked to care and support through a family-based approach. Collaboration with community workers and social centers will help address tracing and privacy issues once clients are identified and linked to a social center.
- Adhering to standards of diagnosis and care for OVC: Community health workers and counselors will identify children's needs using national tools. Their participation in OVC coordination platforms will offer an opportunity to validate the identified needs and take actions along with social workers to assure effective provision of services in accordance with quality standards. For better case management of OVC, a bi-directional referral system will be reinforced in collaboration with all stakeholders.
- Technical support to strengthen national processes for implementation of OVC service quality standards: Ariel will support, in collaboration with the national OVC program (PNOEV), the set up of quality improvement teams within all NGOs involved in OVC care.
- Strengthening of social centers: As the framework for local OVC coordination platforms, social centers

will receive special attention to become more operational. In collaboration with the PNOEV, Ariel will support capacity building of at least four social centers in nearby areas, to help them fully play their role.

- Capacity building of care providers: In collaboration with the PNOEV, training and coaching will be organized for 130 care providers, both on OVC care and support and on data collection tools.
- Boosting family and community capacity to support OVC: In collaboration with the PNOEV and JHU/CCP, messages will be disseminated through community radio about services and needs of OVC. Community counselors and community health workers will sensitize communities about children's rights and the existence of a framework for their support. This step will make households more receptive to visits by social workers, community counselors, and community health workers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	570,000	0

**Narrative:**

In Côte d'Ivoire, the TB/HIV co-infection rate is over 24% for TB patients in the majority of TB treatment centers. WHO and UNAIDS have called for a reduction of 50% in TB-related deaths among people living with HIV/AIDS (PLWHA). Ariel takes this call seriously and will continue to collaborate closely with the national TB program (PNLT) and national HIV program (PNPEC). Ariel's aims are to increase the HIV testing rate of TB cases from 75% (2009) to 90%; to intensify TB detection among PLWHA; and to intensify TB infection control. Ariel will work in health-care facilities in Lagunes1, Lagunes2 Agnéby, Bas-Sassandra, N'zi Comoé, Zanzan, and Moyen Comoé regions to test at least 4,909 TB patients for HIV at TB centers and to be providing ART for at least 1,178 co-infected patients as of September 2012.

Efforts will be made to meet program challenges, including follow-up of co-infected patients after TB recovery; integration of TB management at care and treatment sites; TB management for HIV-positive children; and infection control. Ariel will accomplish this through:

- Dissemination of validated tools that capture TB screening of PLWHA, in collaboration with Measure Evaluation, the PNLT, and PNPEC; health-care workers (HCWs) will be trained to use the tools properly.
- Building HCW capacity to perform basic TB symptom screening using the national tool and provide adequate referral for diagnostic work-up; this will be accomplished through training, onsite coaching of clinical staff, ensuring availability of forms, and enhancing reporting of this activity.
- Using onsite training, reinforcing provider-initiated testing and counseling and fingerprick testing at TB centers to ensure that 90% of TB cases are tested for HIV.
- Working with community health workers (CHWs) at large TB centers (CATs) to reinforce the directly observed treatment strategy (DOTS) for both for TB and ART. CHWs will stress the need for strong

treatment adherence and will manage appointments to prevent loss to follow-up in both programs. Providing positive dignify, health, and prevention services to TB/HIV patients will remain a priority.

- Provision of a mentoring plan for all pediatric centers providing care and treatment to HIV-positive children in order to provide TB screening and appropriate use of referral systems to prevent and treat children.

- Strengthening TB control and multi-drug-resistant TB prevention activities in collaboration with the PNLT.

- Better organization of care through activities such as separating patients with coughs from others and providing staff with protective equipment.

Ariel will maintain close collaboration with the PNLT by organizing quarterly joint supervision visits to the catchment areas of each of the CATs, according to a validated collaboration plan. One area of focus will be improving the timeliness of data reporting and data quality within the PNLT. In addition to joint supportive supervision, Ariel will perform routine data quality assessments to identify weaknesses and implement corrective actions with site staff. Technical assistance and logistics support will also be provided.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	280,000	0

**Narrative:**

Ariel's goal of strengthening pediatric HIV/AIDS care, in line with national objectives and Global Health Initiative principles, will be pursued by increasing the proportion of patients in care who are children from 6% to 8% and increasing the rate of child retention to 85% retained after 12 months in care. Interventions will take place in Bas-Sassandra, N'zi-Comoé, Moyen-Comoé, Zanzan, Agnéby, Lagunes1, and Lagunes2 regions and will reach at least 8,846 children receiving at least one care and support service by September 2013.

For this technical area, the district approach will be mixed with direct and strong support from experts at the Société Ivoirienne de Pédiatrie (SIP). Eight pediatric care sites with high potential will be mentored by an expert at SIP to provide technical assistance (TA) on a monthly basis. These sites will receive the support of psychologists to take into account the specific needs of pediatric patients, including time for their HIV disclosure and moving from pediatric care to adult care and support. With the national TB program (PNLT), focus will be put on TB screening and treatment among HIV-infected children. In collaboration with the national malaria program (PNLP), Ariel will strengthen malaria prevention and treatment for children under 5 years through bed net distribution and application of national guidelines. Ariel clubs (support groups for children) will be established to increase retention and facilitate dialogue. For each of these sites, annual objectives will be set with the health care team.

Community groups will manage the appointments of new enrollees and plan all details for visits, taking into account school needs and mothers' time constraints, to facilitate good retention of pediatric patients in care. Community groups will be proactive in looking into and preventing potential cases of loss to follow-up.

All supported care and treatment sites will benefit from:

- 1) Training and mentoring of doctors or nurses in charge of pediatric care to ensure that the new WHO guidelines validated by PNPEC are being implemented
- 2) Supervision with regional pediatric experts under the leadership of the district health management teams (DHMTs)
- 3) Scale-up of pediatric care to 80% of care and treatment sites to allow for care and treatment of children in the same location as mothers and reinforce the pediatric care network
- 4) Building skills in pediatric care in maternal-child health settings to create strong linkages between the two services and improve early identification of exposed children. The new mother-child health card will be helpful in these efforts.

Ariel will ensure that PCR testing is available in all supported districts and sites. Turnaround time for test results will be reduced with the involvement of the CDC/Retro-CI lab branch.

Based on evidence from a Food by Prescription pilot, Ariel will collaborate with the national nutrition program and other partners to contribute to food and nutrition support for eligible children. At participating sites, care providers will be trained on nutrition and be able to screen and provide nutrition counseling and treatment according to national guidelines. Emphasis will be put on cotrimoxazole prophylaxis for children in all sites to reach at least 90% of eligible children.

During quarterly meetings with DHMTs, half-day trainings on pediatric care will be held, and presenters will be asked to present achievements in pediatric care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

**Narrative:**

Ariel will build structural and operational capacity of health districts, in close collaboration with regional health boards, to further develop skills of the health workforce and improve the quality of service delivery. Ariel will take a systematic approach to health systems strengthening (HSS), addressing six essential areas of the health system framework as recommended by the WHO.

Human Resources (HR): Interventions will focus on building capacity of district health management teams (DHMTs) and training them to conduct periodic site assessments. This activity will be

progressively integrated into the routine supervision process. The building of DHMT capacity will also involve the creation of budgeted workplans, supervision, data management, and quality of care. Ariel will strengthen HR of regional and district health boards, as well as the integration of social workers, to ensure, maintain, and sustain community activities at sites.

**Service Delivery:** Ariel will implement a basic package of care integrating clinical and community activities. Quality improvement (QI) activities will be incorporated into district and regional workplans. Joint supervision led by Ariel and DHMTs to ensure the progressive transfer of skills will take into account quality of care and data and will emphasize the feedback process through periodic QI follow-up meetings and a written report. Ariel will provide TA to health care workers through regular site visits and systematic integration of a district focal point into the joint supervision team to facilitate progressive transfer of skills. Tools and procedures will be developed for that purpose.

**Leadership & Good Governance:** Ariel will emphasize improving functionality of health regional teams and DHMTs to ensure good coordination of interventions through statutory meetings and those related to quarterly, semiannual, and annual follow-up of performance. Ariel will advocate for the adoption and integration of several available tools into the national process quality of care and capacity assessment.

**Health System Financing:** Ariel will build the capacity of national partners at the local level and will train them on resource mobilization and on the efficient use of funds for health service delivery.

#### Health Information System

- Improving data collection: Ariel will build capacity of sites and districts to produce quality data through training sessions on the use of new tools, provision of computers, data management software, and internet connectivity in district and regional epidemiological surveillance centers.
- Data quality improvement: Ariel will provide support to district and regional health boards when they implement data management procedures and will conduct routine data quality assessments with integrated improvement plans. This activity will be progressively integrated into the routine process of supervision.
- Data use & analysis: Ariel will support districts and regions in data analysis and use for decision making at the local level. Data validation meetings, follow-up on performance, and reports will ensure dissemination of data.

**Technology:** Ariel will deploy data management software at districts and sites. Ariel will facilitate the use of the PIMA CD4 test in labs to improve access to CD4 counts, reaching even remote sites. Lab activity supervision will be conducted by the QI staff of each region.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	250,000	0

**Narrative:**

HIV testing and counseling (TC) is an essential entry point to care and treatment. Ariel will support routine provider-initiated testing at support health facilities and will focus on improving the following areas of TC: pediatric testing, couples testing, and pre- and post-test services to prepare those testing HIV-positive for care and treatment (with AB-oriented prevention counseling for those testing HIV-negative). Activities will take place in health settings in Lagunes1, Lagunes2, Agnéby, Zanzan, Bas-Sassandra, N'zi Comoé, and Moyen Comoé regions, which have a combined population of about 8.7 million and HIV prevalence estimated at 3.4%. During FY 2012, Ariel aims to test and counsel 378,000 people (including pregnant women in PMTCT settings), of which 10%-20% will be children.

The following activities will be undertaken to increase pediatric testing rates:

- Testing children of adults in care and treatment programs through the use of standard operating procedures for identification and with assistance from community health workers (CHWs) or social workers.
- Testing children via PCR/DBS at other entry points to care, such as immunization sites, nutrition centers, and social centers.
- Testing children in pediatric wards (inpatient and out) by PCR/DBS or HIV rapid test according to age.
- Continuing PCR testing in PMTCT settings; training nurses and midwives to be able to perform fingerprick testing.

Ariel will integrate TC at TB centers, with a focus on large treatment centers (CATs), the pneumology wards and emergency rooms of the University Teaching Hospitals of Cocody and Treichville, and the two largest sexually transmitted infection (STI) centers in Côte d'Ivoire. TC will also be introduced in regional and general hospitals in supported regions. This activity will be closely monitored to determine the proportion of patients testing positive.

Ariel will continue EGPAF's support for inpatient and outpatient consultations in all supported health settings, and a referral system will be put in place to follow up on those testing positive. Couples consultations, especially in ANC, will be encouraged, particularly with outpatients in collaboration with EngenderHealth and according to national guidelines. For those already tested, CHWs and social workers will assist in encouraging partners to come in for TC.

Ariel will contribute to National Testing Day through logistics support and technical assistance. Ariel will provide training and joint supportive supervision visits with district health management teams (DHMTs).

Ariel will help develop a checklist to assist the lab quality focal point in monitoring the quality of TC offered, as well as fingerprick practices.

Community groups will be supported to promote TC in catchment areas of health-care institutions they



work with. Social worker assistance will allow for more in-depth work during the post-test period, as well as care for discordant couples to mitigate social consequences such as stigmatization.

In collaboration with the General Directorate for Public Hygiene and other PEPFAR partners, Ariel will contribute to hospital waste management.

National tools will be used to capture TC data. Data use sessions will be organized through quarterly district meetings, and joint supervision visits with DHMTs will allow for continuous improvement at sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,750,000	0

**Narrative:**

Ariel's goals and objectives have been developed to be consistent with national objectives and Global Health Initiative principles by strengthening national capacity to sustain access and availability of high quality PMTCT services in Bas-Sassandra, N'zi-Comoé, Moyen-Comoé, Zanzan, Agnéby, Lagunes1, and Lagunes2 regions. The target is to reach at least 185,000 pregnant women tested, followed by appropriate prophylaxis and mother-child care, at 277 ANC sites by September 2013.

Through the district approach, Ariel will strengthen PMTCT services at sites through joint planning, management, and supervision (district and Ariel staff).

At the national level, PMTCT coverage was 43% in 2009. Ariel will facilitate expansion within supported districts to reach 80% by undertaking the following interventions:

- Putting in place a pediatric HIV elimination plan in each district by working with the district health management team (DHMT) and key stakeholders. This plan will be written in a collaborative way to promote country ownership.
- Support the roll-out of the revised mother-child health card and implementation of the new national PMTCT guidelines, consistent with the WHO 2010 recommendations to ensure quality of PMTCT.
- Promotion of community-based activities: In collaboration with other PEPFAR partners, community mobilization will be conducted to increase primary prevention and male involvement. One CBO per region will be funded that supports care of women who test HIV-positive and the exposed baby in order to maintain them in care until the end of the PMTCT process. In addition, Ariel will help identify community health agents in each village and to promote reproductive health services, follow-up of pregnancies, and delivery in health settings. The aim of this community mobilization is to enhance ANC attendance.
- Promote advanced strategies for ANC and immunization programs: Nurses with motorbikes will be provided with fuel to cover the catchment area (5km around the health facility) twice a month.
- Facilitating finger-prick HIV testing in pregnant women in maternity and family planning and as part of

integration of MCH and HIV programs.

- Support national guidelines on PCR/DBS to improve early diagnosis of children and reduce turnaround time of results by using phone, email or fax.
- Couples consultations will be encouraged to provide couples testing according to national guidelines.
- Enhancing point-of-care CD4 testing for HIV-positive pregnant women (PIMA machines will be provided by SCMS): Nurses and midwives will be trained with national HIV care program to perform the CD4 test to increase the proportion of HIV-pregnant women with CD4 count from 54% to 65%.
- Building more effective district ownership: Quarterly meetings will be held under district leadership to promote data use among health care workers and DHMT. DHMT members will be trained on HIV and PMTCT to facilitate high quality supervision. Supportive supervision will occur jointly every two months at each big site and quarterly at the smaller ones to correct weaknesses.
- Ensuring PMTCT patient flow is relevant, simple and integrates ANC, delivery, immunization, family planning, maternal-child health, nutrition, and links to treatment to reduce loss to follow-up.
- Training for care providers will be supported to ensure high quality of PMTCT services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	3,000,000	0

**Narrative:**

With USG funding, Ariel will implement interventions consistent with national objectives and Global Health Initiative principles for adult HIV/AIDS treatment in 29 health districts of Bas-Sassandra, N'zi-Comoé, Moyen-Comoé, Zanzan, Agnéby, Lagunes1, and Lagunes2 regions. Ariel aims to support quality treatment in 117 sites serving 32,400 ART patients by September 2012. The district approach will be used to strengthen systems and improve quality of treatment through joint planning, management, and supportive supervision.

Recent ART site evaluation data show patient retention is decreasing over time, moving from 86% to 66% after 12 months on treatment. The same study showed a high level of incorrect regimens prescribed to HIV-2 patients. These data clearly show that quality of care is the major concern in ART programs in Côte d'Ivoire. Ariel aims to improve quality of care, as well as data quality, from site level to national level through the following interventions:

- Assessment of quality of care at each site through data collected under EGPAF's Project HEART, with an improvement plan designed and implemented with district and site quality committees.
- Analysis of patient flow in sites to reduce turnaround time and increase linkages with maternal-child health (MCH), nutrition, and family planning services. Task shifting to trained nurses will be implemented progressively in accordance with national policy to ensure equity in access to ART treatment. Sites will be encouraged to plan patient visits according to the patients' itineraries, to put in place or improve a triage room, and to consult separately with first-time patients. Ariel will ensure that all care and treatment

actors at sites are well-coordinated.

- The use of community members and social workers in sites to allow for better follow-up. To prevent loss to follow-up (LTFU), social workers will establish a follow-up agenda upon enrollment. Readiness consultations and adherence counseling will be established for new ART enrollees. Patients will be reminded of their appointments through phone calls. Each week, early LTFU patients will be contacted.

- Updated job aids to guide prescribers. Rapid training needs assessments will be done to adapt refresher training to respond to real needs in the field. Standard operation procedures (SOPs) on data use will be developed to help providers and district health management teams (DHMTs) analyze data.

- Improved management of ARV side effects and treatment failure through training and logistical support for transporting viral load samples from sites to referral lab according to national guideline.

All activities will be set up and monitored through joint supervision by DMHTs and Ariel staff to facilitate capacity building of local health workers and promote local ownership. Ariel will ensure DMHTs are established, functional, and trained on topics related to HIV to perform periodic supervision. Routine data quality assessments will be performed quarterly, and data quality audits annually, to improve data quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	730,000	0

**Narrative:**

Ariel's strategy for pediatric care and treatment will complement the strategy to be implemented by EGPAF's Project Djidja. Ariel will work for better enrollment of infected children in at least 30 sites of supported regions: Lagunes1, Lagunes2, Bas-Sassandra, Zanzan, Moyen Comoé, N'zi Comoé, and Agnéby. Ariel will mix its approaches, using a district approach mainly for smaller sites at the peripheral level and direct support for national pediatric care experts for high-volume sites. Ariel will provide high quality ART to at least 3,033 HIV-infected children under age 15 as of September 2013.

Under pediatric treatment activities, the district approach will aim to identify regional or district pediatric care experts. Ariel staff and district health management teams (DHMTs) will organize joint supportive supervision visits to sites. Medical doctors and nurses involved in pediatric treatment will be coached to care for HIV-infected children according to national guidelines. This strategy will help increase the number of sites offering ART to children.

Simultaneously, Ariel will focus on building the capacity of health care workers in the eight highest-volume pediatric treatment sites. They will receive monthly mentoring from a Société Ivoirienne de Pédiatrie expert.

The following challenges will be addressed for pediatric treatment activities:

- Low number of children on ART: Ariel will facilitate the early identification of children in need of care by performing PCR tests and will work to reduce turnaround time for receipt of results by using email, phone



call or fax. Ariel will implement the 2010 WHO guidelines for early treatment of children, through trainings and mentoring. Active follow-up on exposed children will be undertaken in immunization clinics, nutrition points, and pediatric wards. The new mother-child health card will be helpful in these efforts. Procedures will be implemented to test children within adult ART programs. Each site will be assigned a number of children to be put on ART according to their level of capacity.

- Quality of care in pediatric ART sites: Checklists for joint supervision visits of DHMTs and Ariel technical officers will be provided to ensure the entire basic package of services is offered to HIV-infected children, including CD4 cells count, viral load, cotrimoxazole prophylaxis, TB screening, nutritional support, and support for prevention with positives. In addition, Ariel will support blood sample transportation from sites to referral labs for obtaining children's medical exam results by a network lab. Appointments will be planned with social workers to prevent children from being lost to follow-up. Child-friendliness will be emphasized in large sites; measures will include smaller chairs and tables and toys and books in waiting rooms. Ariel clubs (support groups for children) will be established or reinforced in these sites.

- Data quality and use: Routine data quality assessments (RDQAs) will be conducted in pediatric sites for data quality improvement. With DHMTs, quarterly data review meetings will be organized. Procedures will be put in place to analyze pediatric data and take corrective action when necessary. These meetings will emphasize ways to increase the proportion of patients on ART who are children. Half-day trainings will allow updates on best practices in pediatric care and treatment to be exchanged among sites.

### Implementing Mechanism Details

<b>Mechanism ID: 13635</b>	<b>Mechanism Name: Behavior &amp; Social Change Communication in Cote d'Ivoire (PACT: Active Prevention &amp; Transformative Communication) (Bilateral award ending Sept2013)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 2,229,355</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>



GHP-State	2,229,355
-----------	-----------

### Sub Partner Name(s)

Action pour la Promotion Sante et Education	Association Ivoirienne pour le Bien Etre Familial	Bureau International Catholique de l'enfance
Chigata	Cote d'Ivoire Prospérite	Federation des Femmes d'Abengourou
Force Jeune Universelle	Fraternite St Jean de la Misericorde	Groupe Biblique des Hopitaux
International Sante pour Tous	Lumière San-Pedro	Mairie Abengourou
Mairie d'Adjame	Mairie de Port-Bouet	Mairie de Treichville
Mouvement Action Jeunes	Mouvement Estudiantin pour la Sensibilisation au Sida	Omni Vinci Amor
ONG Ngouan	Reseau de la Jeunesse pour la Promotion de l'Aphabetisation et la Lutte contre le VIH/sida	Ruban Rouge
Save Our Soul	SECOURS PLUS	SIDALERTE Cote d'Ivoire
Union des Centres de Formation de Football de Yopougon	Univers Sante	

### Overview Narrative

JHU/CCP is PEPFAR CI's main partner for communications. The goal is to use communications strategies to reduce HIV infections, improve care/treatment quality, and mitigate HIV impact. Objectives:

- Abstinence / partner reduction among ages 12-19
- Improved risk perception and condom use among ages 25-45
- Healthy social and gender norms
- Improved ART uptake/adherence
- Increased HIV testing
- Reduced stigma/discrimination, improved support for marginalized groups (e.g. MSM, OVC)
- Improved government (GoCI) and NGO capacity to design, implement, and evaluate effective social and behavior change communication (SBCC) activities.

Priority targets: adolescents/young adults, especially female; adults at higher risk of HIV infection (e.g. sero-discordant couples, MSM); GoCI entities and local NGOs. TA and media activities will have nationwide reach; community-based activities focus on Abidjan and Abengourou.



Cost-efficiency strategies: maximizing synergies between project activities, devolving programs to local partners, and supporting a national IEC/SBCC committee to coordinate, facilitate co-financing, and advocate for reduced broadcast costs.

Transition strategies: involving partners in “learning by doing” at every step of program design, implementation, and evaluation; institutionalizing health communications training with the national university; providing capacity building for ministry and working groups.

M&E strategies: attendance lists monitored via database, quarterly focus groups, monitoring visits, client exit interviews during National Testing Day, a qualitative midterm evaluation of the SuperGo program, a survey to assess exposure and impact of media activities.

Vehicles:

Through COP11: 1

New requests in COP12: 0

Total planned vehicles for life o

### **Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	360,000
Human Resources for Health	860,000

### **TBD Details**

(No data provided.)

### **Motor Vehicles Details**

N/A

### **Key Issues**

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Family Planning



### Budget Code Information

<b>Mechanism ID:</b> 13635		<b>Mechanism Name:</b> Behavior & Social Change Communication in Cote d'Ivoire (PACT: Active Prevention & Transformative Communication) (Bilateral award ending Sept2013)	
<b>Prime Partner Name:</b> Johns Hopkins University Bloomberg School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	30,000	0

**Narrative:**

Recent violence in Cote d'Ivoire has weakened the country's health care and social welfare systems. Among those directly affected are orphans and vulnerable children (OVC), many of whom were displaced along with their caregivers during the recent civil unrest. Through communications materials, strategies, and capacity building, JHU/CCP will continue to support the Ministry in charge of Social Affairs through the National OVC Program (PNOEV) in its efforts to ensure care and support to OVC and their caregivers.

After an initial assessment of program needs, JHU/CCP will conduct a social and behavioral change communication (SBCC) materials development workshop for OVC in collaboration with the Ministry in charge of Social Affairs and other key implementers at national and community levels. Materials produced, updated, and revised during this workshop will be distributed and used nationwide by all implementing partners providing care and support to OVC and their caregivers. Since community participation in OVC support is essential, CCP and its partners will make sure that OVC issues at the community level are addressed in public awareness campaigns. Special attention will be paid to the vulnerabilities of female OVC to transactional and intergenerational sex and gender-based violence and exploitation.

Capacity building will target the PNOEV, national technical working groups, and OVC implementing partners. Using its "learning by doing" approach, JHU/CCP will provide on-the-job training to strengthen and expand the capacity of PNOEV and partner staff to develop and implement awareness campaigns for the general public on issues related to OVC and human rights and to create high-quality SBCC materials to raise awareness about the need for OVC protection and care in post-conflict situations. Local partners will also benefit from the opportunity to develop SBCC skills through the use of online technology (an e-toolkit) that CCP will put in place to ensure sustainability of the program.

CCP will ensure that the PNOEV and partners involved in designing communication strategies and communication materials receive training and mentoring and use guidance developed with CCP.



Guidance and user guides for materials will improve partners' organizational and coordination skills as well as the pace of dissemination of communication tools for OVC and their caregivers. CCP will also monitor participants' continued engagement and commitment to quality work after they receive training and technical assistance.

CCP's technical assistance under this project will help ensure collaboration among PEPFAR partners involved in providing care and support to OVC. Specifically, CCP will make sure that the national OVC technical working group (GTT/OEV) and national OVC commission members in charge of communication take part in and benefit from the national Prevention Technical Working Group experience and network. As part of the Prevention TWG, PNOEV staff and partners will also learn organizational skills while working side-by-side with CPP and other program staff to ensure communication program organization and harmonization.

JHU/CCP will monitor the number, quality, and use of SBCC tools distributed to partners using a simple monitoring tool as well as partner reports, field visits, and partner quarterly review meetings with the national TWG to assess the reach and effectiveness of communication materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	399,355	0

**Narrative:**

Inadequate national capacity to design, produce, implement, coordinate, and evaluate high-quality social and behavioral change communication (SBCC) tools, materials, and strategies is a barrier to an effective, country-owned response to HIV/AIDS. With FY 2012 funds, JHU/CCP will work to build this capacity at the Ministry for Health and AIDS (MSLS) and in local NGOs and networks by:

1. Adopting a "Collective Learning and Action" approach that emphasizes learning by doing.
2. Refining and applying CCP's capacity tracking tools to monitor partner progress.
3. Bringing all major SBCC players into a coalition for change by creating virtual tools for coordination and exchange.
4. Institutionalizing a communication leadership training course.
5. Assisting and mentoring the local NGO Ruban Rouge to bring its HIV/AIDS call-in hotline service into full operation.

While CCP applies these approaches in all its activities funded in other budget codes, specific capacity-building efforts are needed to strengthen national health communications systems. At least 30 ministries and partners will benefit from capacity strengthening in strategic communication.

Collective learning and action





Using measurable outcomes for capacity building, CCP's approach will emphasize the devolution of interventions, learning by doing, and specific capacity and coordination strengthening at the MSLS. CCP will support the MSLS to establish and convene quarterly meetings of an SBCC subcommittee under the Prevention TWG to help coordinate and monitor the roll-out of communication strategies and the distribution and use of materials. Selected partners will take part in designing research and in analyzing and disseminating results.

**Capacity assessment and tracking**

CCP will institutionalize SBCC capacity assessment tools it developed and validated in other countries, including the Institutional Capacity Index and the National Communication Capacity Index. In 2012, CCP is working with partners to review key indicators and rate partner capacity; in 2013, CCP will gauge the country's progress toward sustainability.

**Coalition for change**

CCP will help create a network of capable partners to deliver high-quality SBCC after the program ends. CCP will ensure that online resources are accessible (starting with the K4Health toolkit) and partners are trained in their use. The current CI "etoolkit" designed by CCP will be linked to the MSLS Web site; the final electronic home for these resources will be selected after consultation with counterparts and USAID. Partners will receive extensive training in the production of effective communication tools. CCP will work with partners to develop material catalogs, message guides, and toolkits for specific subjects and events such as World AIDS Day and National Testing Day.

**Leadership training course**

CCP will assist the University of Cocody and AfriComNet in adapting and integrating CCP's Leadership in HIV/AIDS Strategic Communication course into the university curriculum. CCP will support the participation of selected MSLS and partner staff to build their capacity. CCP will explore the possibility of establishing a health communication degree program in CI.

**HIV hotline:**

After revising the counselor's guide, CCP will help Ruban Rouge to promote the hotline number. CCP will train phone counselors in line with MSLS protocols, as well as in the use of SMS Frontline technology as a research and documentation tool.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	50,000	0

**Narrative:**



A safe blood supply is a critical component of improving health care and preventing the spread of infectious diseases such as HIV. In Cote d'Ivoire, the quality and safety of blood transfusion remain critical concerns for the government and its partners. Important steppingstones include raising awareness about the vital need for voluntary non-remunerated blood donation and the importance of safe blood supply, as well as having competent and well-trained local partners and high-quality social and behavior change communication (SBCC) materials and strategies.

As part of its strategy to decrease the number of new HIV infections in Cote d'Ivoire, CCP will support the Ministry of Health and AIDS (MSLS) and the National Blood Bank (CNTS) in their efforts to ensure a safe blood supply. The first step will be a rapid assessment of communication-related factors that need to be addressed to improve safe blood donation. From this, CCP will support CNTS to update its communication strategic plan, including evaluation of communication tools and activities.

Specifically, CCP will provide technical assistance to the MSLS and CNTS to assess, develop, update, produce, and evaluate social and behavioral change communication (SBCC) materials as well as to revitalize the "safe blood donation campaigns" based on CNTS's recent KAP (Knowledge, Attitude and Practice) study and a formative study that CCP is planning for 2012. CCP will support the MSLS and CNTS to convene an information education and communication/behavior change communication subcommittee under the national Prevention Technical Working Group. This will allow the MSLS and CNTS to coordinate and monitor the distribution and use of materials as well as to oversee the implementation and evaluation of their campaigns.

In addition to mass media campaigns using TV and radio, CCP will propose the use of existing and successful communication platforms and networks. A good example is the use of JHU/CCP Sports for Life online sites to promote blood donation and provide information regarding safe blood donation.. JHU/CCP will play an important role in supporting MSLS and CNTS advocacy activities regarding the importance of communication in blood supply services. Targets for this advocacy include organizations that provide blood. Capacity building will also include the participation of key staff from the MSLS and CNTS and other partners in message and SBCC material development workshops organized by JHU/CCP, as well as in the communications technical working group, to help ensure a well-coordinated response.

To ensure high-quality M&E, JHU/CCP will work with the MSLS and CNTS to conduct joint observation and monitoring visits to implementation sites during blood donation day to make sure that communication materials are available and are being used appropriately. User satisfaction will also be checked during supervision visits. A simplified supervision tool will be developed with partners to facilitate quality control and use of communication tools.

CCP will help the MSLS and CNTS to conduct a random rapid population-based survey during Safe Blood Donation Day to measure the effectiveness of blood donation campaigns.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------

Prevention	HVAB	620,000	0
<b>Narrative:</b>			
<p>JHU/CCP's AB program works to change the social norms that make youth vulnerable to HIV, improve dialogue among young people and their parents and role models, provide technical assistance and capacity building in social and behavioral communication (SBC) for the Ministry for Health and AIDS (MSLS) and local NGO partners, and develop tools and materials promoting healthy behaviors, including fidelity. Gender is a cross-cutting issue.</p> <p>To address both norms and risk behaviors in order to prevent infections, priority topics will include gender norms, risk perception, transactional sex, abstinence, couples and parent-child communication, pregnancy prevention, partner reduction, and correct and consistent condom use for sexually active youth.</p> <p>Geographic zones: National for mass media and capacity building. For community-based interventions, Abidjan (six sites) and Abengourou, both in high-prevalence zones.</p> <p>Target audiences:</p> <p>Girls aged 12-19 and unmarried women aged 20-24, who are at highest risk of HIV infection. Boys aged 12-19 and unmarried men 20-24 who engage in or are exposed to high-risk behaviors. Target audiences will be segmented by other socio-demographic characteristics (activity, education), with an emphasis on youth who are at highest risk. Secondary audiences: Sports for Life soccer coaches, captains, parents/guardians, role models</p> <p>Targeted behaviors:</p> <ul style="list-style-type: none"> <li>• Delay onset of sexual activity</li> <li>• Partner reduction</li> <li>• Improve communication with parents, partners and friends</li> </ul> <p>Secondary behaviors:</p> <ul style="list-style-type: none"> <li>o Condom use, if sexually active</li> <li>o HIV testing – know your status</li> </ul> <p>Three major activities will improve relevant knowledge and skills:</p> <p>Sport for Life (SFL):</p> <ul style="list-style-type: none"> <li>• SFL mobilizes and develops life skills of boys and girls aged 12-19. SFL will also start training key partners (9 local NGOs and 5 municipalities) to take over the program.</li> <li>• Community activities will be organized around the African Cup tournament.</li> </ul>			

- The curriculum will be revised to integrate reproductive health topics and parent-child communication.
- New female role models will make the program more attractive to girls.
- The SFL Web site will be redesigned and updated.

**SuperGo (SuperGirl (SG)):**

- SG focuses on girls (ages 12-19), engaging them in community action and normative change. Four new implementing subpartners will be added.
- CCP will conduct an inventory of NGOs providing income generating activities and literacy courses to engage them in the program.

**Capacity building:**

CCP will provide technical assistance to national partners to develop and implement effective SBC strategies and tools, including materials on fidelity, and will collaborate in assessing HIV infection risks among women in rural and urban areas and developing appropriate approaches and materials to reach those women.

CCP will support the MSLS in drafting a new HIV/AIDS communications strategy and convening an SBC subcommittee under the Prevention Technical Working Group to coordinate and monitor the roll-out of communication strategies and the distribution and use of materials. CCP will engage partners to develop a multimedia campaign to ensure message harmonization, as well as to build partner capacity through the learning-by-doing approach. This will include participation in message and materials development workshops, as well as pre-testing and monitoring activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

**Narrative:**

Access to high-quality social and behavioral change communication (SBCC) tools, materials, and strategies is important in order to be effective in mobilizing and providing quality services for clients. JHU/CCP supports HIV/AIDS services (testing and counseling (TC), ART, PMTCT, care and support) through development, provision, and evaluation of client and provider materials; provider training in interpersonal communication/counseling (IPC/C), strengthening of health protocols through communication indicators; and promotion of HIV/AIDS services.

As a complement to PEPFAR-funded service-delivery programs, CCP will continue to produce and distribute interpersonal communication materials for ART, PMTCT, TC, and stigma reduction to health service providers and community organizations. CCP will support training for service providers to strengthen their skills, knowledge, and practices, and for PLWHA organizations and religious leader



associations to carry out community activities.

CCP's communication strategy aims to improve awareness of and access to services, retention of clients, and quality of health services. This approach, based on evidence from other JHU programs in other African countries as well as CI operations research, results in messages and communications tools that are targeted to the focal audiences to produce desired behavior change. The reach of CCP's activities will be nationwide, as partners are expected to distribute communication materials to health service providers and community counselors they work with.

With FY 2012 funding, JHU/CCP will provide support to the Ministry of Health and AIDS (MSLS) to organize a national HIV testing and counseling communication campaign, building on the success of a 2009 campaign and adding an emphasis on encouraging men to get tested and correcting the misconception that if a woman tests negative, then her partner is negative as well. CCP will also continue working to encourage couples to go for HIV testing and counseling. Messages will include both patient-initiated and provider-initiated TC. In addition, women and girls who were victims of rape during the recent civil war will be encouraged to seek HIV TC to ensure that they will know their status as they continue their psychological recovery.

During National Testing Day, client exit interviews will be used to assess the effects of program activities in support of the national event.

CCP will continue its collaboration with RIP+ (national network of PLWHA organizations) and will work with selected religious networks to bring TC services into churches, mosques, and other spiritual venues. The national HIV/AIDS information hotline managed by Ruban Rouge with JHU/CCP technical assistance will be used to inform the public on where TC services are available.

Subpartners for the Sports for Life HIV prevention program (local NGOs, municipal governments) will support community mobilization for TC. In anticipation of the 2013 African Cup of Nations, activities using soccer themes and stars to promote TC will be conducted in collaboration with EngenderHealth's Men as Partners program. Outreach will include group talks and a door-to-door campaign. Soccer games will be projected for public viewing in places where free testing will be provided by local NGOs in six communities of Abidjan. The project expects at least 1,500 people, including 1,000 men, to seek TC as a result.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	680,000	0

**Narrative:**

JHU/CCP's program will challenge social and gender norms and encourage protective behaviors among adults at risk of HIV infection, including men having sex with men (MSM), while working to build national capacities in effective communications. Key activities will include a multi-phase multimedia campaign,

with reinforcing community-level activities, as well as capacity building and strategy development interventions for the Ministry for Health and AIDS (MSLS) and local NGO partners. Interpersonal communication activities will complement mass media campaigns to maximize message efficacy and generate a call to action. Gender will be a cross-cutting issue.

With FY 2012 funds, CCP will address gender inequality through:

- African Transformation (AT). CCP builds the capacity of young men and women to make healthy life choices by discussing social and gender norms. CCP will begin the devolution process to local NGOs by organizing 45 workshops on AT for young adults. Facilitators will be trained to address gender-based violence. CCP will promote the program to various partners, including UNFPA, to inspire replication. CCP will also produce an additional AT video profiling a young man who countered social-cultural norms that put young men at risk of STI/HIV infections. AT materials will also be used by partners implementing activities in rural areas.

- Brother for Life (BFL): To address male sexual and reproductive health issues, CCP will adapt the successful South African program for Cote d'Ivoire in partnership with EngenderHealth, drawing on expert opinion, data from national surveys, and discussions with men and women. CCP will train health providers on how to use this new material.

- "Risky Behavior": Working in collaboration with the MSLS, the Ministry of Communication, and the national TV station, CCP will produce and broadcast a 6-episode TV series building on CCP's "Club Risky Business" in Zambia. The mini-series will explore social, cultural, and gender dynamics surrounding multiple and concurrent partnerships (MCP), the risks of sexual networks, and the idea that a lifelong relationship can be fulfilling. Conception, production and pre-testing will take place in 2012, with broadcast in 2013 expected to reach at least 1.5 million viewers. DVDs and discussion guides will be distributed to partners to organize screenings and facilitate discussions in workplaces.

- A multi-channel campaign focusing on risk and prevention behaviors. The objective is to get people talking about unacceptable risky behaviors (MCP, unprotected sex, cross-generational sex, drug and alcohol abuse, not knowing HIV status) and to identify individual and community strategies to change social norms around such behaviors. Interpersonal communication activities will complement radio and TV messages.

- Communication materials addressing the needs of MSM, based on PEPFAR formative research. CCP will produce materials in collaboration with the MSLS and local NGOs and national networks (e.g. of PLWHA organizations) that implement programs targeting MSM,

- Assessment of HIV infection risks among women in rural and urban areas. CCP will participate in the risk assessment and in developing appropriate approaches and materials to reach those women.

In all activities, CCP will work collaboratively to build the communications capacities of the MSLS and partners. CCP will use its Communication Capacity Index to review key indicators and track partners' capacities.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	0

**Narrative:**

Access to high-quality social and behavioral change communication (SBCC) tools, materials, and strategies is important in order to be effective in mobilizing and providing quality services for clients. JHU/CCP supports HIV/AIDS services (testing and counseling (TC), ART, PMTCT, care and support) through development, provision, and evaluation of client and provider materials; provider training in interpersonal communication/counseling (IPC/C), strengthening of health protocols through communication indicators; and promotion of HIV/AIDS services.

As a complement to PEPFAR-funded service-delivery programs, CCP will produce and distribute interpersonal communication materials for ART, PMTCT, TC, and stigma reduction to health service providers and community organizations. With new WHO guidelines on PMTCT, messages and tools for HIV-positive women will be updated. CCP will support training for service providers to strengthen their skills, knowledge, and practices, and for PLWHA organizations and religious leader associations to carry out community activities; more than 50 NGOs will be trained on how to use the Chois la Vie (Choose Life) kit, which includes radio diary CDs, stigma reduction materials, care and support talk shows, videos on ART and PMTCT, and HIV prevention leaflets.

Working with the national technical working group to build national capacity, CCP will continue to assist implementing partners to develop or improve protocols and procedures through quality accreditation processes at existing and new intervention sites. CCP will provide technical assistance to service delivery partners to supervise their projects' achievement of communication quality indicators.

CCP's communication strategy aims to improve awareness of and access to services, retention of clients, and quality of health services. This approach, based on evidence from other JHU programs in other African countries as well as CI operations research, results in messages and communications tools that are targeted to the focal audiences to produce desired behavior change. The reach of CCP's activities will be nationwide, as partners are expected to distribute communication materials to health service providers and community counselors they work with.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	100,000	0

**Narrative:**

Access to high-quality social and behavioral change communication (SBCC) tools, materials, and strategies is important in order to be effective in mobilizing and providing quality services for clients. JHU/CCP supports HIV/AIDS services (testing and counseling (TC), ART, PMTCT, care and





support) through development, provision, and evaluation of client and provider materials; provider training in interpersonal communication/counseling (IPC/C), strengthening of health protocols through communication indicators; and promotion of HIV/AIDS services.

As a complement to PEPFAR-funded service-delivery programs, CCP will continue to produce and distribute interpersonal communication materials for ART, PMTCT, TC, and stigma reduction to health service providers and community organizations. CCP will support training for service providers to strengthen their skills, knowledge, and practices, and for PLWHA organizations and religious leader associations to carry out community activities; more than 50 NGOs will be trained on how to use the Chois la Vie (Choose Life) kit, which includes radio diary CDs, stigma reduction materials, care and support talk shows, videos on ART and PMTCT, and HIV prevention leaflets.

Working with the national technical working group to build national capacity, CCP will continue to assist implementing partners to develop or improve protocols and procedures through quality accreditation processes at existing and new intervention sites. CCP will provide technical assistance to service delivery partners to supervise their projects' achievement of communication quality indicators.

CCP's communication strategy aims to improve awareness of and access to services, retention of clients, and quality of health services. This approach, based on evidence from other JHU programs in other African countries as well as CI operations research, results in messages and communications tools that are targeted to the focal audiences to produce desired behavior change. The reach of CCP's activities will be nationwide, as partners are expected to distribute communication materials to health service providers and community counselors they work with.

### Implementing Mechanism Details

<b>Mechanism ID: 13651</b>	<b>Mechanism Name: EGPAF international CDC CoAg 2011-Djidja</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 4,444,000</b>	<b>Total Mechanism Pipeline: N/A</b>





Funding Source	Funding Amount
Central GHP-State	4,244,000
GHP-State	200,000

### Sub Partner Name(s)

Association Saint Camille de Lellis	Centre de Sante Providence Bouake	Centre Espace Confiance
Centre Medico Sociale Wale - AIFUP	Centre Solidarite Action Sociale	Hopital General D'Ayame (Mission Catholique)
Renaissance Sante Bouake	Sainte Therese de l'Enfant Jesus	

### Overview Narrative

The goal of the project is to build a strong and sustainable response to the HIV/AIDS epidemic in selected regions of Côte d'Ivoire. Project objectives are to:

- Promote primary HIV prevention and improve HIV care, support, and treatment services
- Contribute to the strengthening of health systems supporting HIV/AIDS service delivery
- Build the technical and organizational capacity of selected local NGO and government partners to implement HIV prevention, care, and treatment interventions
- Transfer program support from EGPAF to local government and non-government partners, including Ariel Foundation

Over the five years of Project Djidja, EGPAF will achieve the transfer of its program to Ariel Foundation for service delivery, pre-service training institutions to ensure a large cadre of highly performing and motivated health care workers are available, and finally to the MOH Regional Health Directorate. The transition of these activities and skills will result increasingly in cost efficiencies as local ownership of health care services scales up.

Vehicles through COP11: 0 New requests in COP12: 1 Total planned vehicles for life of mechanism: 1  
New request justification: To support supervision and mentorship of the Regional Health Departments1  
vehicle (\$55,000) will be used to support supervision and mentorship of the Regional Health  
Departments.

### Cross-Cutting Budget Attribution(s)

Construction/Renovation	200,000
-------------------------	---------



Education	60,000
Food and Nutrition: Commodities	60,000
Food and Nutrition: Policy, Tools, and Service Delivery	80,000
Human Resources for Health	251,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

Addressing male norms and behaviors  
 Increasing gender equity in HIV/AIDS activities and services  
 Increasing women's legal rights and protection  
 Malaria (PMI)  
 Child Survival Activities  
 Safe Motherhood  
 TB  
 Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 13651			
<b>Mechanism Name:</b> EGPAF international CDC CoAg 2011-Djidja			
<b>Prime Partner Name:</b> Elizabeth Glaser Pediatric AIDS Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	350,000	0
<b>Narrative:</b>			



EGPAF's overall strategy for implementing Adult Care and Support activities under Project Djidja during COP12 will include the following components: early identification of HIV-infected persons, linkages with community and health system, increase retention into care; reduction in HIV-related mortality and morbidity; improved quality of life; and reduction of HIV transmission to uninfected persons. Target populations in coverage area of Djidja project will include HIV-positive pregnant women testing at all entry points (ANC visits, labor and delivery); men/partner and women testing positive through other counseling and testing initiatives; Through these activities, EGPAF will contribute to PEPFAR's goal of supporting care for 12 million persons globally and 385,000 persons within Côte d'Ivoire affected by HIV/AIDS.

Family-centered HIV care and support services will be performed at health facilities and at community-based organizations (CBOs). These services may include:

- Psychosocial support to PLWHA and their families through CBOs;
- Prevention with positives package of services offered according to the national standards, including cotrimoxazole, condoms, insecticide-treated bednets, WASH supplies, counseling on desire for procreation, and partner disclosure; and
- Nutritional assessment, counseling and food support, and economic strengthening activities.

Specific activities will be implemented to provide high quality and efficient care and support, such as:

- Strengthening of functioning bi-directional referral systems between all HIV testing points and care and treatment services;
- Involving community care givers to reach families of index subjects; and
- Familiarization/training of care providers to deal with PwP.

EGPAF will continue its quality initiative through the existing site quality teams using EGPAF EZ-QI tool, while working with the MOH and PEPFAR-funded URC for integration of quality teams and development of a national tool to include relevant indicators to be systematically measured. Quality assurance and improvement activities will then be transferred progressively to the MOH through district and regional levels, whose teams will complete mentorship visits, data quality analysis (DQA), data reviews, and be part of the supervision team at district level.

Djidja's overall retention rate of patients in care and support will be increased through improved follow-up of HIV- positive patients, including mandatory follow-up counseling sessions with trained community health workers.

The activities listed above will be supported by a strong system for monitoring and evaluation, in close collaboration with the national counterparts in division of information, planning and evaluation (DIPE),

and PNPEC ). Focus areas for M&E will be:

- o• Improvement of data collection process: roll out new harmonized national data collection;
- o• Expansion of the national patient tracking software (SIGDEP) to non-computerized sites; and
- o• Conduct of DQAs to improve data quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

**Narrative:**

There are an estimated 440,000 orphans due to AIDS in Côte d'Ivoire. Under Project HEART, EGPAF partnered with 12 local CBOs to offer care and support services to OVC in 129 sites. In 2010, 16,518 eligible OVC were supported through these partnerships. Project Djidja's approaches will work toward the goal of offering care and support packages in accordance with national guidelines to a maximum number of OVC through various partnerships with CBO, NGO, PNOEV, and specific PEPFAR community partners in Djidja-supported regions. This objective is consistent with the national goal of reaching 385,000 persons affected by HIV/AIDS, including OVC.

Project Keneya, an EGPAF project whose primary goal is to create a sustainable local response to HIV/AIDS through strengthened prevention and care services in northern Côte d'Ivoire, was designed as a response to the needs of OVC, with a strategy of "one OVC, one intervention," assisting community counselors to ensure consistency with national guidelines and standards. Keneya and Djidja will work together for complementarity of service in Vallée du Bandama to roll out the holistic package of care and support services to OVC there. Djidja will implement the following related strategies for improving quality of life, wellbeing, and reduction of morbidity and mortality within OVC (children under 15) due to AIDS during COP12 in the remainder of its covered regions:

- 1)• Identification of OVC within community, care, and treatment settings. Specific messages related to care and support benefits for OVC will be disseminated through various communication channels and targeting community, PLWHA, health care workers (HCW), and children
- 2)• Needs assessments of identified OVC
- 3)• Ensuring access to care and support services including immunization, nutrition assessments, malaria prevention, WASH supplies, and vitamin A supplements
- 4)• Coordination of bi-directional referral systems for linkages of OVC support to spiritual, legal, educational, housing, and economic strengthening services
- 5)• Capacity building of community members, families, and HCW who are the main actors of the OVC care and support team. To ensure effective transition to local authorities, EGPAF with other partners will develop SOPs and job aids as part of capacity building of district staff, social centers, and CBOs.



6)• Continue to support national health systems strengthening through expert technical assistance to the MOH and building the capacity of networks of OVC partners.

OVC care and support performance will be assessed through data quality reviews and analysis made by quality improvement (QI) teams at community and health center level. Joint supervision of social workers and HCW will be necessary to maintain and improve quality OVC services. EGPAF will strengthen the capacity of both groups.

All these activities will be supported by a strong monitoring and evaluation system that will focus on technical assistance to CBOs to strengthen their M&E systems, leading to collection of high quality data and the use of data to improve services provided to OVC. EGPAF will work jointly with national counterparts such as PNOEV under the technical guidance of the CDC/PEPFAR team.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	450,000	0

**Narrative:**

Côte d'Ivoire has experienced a resurgence of TB, with annual incidence increasing more than 30% between 2000 and 2009. Since TB treatment typically occurs at the 51 specialized TB centers throughout the country, the TB/HIV “one stop shop” approach remains challenging. Only TB centers (CATs) perform TB diagnostic tests and treat TB. At the seven major TB centers in the country, EGPAF has helped integrate HIV services, including testing and treatment, into TB services. At CAT Adjamé, 90% of TB patients (1,129) were tested for HIV in Q4 2010, and other major TB centers also have high HIV-testing rates. Concurrently, under Project Djidja EGPAF will focus efforts on improving the integration of TB screening into standard HIV services at ART sites. As of the end of June 2011, under Project HEART 36% of HIV-positive patients were screened for TB; this will be 60% by the end of Djidja first project year (PY1 ). Under COP11 funds for PY1, Djidja will initiate a new approach, using HCW at regional TB centers as champions of TB screening in HIV clinics, after having built their capacity. If this strategy is successful, EGPAF will expand it under COP12. Building on a recent, small-scale initiative under Project HEART to integrate TB treatment into services at ten ART sites, including five EGPAF-supported sites, Djidja will extend these activities to additional EGPAF-supported sites in Djidja project regions targeting current TB patients and HIV-positive patients in care or on ART.

EGPAF’s proposed TB/HIV activities are aligned with national policy and strategy for TB driven by the national TB program. During COP12, Djidja will enhance activities in TB centers, especially:

- 1.- HIV screening for TB patients through scale-up of provider-initiated testing and counseling;
- 2.- Increased access to a package of care and support services for TB/HIV patients: cotrimoxazole, PwP, palliative care, WASH, and bed nets;
- 3.- Improved quality of care for TB/HIV patients including clinical and biological follow-up of side

effects and resistance guided by the most recent national and WHO recommendations. EGPAF will participate in the process led by PNLT to develop a national strategy for infection control and provide care and treatment of multi-drug resistant cases of TB; and

4.- Ensure transfer of HIV-positive patients cured of TB to ART centers to avoid new TB incidence. The continuum of care with follow-up of patients and their families in the community will improve quality of care and life. In HIV centers, screening of all HIV patients for TB must be systematic. EGPAF will contribute by building capacity of HCWs and ensuring availability of new patient medical registers and data collection tools, including the TB form to facilitate TB case finding in patients visiting HIV center sites.

Project Djidja will leverage activities being implemented by other PEPFAR partners in similar technical areas and in the project's coverage area through collaboration in training of health care workers, in support to the PNLT and through the development of a joint workplan for the implementation and monitoring of TB/HIV-related activities.

•- TB/HIV activities under Djidja will be closely monitored and evaluated by EGPAF's Strategic Information & Evaluation (SI&E) staff. In collaboration with PNLT and PNPEC, EGPAF will: develop efficient strategies for completeness and timeliness of TB/HIV data reporting and organize joint supervision in order to ensure effective se

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	275,000	0

**Narrative:**

EGPAF's strategy for pediatric care and support activities will include early identification of HIV-infected children and the provision of a basic package of health services to include vaccinations, malaria prevention, WASH supplies, vitamin A, and nutritional status assessments, with the goal of reducing HIV-related morbidity and mortality and improving quality of life.

EGPAF will work closely with CBOs and other PEPFAR partners to establish strong referral systems to capture most children in need of care, including siblings of those already enrolled in care. In Vallée du Bandama region, Djidja's facility-based pediatric care services will complement Project Keneya's mostly community-based services. In Lagunes region, EGPAF will sign an MOU with PEPFAR partners and provide small grants to CBOs (pending availability of funding ) to increase demand through community awareness campaigns in the catchment area of supported sites. Promotion and establishment of strong formal linkages between communities and health facilities will increase access and retention in care for HIV-exposed, -affected, and -infected children under 15 years, as well as adolescents ages 15-18, who are the targeted populations for pediatric care and support in the project coverage area of Lagunes and Vallée du Bandama.

Family-centered HIV care and support services will be performed at all entry points (PMTCT, family

planning, vaccination, and weighing units). Health facilities will reach out to families of index subject children or mothers with the involvement of the community network. Specific activities will be rolled out aiming to provide high quality and efficient care and support to improve children's quality of life. These services may include:

- Expansion of comprehensive palliative care and psychosocial support (PSS) programs for children and their families
- Improved care and support services for adolescents: PSS, PwP, peer support groups, specific follow-up schedules
- Referrals to care and treatment services for access to adequate care to reduce morbidity and mortality

Under COP12, EGPAF will continue to assist districts in service delivery and work with the regional level to coordinate QA/QI efforts in the region. Quality officers at sites, districts, and regions will be included in the Continuing Medical Education program to update and increase their knowledge and thus enable them to provide onsite TA to their peers.

Djidja's overall retention rate of children in care will be improved by the integration of HIV services within MCH settings, integrated follow-up of HIV mother-baby pairs, and specific HIV-positive adolescent follow-up including mandatory follow-up counseling sessions with trained CHWs and peer educators.

EGPAF will strengthen its bidirectional referral system by integrating messages to families of HIV-exposed, affected, and infected children to improve quality of life, promote family centered care and support activities, and strengthened networks of care.

The activities listed above will be supported by a strong system for monitoring and evaluation, in close collaboration with the national counterparts (DIPE, PNPEC). Focus areas for M&E will be:

- o• Improvement of data collection process; roll out new harmonized national data collection
- o• Expansion of the national patients tracking software (SIGDEP) to non computerized sites
- o• Completion of DQA to improve data quality

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	200,000	0

**Narrative:**

As part of the transition initiative launched under Project HEART, EGPAF has been striving to reinforce the Ivorian health system through various interventions, including human resources for health (HRH) through a pre-service training program, health financing through performance-based financing (PBF) mechanisms, quality initiatives, service delivery models, dissemination of validated national standards, and other initiatives. With the end of Project HEART, EGPAF will continue to strive to support the national health system under the new Project Djidja. During year one, Djidja intends to evaluate and/or document



those initiatives and share lessons learned with national counterparts. If the decision is made to continue with transition to ownership by the MOH, EGPAF will provide TA and work to leverage additional resources to assist the government under COP12. Preliminary discussions held with EGPAF's HSS national partners have resulted in consensus of priorities to be addressed.

**Continue building the capacity and develop HRH**

Over the past three years under Project HEART, EGPAF worked with the Schools of Medicine and Pharmacy, and INFS, contributing to the creation of a new generation of engaged HCW by providing pre-service training for 69 medical doctors, 151 social workers, and 25 pharmacists. Under COP12 (PY2 of Djidja), EGPAF will strengthen this network through Continuing Medical Education using information technologies such as e-learning combined with onsite thematic refresher trainings, building on a previous partnership with SIP, GroForMéd, or other professional associations.

EGPAF will also provide resources and TA to those three institutions to complete the ongoing process of creation of a post-graduation diploma based on the current curriculum, ultimately transferring program ownership to those institutions. EGPAF and other partners will then have the possibility of providing scholarships either to graduating students or to selected talented HCW in the field, moving the training model from "push" to "pull".

**Strengthening coordination of clinical practices and medical leadership at regional level**

Regional level HSS is a top priority of the MOH. EGPAF discussed the issue with PNPEC and agreed to begin work in 1-2 regions during PY2. Documented lessons learned will allow the MOH to refine its strategy and more quickly scale up when Global Fund Round 10 is available. Under Project HEART EGPAF completed an assessment of the Bas-Sassandra regional health directorate (RHD) using an adapted CDC/Macro tool. During Djidja PY1, the RHD will advocate to have an adequate staffing structure consistent with MOH directives. EGPAF will train those staff.

With COP12 funding during PY2, EGPAF plans to provide:

- Logistics support to establish a functioning Health Information System, including use of data
- Support for organization of coordination meetings involving all districts
- Support to perform routine supervision and control when required
- Formation of a multidisciplinary quality team to ensure that all services provided are consistent

with national standards and procedures as defined by the MOH

EGPAF's work will complement that of its local affiliate, Fondation Ariel, which will be in charge of capacity building at district and site levels in Bas-Sassandra region.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	224,000	0



**Narrative:**

EGPAF's HIV Testing and Counseling (HCT) activities under Project Djidja COP12 will continue using provider-initiated testing and counseling (PITC) as a routine component at all entry point of service delivery, targeting both adults and children in ANC, maternity wards, TB clinics, STI clinics, inpatient wards, primary care clinics, and outpatient units. EGPAF will utilize five strategies for improving and increasing PITC, which will contribute to preventing new infections. These strategies include: 1) building the capacity of PITC providers; 2) increasing the number of children tested; 3) supporting the implementation of the national testing algorithm at all EGPAF-supported sites; 4) minimizing stockouts of testing supplies and reagents; and 5) increasing the number of sexual partners of PLWHA tested. These strategies will target adults, including pregnant women, couples, and children.

The approaches for these strategies will include:

- 1) Systematizing PITC at all EGPAF-supported sites by ensuring all sites have and use the national algorithm, training HCWs on the national algorithm, data collecting tools and developing a PITC checklist for use at sites;
- 2) Providing mentorship and supportive supervision to HCWs to promote PITC in various entry points to care;
- 3) Promoting EID through increasing access and use of PCR at all EGPAF-supported sites, and training HCWs to teach mothers to monitor the health of an exposed child until its final HIV status is determined;
- 4) Increasing HTC for children through a family approach and by promoting PITC in pediatric settings;
- 5) Supporting SCMS to prevent stockouts or find solutions earlier;
- 6) Implementing systems to screen all partners of PLWHA visiting health centers and providing a "letter of invitation" for testing, organizing couples counseling sessions, and developing and disseminating awareness messages about testing and counseling targeting couples; and
- 7) For people testing HIV-positive, ensuring linkages and referrals to care, support, and treatment services.

Bi-directional referral systems will be put in place between PITC point of service delivery and care and treatment centers. To ensure effective linkages with care and treatment centers, frequent site and mentorship visits will occur and quality improvement action plans will be discussed and implemented.

The supply-chain and clinical approach to HTC activities of EGPAF's Project Djidja in Vallée du Bandama will directly complement those of Project Keneya's community-based approach to increasing awareness of services that are available from EGPAF through both projects, in community and clinical settings.

Implementation of HTC activities requires continuous capacity building activities for community health workers and HCWs on the benefits and impact of some HIV activities on wellbeing at individual and community level. EGPAF will do this through promotion of activities such as PITC, diagnosis and treatment of STIs, PwP, PMTCT, partner testing, early infant diagnosis, OVC support, and free and

efficacious ARVs for children and adults.

The monitoring and evaluation system that will support HTC activities will focus on the rollout of new harmonized national data collection tools and the training of HCW for improved completion of the tools. In addition, EGPAF will conduct a data quality assessment targeting data reported on testing of children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	790,000	0

**Narrative:**

PMTCT during COP12 will contribute to achieving one of the key national objectives to eliminate mother-to-child transmission of HIV (EMTCT) by reducing it to 5% by 2015. Target populations are women of childbearing age, their partners, exposed children, and other family members.

At the institutional level, EGPAF will provide support to:

- o Pre-service training institutions such as schools of medicine or social workers to strengthen the integration of HIV-related courses into student training curricula. The objective of this strategy is both to reduce in the long term the number of refresher trainings provided and to give necessary skills to newcomers to immediately start HIV/AIDS activities.

- o Ministry of Health (MOH) to finalize and disseminate national guideline documents (policies, technical procedures) and implement the national plan for EMTCT in all EGPAF-supported sites.

At site level, EGPAF will build capacity of healthcare providers using several approaches: short-term classroom training sessions followed by immediate onsite immersion, providing access to scientific journals, and continued training via internet.

Continuous improvement of PMTCT program quality is one of Project Djidja's objectives. EGPAF will:

- o Increase the demand and utilization of services by the population through meetings to build the capacity of community members in activities run through the health centers: contents, advantages/benefits, costs, target population.

- o Promote re-testing of pregnant women in labor and delivery for those previously tested HIV-negative.

- o Increase participation of partners of pregnant women in ANC, regardless of HIV status.

- o Implement 2010 WHO guidelines for PMTCT, adapted to the national context.

- o Optimize the biological follow-up of HIV-positive pregnant women by using point-of-care techniques for service delivery, including HIV screening using fingerprick rapid test and PIMA CD4 test machines.

- o Optimize the biological follow-up of HIV exposed children through dissemination of the new maternal-child health cards and increasing the number of HIV-exposed children identified through early infant diagnosis by broadening geographical coverage and especially decreasing turnaround time through the use of SMS printers.

- o Strengthen screening activities, particularly the promotion of couples HIV counseling and testing.
- o Build on existing EGPAF capacity under Project HEART to reach underserved women who do not visit ANC through networks of community health workers already working in EGPAF-supported sites. Quality improvement (QI) activities for care and services linked to PMTCT will be done through analysis of routinely collected key indicators of the PMTCT cascade, in collaboration with other PEPFAR partners such as URC and Jhpiego. Quarterly and semiannual performance analysis workshops will be implemented with districts and regional directorates to produce QI plans. EGPAF will implement the following activities to improve retention in care:
  - o Organize a unique entry point into care after HIV testing (triage room) which will help to better direct, advise, support, and treat patients;
  - o Integrate testing, counseling, care, support, and treatment activities into existing services provided in sites, including maternal-child health and family planning services;
  - o Facilitate identification of exposed children through dissemination of new PMTCT tools; and
  - o Set up supervisory and QI teams within sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,640,000	0

**Narrative:**

Target populations in coverage area of Djidja will include HIV-positive pregnant women testing at all entry points (ANC visits, labor and delivery) and men and women testing positive through other counseling and testing initiatives.

EGPAF's strategy for implementing Adult Treatment activities under Project Djidja during COP12 will be based on three pillars: 1) access to care and integration of HIV activities within existing health services; 2) quality and supervision of services offered to PLWHA; and 3) sustainability and efficiency of services delivered.

Activities under Pillar 1 will include building capacity of health care workers (HCW) to provide quality ART to patients in need, strengthen linkages between adult ART services and PMTCT services such as ANC, MCH, and family planning, as well as TB and reproductive health services. EGPAF will continue to advocate for task sharing and will be part of initiating this experience in supported sites to increase access to treatment for PLWHA.

Under Pillar 2, by building capacity of district health management teams (DHMT) to improve the effectiveness of supervision, EGPAF will build toward a successful eventual transition of activities to national authorities. EGPAF will create SOPs for mentorship activities, assessment and improvement of data quality.



Onsite supervision will be provided by quality improvement (QI) teams that will be formed in EGPAF-supported districts and the largest ART sites. These teams will receive training and be provided with the most updated tools and SOPs available. These teams will complete mentorship visits, data quality analysis, data reviews, and be part of the supervision visit team with the DHMT.

Quality of care initiatives for patients on ART include clinical and biological follow-up of side effects and eventual resistance, guided by the most recent national and WHO recommendations.

Clinical outcomes and other performance data will be routinely tracked and evaluated through the quarterly collection of all required indicators by the district Strategic Information and Evaluation (SI&E) team.

Djidja's overall retention rate of patients on ART will be increased through intensive follow-up of HIV-positive patients, including mandatory follow-up counseling sessions with trained CHWs. EGPAF will build local capacity using a variety of innovative approaches, including the district approach, community groups, and a QI approach using the EZ-QI tool. Other strategies will include conducting cohort studies in 95% of ART sites.

In addition to ART, EGPAF will provide other services such as cotrimoxazole prophylaxis, TB screening, nutritional support to eligible patients in collaboration with national nutrition program and UNICEF, PwP, insecticide-treated bednets, and WASH supplies.

The activities listed above will be supported by a strong system for monitoring and evaluation, in close collaboration with the national counterparts (DIPE, PNPEC). Focus areas for M&E will be:

- o• Improvement of data collection process; roll out new harmonized national data collection;
- o• Expansion of the national HIV drug tracking software (Simple-1/EDT) in non-computerized sites
- o• Conducting of quarterly RDQAs and one annual DQA to improve data quality, measure performance, and improve quality at site and district level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	365,000	0

**Narrative:**

Under Project HEART, EGPAF experienced constraints associated with the scale-up and uptake of pediatric care and treatment such lack of access to early infant diagnosis (EID), insufficiently trained



health care workers (HCW), lack of linkages between PMTCT and treatment, and the country's non-implementation of the revised WHO 2010 recommendations.

Under COP11 funds, EGPAF through Project Djidja will focus on advocacy for implementation of the WHO recommendations, identification and training of regional and district EID experts to transfer ownership of service delivery, continuing medical education for current and new HCW, and working with the MOH to implement task sharing/shifting. Top priorities will also be integration in MCH and development of SOPs to allow further transfer of leadership and ownership to regions and districts. Under COP12 funds, Djidja will strive to consolidate the accomplishments of FY11 with a strong focus on the creation of effective and efficient models that will help speed up the scaling-up of pediatric treatment services at the decentralized levels. The model should network integrated MCH services with other child and mother welfare centers.

EGPAF will continue providing support through TA for planning, forecasting HIV supplies, QI, strengthening of the regional pool of HCW, and rolling out the WHO recommendations. EGPAF will ensure availability of SOPs, guidelines, and job aids. An area of special interest will be to address specific needs of adolescents on ART, such as treatment adherence, transition to adult care, and sexuality, particularly for teenage girls.

EGPAF will participate in quarterly regional and district meetings to ensure relevant challenges, identified through data analysis including quality indicators, are discussed and addressed. Regional and district health officers will be trained to lead such discussions and monitor site performance. To achieve this, clinical outcomes and other performance indicators will be routinely tracked and evaluated through the quarterly collection of all required indicators collected by the district Strategic Information and Evaluation team and sent to DIPE. Quarterly data analysis and reviews will contribute to high data quality.

Djidja's overall retention rate of children on ART will be increased through intensive follow-up of HIV-positive patients, HIV services (clinical settings, lab, pharmacy) network through mandatory follow-up counseling sessions with trained CHWs and peer educators for adolescent and appropriate referrals if necessary.

EGPAF will provide services complementary to ART, including cotrimoxazole prophylaxis, TB screening, nutritional support to eligible patients by building HCW capacity in this area, in collaboration with national nutrition program and UNICEF, and other areas such as PwP, bed nets, WASH, and reproductive health counseling.

All these activities will be supported by a strong monitoring and evaluation system in close collaboration with national counterparts: DIPE, PNPEC. Focus areas for M&E will be:

- o• Improvement of data collection process; roll out new harmonized national data collection



- o• Expansion of the national HIV drug tracking software (Simple-1/EDT) in non-computerized sites
- o• Completion of RDQAs (quarterly) and DQA once a year to improve data quality, measure performance and improve activities.

### Implementing Mechanism Details

<b>Mechanism ID: 13724</b>	<b>Mechanism Name: ABT Associates 20:20 GHS-A-00-06-00010-00</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 0</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	0

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Note: No COP 2012 funding is requested for this mechanism, which will end in September 2012.

The goal of the HS20/20 project is to improve the performance of the Cote d'Ivoire health system in providing quality prevention, care, and treatment for HIV/AIDS and other priority diseases through technical assistance (TA) aimed at improving the production, management, and use of human resources for health (HRH). Priority interventions include strengthening the computerized system of performance based management and co-instituting approaches in the management of health data (cartography, funding, equipment, TA) in addition to contributing to implementation of the Ministry of Health and AIDS (MSLS) decentralization policy.

Support to strengthen the participation of communities for more effective leadership and participation in health system management structures is a pillar of the program. Skills building in resource mobilization and compliance with donor and national requirements are complementary activities conducted with key



populations and district and regional levels.

At the central level, the MSLS receives TA for its divisions for human resources, information, finance, maintenance, research, public health, and training of health professionals (DRH, DIPE, SASED, DAF, DIEM, INFAS, DFR, INSP). The project also supports the national training institute for social workers, under the Ministry for Social Affairs.

M&E activities support local authorities through 1) periodic qualitative and quantitative assessments to gauge the impact of implemented activities, 2) a coaching plan to ensure data quality, with periodic data quality assessments, and (3) the use of data to improve project performance.

Vehicles

Through COP11: 1

In COP12: 0

Total vehicles for project life: 1

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **TBD Details**

(No data provided.)

### **Motor Vehicles Details**

N/A

### **Key Issues**

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Safe Motherhood

TB

Family Planning



### Budget Code Information

<b>Mechanism ID:</b> 13724			
<b>Mechanism Name:</b> ABT Associates 20:20 GHS-A-00-06-00010-00			
<b>Prime Partner Name:</b> Abt Associates			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

**Narrative:**

Note: No COP 2012 funding is requested for this mechanism, which will end in September 2012.

The goal of the HS20/20 project is to improve the performance of the Cote d'Ivoire health system in providing high quality prevention, care, and treatment for HIV/AIDS and other priority diseases through technical assistance (TA) aimed at improving the production, management, and use of human resources for health (HRH). Abt provides technical assistance (TA) to the Ministry of Health and AIDS (MSLS) and 30 health districts. With FY 2011 funding, Abt has worked and will continue to work to support district health management teams in the development of their computerized human resource for health (HRH) management system. Abt also assists the MSLS in the scale-up of this system. Abt also strengthened the archival system of the country's main nursing school (INFAS).

At the central level, the HS 20/20 project provides support to the MSLS Department of Human Resources to develop a performance-based management system (with a repertoire of positions and competencies). HS 20/20 also supports INFAS to produce HRH through the implementation of sustainable teaching capacities and the development of innovative distance learning approaches. The project will complete the set-up of an online library for INFAS in Abidjan. It will support the MSLS to strengthen implementation of its decentralization policy and will assess its performance-based financing pilot activity in northern Cote d'Ivoire.

At the decentralized level, Abt will complete the rehabilitation and equipment of the INFAS library in Bouake and will support at least two regions to elaborate regional health development plans.

### Implementing Mechanism Details

<b>Mechanism ID:</b> 13966	<b>Mechanism Name:</b> University of Washington
----------------------------	---





	<b>ITECH 2011 CoAg</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
<b>Total Funding: 873,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	873,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

With USG funding, the University of Washington I-TECH project works to support the government of Cote d'Ivoire (GoCI) to strengthen laboratory systems at 3 central and 6 regional labs by developing a user-friendly, highly functional lab information system (OpenELIS) contributing to a coherent national laboratory health information system. I-TECH will also help develop a skilled health workforce through quality training programs at central labs and will implement a training information management system (TrainSmart).

I-TECH helps PEPFAR achieve cost-efficiencies with its open-source lab information software (no license fees), whose core code base and functional modules can be modified for additional labs, reducing scale-up costs. I-TECH uses extensive remote communication to clarify system requirements and proposes increased use of self-guided video tutorials for user and system administrator training. Development of an evidence-based national in-service training strategy will increase cost-effectiveness of training investments.

I-TECH works to transition activities to Ivorian entities by working closely and providing training and mentoring for in-country counterparts.

M&E strategy: For OpenELIS and TrainSmart, I-TECH uses site visits, remote support, and feedback mechanisms in the software to manage feedback and enhancement requests. Based on input from in-country stakeholders, I-TECH may identify other M&E outcome and output indicators to ensure project



progress and accountability.

No vehicles have been bought or are planned.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	542,000
----------------------------	---------

**TBD Details**

(No data provided.)

**Motor Vehicles Details**

N/A

**Key Issues**

- Malaria (PMI)
- Safe Motherhood
- TB
- Family Planning

**Budget Code Information**

<b>Mechanism ID:</b> 13966			
<b>Mechanism Name:</b> University of Washington ITECH 2011 CoAg			
<b>Prime Partner Name:</b> University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	703,000	0
<b>Narrative:</b>			

I-TECH is developing, installing, and providing training for OpenELIS, an open-source electronic laboratory information system, at 3 central laboratories: the national public health reference laboratory (LNSP), the Pasteur Institute (IPCI), and CDC/Retro-CI. With FY 2012 funding, I-TECH will focus on the following objectives:

- 1) Ongoing support for OpenELIS maintenance, use, and enhancement at RETRO-CI and LNSP. I-TECH will continue to provide a combination of on-site and remote technical support to address system bugs and perform iterative system enhancement as needed. Priority areas may include: interoperability with priority facility-level clinical information, stock management, or billing systems; off-site secure access to test results for authorized providers; additional interfaces with common laboratory analyzers and methods to enable sites to create and manage new interfaces themselves; and improved automated reporting on indicators defined by the ministry of health and aids (MSLS) and LNSP (National Laboratory).
- 2) Continue development and installation of OpenELIS versions tailored to meet the data management needs of IPCI and the (CIRBA). Given the quantity and diversity of laboratory units at IPCI, the initial OpenELIS installation will only include the HIV-specific units. I-TECH will develop a plan to expand functionality for 6 additional IPCI laboratory units, selected according to joint CDC and IPCI priorities. For the OpenELIS installation at CIRBA, I-TECH will provide technical assistance (TA) and mentoring to assist the software developer to make changes to meet CIRBA's needs.
- 3) Adapt OpenELIS and support its implementation in up to 6 regional clinical labs. I-TECH will identify adapt OpenELIS for use at the appropriate level of complexity.
- 4) I-TECH's Seattle-based core developers can mentor any identified staff at each lab using distance communication technologies. I-TECH will support 2 system administrator positions, 1 for IPCI and 1 to serve part-time at Retro-CI and part-time as a project manager for CATSIS/GTT (Technical Working Group) to advance the adoption and future direction of OpenELIS in Côte d'Ivoire. Further, having identified a partner IT school, I-TECH will discuss a partnership with the school to develop and carry out a course on OpenELIS system administration. Funding may be necessary to support the school in piloting the course. This objective supports the goal of transition to country management of future development of OpenELIS.
- 5) I-TECH will develop and implement training and mentoring plan to build capacity of in-country software specialists who can support OpenELIS development. This will involve a one-month training program for 2 trainees, followed by remote mentorship and supervision of applied work so that trainees have a practicum component of their learning that also supports development goals for OpenELIS.
- 6) I-TECH will provide TA on standardized reporting of laboratory data, and on appropriate policies in keeping with a national Health architectural vision. I-TECH will provide support to the LIS working group to define the national reporting infrastructure and national standards. Future system design work to support clinical laboratory applications of OpenELIS would be based upon these national standards and

appropriately serve the national reporting infrastructure.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	170,000	0

**Narrative:**

With prior-year funding, I-TECH is working to strengthen the quality and impact of in-service and pre-service training efforts, ensuring that they result in the transfer of learning from classroom to job site. I-TECH will hire and second 2 training advisors to the National HIV/AIDS Care and Treatment Program (PNPEC) develop terms of reference and form a technical working group (TWG) to engage stakeholders, and initiate a desk review for strengths and gaps in training programs.

With FY 2012 funding, I-TECH will collaborate with PNPEC and other partners to:

1. Develop a national training strategy and to improve coordination between the Ministry of Health and AIDS (MSLS), donors, and PEPFAR and non-PEPFAR implementing partners to strengthen the national in-service and pre-service training programs. I-TECH will provide technical assistance to PNPEC, the MSLS training and research division, national training schools for health and social workers (INFAS, INFS), and university medical and pharmacy faculty to develop a national in-service and pre-service training strategy that takes into account the needs of the national HIV treatment program as well as PEPFAR targets. I-TECH will support PNPEC to establish a technical working group (TWG) for training to engage in-country partners and ensure country ownership. The assessment will consist of a desk review and additional activities as necessary to identify successful training methodologies, identify evidence of outcomes, and analyze possible gaps. Via a participatory process, I-TECH will assist in developing a strategy that includes recommendations on appropriate relative level of emphasis for interventions according to I-TECH's in-service and pre-service training frameworks; a costing and feasibility analysis; and recommendations on requirements for a strengthened zonal training infrastructure.
2. Provide direct TA to carry out specified components of the strategic plan. Possible areas include: 1) for any gaps in the standardized curriculum, identify required competencies required for specific cadres and develop/adapt new content within standardized training materials; 2) develop a standard model and curriculum in support of clinical coaching; 3) initiate a pre-service curriculum strengthening process through "writers workshops" for faculty; and 4) provide technical assistance to design a national platform for distance learning and continuing medical education.
3. Strengthen the capacity of PNPEC and other partners to plan, coordinate, monitor and evaluate in-service training based on timely and accurate data on training activities. I-TECH will introduce a web-based health care worker training tracking database called TrainSMART (Training System Monitoring and Reporting Training Tool). I-TECH will work with MSLS to conduct a rapid needs



assessment in order to better understand the data management and reporting needs for in-service training of HCWs. The assessment will also help determine whether TrainSMART should be implemented at the national or regional level, and identify the roles and responsibilities of governmental authorities and partners in data management and data entry. Then I-TECH will provide on-site training on the use of TrainSMART. Continuous HQ TA will be available to troubleshoot user issues. Three months after the initial user training, I-TECH staff will make a follow-up on-site visit to address questions, assure proper usage, and provide training on data use.

### Implementing Mechanism Details

<b>Mechanism ID: 13967</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 13968</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 14073</b>	<b>TBD: Yes</b>
<b>REDACTED</b>	

### Implementing Mechanism Details

<b>Mechanism ID: 14121</b>	<b>Mechanism Name: Geneval Global CoAg_OHSS_HIV/AIDS Prevention and Care</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Geneva Global	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A



<b>Total Funding: 1,000,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,000,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

With USG funding, Geneva Global provides subgrants and technical assistance designed to:

- Strengthen the capacity of families, local community-based and faith-based organizations (C/FBOs), and community leaders to plan, deliver, support, monitor, and evaluate HIV/AIDS prevention and care services.

- Reduce vulnerability to HIV infection, through quality HIV/AIDS prevention services, targeting out-of-school youth (ages 15-24), particularly girls, in religious, technical and informal education settings, as well as adults in sexual partnerships, seasonal agriculture workers, commercial sex workers and their partners, and people living with HIV/AIDS and their families.

- Improve quality of life for people living with or affected by HIV, including OVC, through expanded access to quality care and support services

To achieve cost-efficiency, Geneva Global will monitor sub-grantee budgets and costs over time, using a measure called cost-per-life-impacted (CPLI), which provides the cost of delivering services to each beneficiary following minimum standards.

Strategies to transition activities to Ivoirian structures include establishing and equipping local HIV/AIDS committees, providing organizational and technical capacity building for local subpartners, and signing long-term collaboration agreements with local private-sector entities, collectivities, and other stakeholders.

To ensure high-quality monitoring and evaluation (M&E), data quality will be assessed during site visits and routine data quality assessments to correct weaknesses and adjust the program as needed. Geneva Global will also set up a quality improvement team for peer education and OVC care.

**Vehicles**

Through COP11: 1

New requests in COP12: 0

Total planned vehicles for life of mechanism: 1

**Cross-Cutting Budget Attribution(s)**



Food and Nutrition: Commodities	55,000
Food and Nutrition: Policy, Tools, and Service Delivery	40,000
Gender: Reducing Violence and Coercion	35,000
Human Resources for Health	185,000

### TBD Details

(No data provided.)

### Motor Vehicles Details

N/A

### Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Mobile Population
- Workplace Programs
- Family Planning

### Budget Code Information

<b>Mechanism ID:</b> 14121			
<b>Mechanism Name:</b> Geneva Global CoAg_OHSS_HIV/AIDS Prevention and Care			
<b>Prime Partner Name:</b> Geneva Global			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	0



**Narrative:**

With USG funding, Geneva Global provides subgrants, training, and mentoring to local subpartners working in and around HIV testing and counseling (TC) sites in southern Cote d'Ivoire to provide care and support services to people living with HIV/AIDS (PLWHA).

Caregivers will provide PLWHA and their households with home-based HIV prevention services (including condoms) and psychological, spiritual, and social support. HIV-positive clients will be linked to care and treatment services. Caregivers will refer clients to health care facilities for management of problems that cannot be addressed at home. Subpartners that are not able to provide complete care and support will establish referral systems to complete the continuum of care.

Supported home caregivers will respect PLWHA and their right to confidentiality. The care provided will be holistic and focused on identified medical and other needs of PLWHA. Advice will be given on common opportunistic infections (e.g. malaria prevention and availability of bed nets) and nutrition, including health locally available foods..

Geneva Global will take into account the gender dynamic of sexual relations and risk-taking behavior before implementing interventions and will monitor programs by sex to avoid gender inequalities. Geneva Global's implementers will ensure equitable access to care services by women and men and eliminate barriers that women may selectively face in receiving ongoing care. Selected women and girls living with or affected by HIV/AIDS will be provided with access to productive resources.

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data.

All project activities will be coordinated with the Ministry of Health and AIDS and will support the National HIV/AIDS Strategic Plan. Geneva Global will participate in technical working groups and establish partnerships with local structures to develop linkages for maternal/child health and family-planning services.

Geneva Global will work with the PEPFAR team and other partners and donors to coordinate intervention sites and avoid double-counting results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

**Narrative:**





With USG funding, Geneva Global provides subgrants, training, and mentoring to local subpartners working in and around HIV testing and counseling (TC) sites in southern Cote d'Ivoire to provide care and support services for orphans and vulnerable children (OVC) and their families.

With supported TC sites as local hubs, Geneva Global subpartners will identify OVC through TC, PMTCT, and other health facilities, support groups for people living with HIV/AIDS (PLWHA), and other HIV-relevant entry points. Based on assessed individual and family needs, subpartners will provide psychological, social, and spiritual support; food and other nutrition services (particularly for ages 0-2 years); economic strengthening activities; health care referral; educational and vocational training support; shelter; and legal support. Subpartners will be encouraged to sign long-term collaboration agreements with local private-sector entities, decentralized collectivities, and other stakeholders.

Geneva Global will take into account the gender dynamics of the epidemic and will monitor programs by sex and age to ensure that gender inequalities are not ignored. Geneva Global's implementers will ensure equitable access to care services by boys and girls and eliminate barriers that girls may selectively face in receiving ongoing care.

A quality improvement team will be put in place in each site to assess performance and measure changes in child well-being. The Child Status Index tool will be used to assess vulnerabilities and measure OVC well-being. Particular attention will be paid to ensure that gender-sensitive materials and approaches are applied. Geneva Global's quality Improvement team will undertake monthly visits with local OVC coordination platforms to detect weaknesses and build subpartner capacities.

All data collectors and potential users will receive an M&E procedures manual validated by Geneva Global and its subpartners. Data quality will be assessed during site visits and routine data quality assessments. Information collected from the above activities will be reported on, disaggregated by sex and age, and shared with stakeholders to inform program adjustments and serve as lessons learned.

Geneva Global will participate actively, and will require subpartners to participate actively, in building functional coordination mechanisms for OVC activities based on the national model of collaborative "platforms" anchored by social centers.

All project activities will be coordinated with the National OVC Program and will support the National HIV/AIDS Strategic Plan. Geneva Global will participate in technical working groups and establish partnerships with local structures to develop linkages for maternal/child health and family-planning services.



Geneva Global will work with the PEPFAR team and other partners and donors to coordinate intervention sites and avoid double-counting results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	180,000	0

**Narrative:**

In the program area of AB prevention, Geneva Global will provide sub-grants, training, and mentoring to 10 local community- or faith-based organizations working in and around HIV testing and counseling (TC) sites in southern Côte d'Ivoire.

With supported TC sites as local hubs, Geneva Global's strategy is to support prevention education through peer educators, peer groups, influential figures, local HIV/AIDS committees, and clubs that reach out-of-school youth (ages 15-24 years), particularly out-of-school girls with messages and skills to delay their sexual debut or practice fidelity to a single sexual partner. Adults, including seasonal agriculture workers, are targeted with messages promoting knowledge of HIV status and correct and consistent condom use. FY 2012 funding will also support AB-oriented training for 250 new peer educators and refresher training for 150 peer educators, supervisors, project coordinators, and M&E focal points.

Geneva Global will work with JHUCCP strategic communication programs to improve parent-to-child communication on sexual education.

Geneva Global will undertake regular review of the program to monitor issues with site selection, appropriate/eligible target group or beneficiary selection, choices of appropriate delivery methods, selection of relevant content, and availability, standardization, and relevance of materials.

Geneva Global will conduct surveys to measure changes in knowledge and attitudes about HIV/AIDS and percentage of young people who develop life skills for delaying first sexual intercourse or, among sexually active young people, increase condom use and decrease the number of sexual partners. All project activities will be coordinated with the Ministry of Health and AIDS and will support the National HIV/AIDS Strategic Plan. Geneva Global will participate in technical working groups and establish partnerships with local structures to develop linkages for maternal/child health and family-planning services.

Geneva Global will work with the PEPFAR team and other partners and donors to coordinate intervention sites and avoid double-counting results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
----------------	-------------	----------------	----------------



Prevention	HVCT	200,000	0
------------	------	---------	---

**Narrative:**

With USG funding, Geneva Global provides subgrants, training, and mentoring to local subpartners working in and around HIV testing and counseling (TC) sites in southern Cote d'Ivoire to provide HIV prevention, care, and support services for target populations.

Geneva Global's TC program will be based on partners operating stand-alone TC services, with TC outreach to targeted high-risk populations in high-prevalence zones. With the supported TC sites serving as a hub, local subpartners will provide a continuum of HIV prevention services and care and support for people living with HIV/AIDS and OVC.

TC services will focus on zones where HIV prevalence is more than 5%. Subpartners will provide limited outreach services through mobile testing units using door-to-door and mass campaign strategies to mobilize people for TC. Testing will follow the national algorithm and include use of finger-prick rapid tests.

Community counselors will be trained in TC according to national and international standards an in-service training program in coordination with the Ministry of Health and AIDS' National HIV/AIDS Care and Treatment Program (PNPEC).

To ensure successful referrals and linkages, subpartners will use referral and counter-referral sheets to be signed both by care service providers and subpartners.

Geneva Global will undertake regular review of the program to monitor issues with site selection, appropriate/eligible target group or beneficiary selection, choices of appropriate delivery methods, selection of relevant content, and availability, standardization, and relevance of materials.

All project activities will be coordinated with the Ministry of Health and AIDS and will support the National HIV/AIDS Strategic Plan. Geneva Global will participate in technical working groups and establish partnerships with local structures to develop linkages for maternal/child health and family-planning services.

Geneva Global will work with the PEPFAR team and other partners and donors to coordinate intervention sites and avoid double-counting results.

Geneva Global will provide technical and logistic support for National Testing Day. .

Geneva Global will implement an M&E plan tracking project-specific as well as PEPFAR and national indicators and will report to the USG strategic information team quarterly program results and ad hoc requested program data. Geneva Global will collect, analyze, and disseminate data to ensure adequate baseline data and regular data reports to support targeted service delivery, program monitoring and



evaluation, and appropriate information systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	320,000	0

**Narrative:**

In the program area of Condoms and Other Prevention, Geneva Global will provide sub-grants, training, and mentoring to local organizations working in and around HIV testing and counseling (TC) sites in southern Côte d'Ivoire.

With supported TC sites as local hubs, Geneva Global's strategy is to support prevention education through peer educators, peer groups, influential figures, local HIV/AIDS committees, and clubs that target adults and sexually active out-of-school youth with messages promoting knowledge of HIV status and correct and consistent condom use, as part of a comprehensive sexual-prevention intervention.

Geneva Global will also target commercial sex workers and their clients and regular partners through subgrants, training, and mentoring.

The minimum package of non-AB prevention interventions will include provision of focused information, communication for behaviour change, life-skills development, promotion of correct and consistent condom use, diagnosis and care for sexually transmitted infections (STIs), HIV testing, prevention with positives, and addressing community stigma.

For clients other than most-at-risk populations and HIV-positive people, Geneva Global will participate in national efforts to develop a cost-recovery strategy for condom marketing.

Subpartners will sign memorandums of understanding with local health care centers for STI treatment and will work closely with local health districts to carry out and evaluate the effectiveness of referral systems for medical supervision and sustainability of service delivery.

Geneva Global will undertake regular review of the program and will conduct surveys to measure percentage of sexually active people who increase condom use.

All project activities will be coordinated with the Ministry of Health and AIDS and will support the National HIV/AIDS Strategic Plan. Geneva Global will participate in technical working groups and establish partnerships with local structures to develop linkages for maternal/child health and family-planning services.



Geneva Global will work with the PEPFAR team and other partners and donors to coordinate intervention sites and avoid double-counting results.

### Implementing Mechanism Details

<b>Mechanism ID: 14122</b>	<b>Mechanism Name: FHI FANTA3 CoAg</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

<b>Total Funding: 1,100,000</b>	<b>Total Mechanism Pipeline: N/A</b>
<b>Funding Source</b>	<b>Funding Amount</b>
GHP-State	1,100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

FANTA III's goal is to strengthen care and support for HIV and/or TB patients and orphans and vulnerable children (OVC) in Côte d'Ivoire through the integration of nutrition into HIV/AIDS and TB services. FANTA III's objectives are: a) facilitate a coordinated and integrated approach to the implementation of nutrition and HIV/TB activities and b) build the capacity of PEPFAR partners, Ministry of Health and AIDS (MSLS), and National OVC Program (PNOEV) to integrate nutrition care into PLHIV/TB services. FANTA III will provide technical assistance (TA) to the National Nutrition Program (PNN), National HIV/AIDS Care and Treatment Program (PNPEC), National TB Program, PNOEV, and PEPFAR partners to scale up nutritional assessment, counseling and support (NACS, called PECNAP in CI) and to establish linkages between PECNAP in health facilities and community-based economic strengthening and food security activities. FANTA III will provide TA to use effective social and behavior change communication (SBCC) strategies and materials to promote improved nutrition practices among HIV and TB patients and OVC, and to continue to integrate quality improvement into PECNAP processes. FANTA III achieves cost-efficiency by collaboration and cost sharing with partners in all activities. FANTA III will continue to



transition activities to Ivorian structures by continuing to help PNN, PNPEC, PNOEV, and regional and district health teams to adopt and implement PECNAP. FANTA III's M&E strategy will include monitoring progress toward targets on capacity building indicators.

#### Vehicles

- Through COP10: 0 (1 vehicle was recently transferred from an ending mechanism.)
- New requests in COP12: 0
- Total planned vehicles for life of mechanism: 0

#### Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Food and Nutrition: Policy, Tools, and Service Delivery	950,000
Gender: Reducing Violence and Coercion	20,000
Water	30,000

#### TBD Details

(No data provided.)

#### Motor Vehicles Details

N/A

#### Key Issues

Increasing gender equity in HIV/AIDS activities and services  
Increasing women's access to income and productive resources  
Child Survival Activities  
TB

### Budget Code Information

<b>Mechanism ID:</b> 14122			
<b>Mechanism Name:</b> FHI FANTA3 CoAg			
<b>Prime Partner Name:</b> FHI 360			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	500,000	0

**Narrative:**

FANTA III will provide technical assistance (TA) to the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), OVC care (PNOEV), and TB (PNLT) and PEPFAR partners to strengthen nutritional care and support. TA will include expert advice on nutrition and HIV/TB, reviewing draft training materials, coaching partners' technical staff on training and supervision of nutrition and HIV/TB services, social and behavior change communication (SBCC) strategy and materials, training activities, and M&E. In HBHC, activities will include:

1. Provide TA to PEPFAR partners to implement the strategic plan (developed under COP 11) to reach the next phase of PECNAP scale-up. FANTA III will provide TA to develop or adapt all protocols, guidelines or job aids proposed under the roadmap for the introduction of PECNAP into TB centers (to be included in the strategic plan).
2. Provide TA to PP to conduct a pilot activity linking PECNAP clients to community-based economic strengthening and food security activities. Under COP 11 FANTA III will assist these partners in the development of a referral/counter-referral model to link PECNAP clients to economic strengthening and livelihood activities, and the preparation of guidance to replicate this model in other locations.
3. Support PP to complete the development of an SBCC strategy and toolkit (begun under COP 11) to promote nutrition of PLHIV and TB patients. Under COP 11 FANTA III will conduct an assessment of key behavioral determinants of malnutrition among PLHIV, assess the availability, use and quality of SBCC materials currently in use and determine an SBCC strategy specifying: key nutrition and water and sanitation behaviors to be promoted, key messages to be communicated, and communication channels to be used.
4. Continue to provide ongoing TA to PP to integrate Quality Improvement activities into all PECNAP activities conducted at PLHIV and TB facilities. Assist partners with coaching, site visits and supervision in order to ensure the implementation of high quality PECNAP activities.
5. Continue to provide TA to PP on the supply management (delivery, storage and distribution) of available specialized food (CSB and PlumpyNut). FANTA III will collaborate with PNN, the PSP and SCMS to develop a guide to be used by pharmacy and warehouse personnel at each PECNAP site for the management of specialized food products.

6. Provide ongoing TA to PP to integrate selected PECNAP indicators into the national health management information system (HMIS). With TA from FANTA III, PNN and the PECNAP steering committee have adopted a set of PECNAP indicators that are being reported to PNN by all partners engaged in PECNAP.

7. Promote the harmonization of PECNAP and other activities related to the management of acute malnutrition. In 2011, FANTA III collaborated with PNN to conduct a situational analysis to identify possibilities for harmonization between community-based management of malnutrition (CMAM) and PECNAP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

**Narrative:**

FANTA III will provide technical assistance (TA) to the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), OVC care (PNOEV), and TB (PNLT) and PEPFAR partners to strengthen nutritional care and support. TA will include expert advice on nutrition and HIV/TB, reviewing draft training materials, coaching partners' technical staff on training and supervision of nutrition and HIV/TB services, social and behavior change communication (SBCC) strategy and materials, training activities, and M&E. With the closing of the IYCN/PATH project in Côte d'Ivoire, FANTA-III will provide continuity on efforts to improve nutrition for infants and children by providing TA to the PNN, PNPEC, PNOEV, and the National Program on Child Health (PNSI) to:

1. Ensure the proper implementation of WHO guidelines on HIV and infant feeding.
2. Ensure proper nutritional care of malnourished OVC.

Target population: OVC from 0 to 5 and from 6 to 18 years old attending supplementary and therapeutic nutrition centers and social centers.

Geographic coverage: The location of services will be determined by PNN and PNOEV and other implementing partners receiving TA in collaboration with PEPFAR/Côte d'Ivoire.

Activities:

Hire a full-time infant and young child feeding specialist.

Counseling on infant feeding for mothers enrolled in PMTCT services: FANTA III will work with PNN, PNSI, and PNOEV to assess gaps in counseling services on infant feeding in terms of coverage and quality and will provide financial and TA to PNN to strengthen relevant training, supervision and quality improvement activities at the district and regional levels. FANTA III will focus its efforts on training and coaching of regional trainers and district health teams and will provide coaching and technical assistance to regional trainers at on-site trainings of service providers as needed. Efforts at new sites will focus on ensuring effective start-up of quality services. Efforts at selected old sites will focus on improving the



quality of existing counseling services. FANTA III will also provide TA to PNN and regional trainers to ensure that nutrition assessment, counseling, and support are made available to mothers enrolled in PMTCT services to ensure optimal nutrition outcomes for pregnant and lactating women as well as for their children.

FANTA III will also provide TA and financial support to PNN to involve community health agents in the provision of nutrition counseling and to disseminate and promote the correct use of the guide for proper complementary feeding (recently developed by IYCN).

Promotion of WHO guidelines on HIV and infant feeding: FANTA III will provide TA to PNN, PNSI, PNOEV and PEPFAR partners to promote the use of the WHO 2010 guidelines on HIV and infant feeding. FANTA III will consult with each of these actors to develop a joint action plan, indicators and targets to guide FANTA III's TA.

Promotion of proper management of malnutrition among OVC: FANTA III will provide TA to PNN PNPEC, PNSI and PNOEV to promote the proper management of malnourished OVC in pediatric care facilities and in the community. Areas of TA will include: targeting of communities with high prevalence of malnutrition for community-based screening of children for malnutrition and referral to a nutrition care unit, promotion of HIV testing for malnourished children, and referral of malnourished HIV-positive children and their mothers to PLHIV services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	0

**Narrative:**

FANTA III will provide technical assistance (TA) to the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), OVC care (PNOEV), and TB (PNLT) and PEPFAR partners to strengthen nutritional care and support. TA will include expert advice on nutrition and HIV/TB, reviewing draft training materials, coaching partners' technical staff on training and supervision of nutrition and HIV/TB services, social and behavior change communication (SBCC) strategy and materials, training activities, and M&E. With the closing of the IYCN/PATH project in Côte d'Ivoire, FANTA-III will provide continuity on efforts to improve nutrition for infants and children by providing TA to the PNN, PNPEC, PNOEV, and the National Program on Child Health (PNSI) to:

- 1- Strengthen the capacity of service providers in PMTCT and pediatric HIV care services to provide high quality counseling on feeding practices for HIV-positive and HIV-exposed infants and young children.
- 2- Ensure the proper implementation of WHO's recent guidelines on HIV and infant feeding.

Target population: Children with HIV, pregnant and lactating mothers enrolled in PMTCT services and

their children from 0 to 6 months

Geographic coverage: The geographic location of services will be determined by PNN, PNPEC, and other implementing partners receiving TA in collaboration with PEPFAR/Côte d'Ivoire.

Promotion of WHO guidelines on HIV and infant feeding: FANTA III will provide TA to PNN, PNSI, PNOEV and PP to promote the use of the WHO's 2010 guidelines on HIV and infant feeding. FANTA III will consult with each of these actors to develop a joint action plan, indicators and targets to guide FANTA III's TA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,000	0

**Narrative:**

FANTA III will provide technical assistance (TA) to the national programs for nutrition (PNN), HIV/AIDS care and treatment (PNPEC), OVC care (PNOEV), and TB (PNLT) and PEPFAR partners to strengthen nutritional care and support. TA will include expert advice on nutrition and HIV/TB, reviewing draft training materials, coaching partners' technical staff on training and supervision of nutrition and HIV/TB services, social and behavior change communication (SBCC) strategy and materials, training activities, and M&E. With the closing of the IYCN/PATH project in Côte d'Ivoire, FANTA-III will provide continuity on efforts to improve nutrition for infants and children by providing TA to the PNN, PNPEC, PNOEV, and the National Program on Child Health (PNSI) to:

- 1- Strengthen the capacity of service providers in PMTCT services to provide high quality counseling on feeding practices for HIV-exposed infants and young children to promote HIV-free survival of children born to HIV positive mothers.
- 2- Ensure the proper implementation of WHO's recent guidelines on HIV and infant feeding.

Target population: Pregnant and lactating mothers enrolled in PMTCT services and their children from 0 to 6 months

Geographic coverage: The geographic location of services will be determined by PNN and other implementing partners receiving TA in collaboration with PEPFAR/Côte d'Ivoire.

Promotion of WHO guidelines on HIV and infant feeding: FANTA III will provide TA to PNN, PNSI, PNOEV and PP to promote the use of the WHO's 2010 guidelines on HIV and infant feeding. FANTA III will consult with each of these actors to develop a joint action plan, indicators and targets to guide FANTA III's TA.



### Implementing Mechanism Details

Mechanism ID: 14811	TBD: Yes
REDACTED	

### Implementing Mechanism Details

Mechanism ID: 14812	TBD: Yes
REDACTED	



## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
Redacted
4.  
Redacted
5.  
Redacted

### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		300,000			300,000
Institutional Contractors		535,000			535,000
Management Meetings/Professional Development		20,000			20,000
Non-ICASS Administrative Costs		305,000			305,000
Staff Program Travel		30,000			30,000
USG Staff Salaries and Benefits		1,810,000			1,810,000
<b>Total</b>	<b>0</b>	<b>3,000,000</b>	<b>0</b>	<b>0</b>	<b>3,000,000</b>

### U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS	various items	GHP-State	Increased from Embassy estimate	300,000



Management Meetings/Professional Development	Management meetings	GHP-State	Management meetings/professional development	20,000
Non-ICASS Administrative Costs	various short-term TAs in Cote d'Ivoire + Supplies (phones, receptions, etc.)	GHP-State	Short-term TA (GH Tech follow-on, \$300,000 program evaluation)+ Supplies (phones, receptions, etc.) \$5,000	305,000

### U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
USG Staff Salaries and Benefits		65,000			65,000
<b>Total</b>	<b>0</b>	<b>65,000</b>	<b>0</b>	<b>0</b>	<b>65,000</b>

### U.S. Department of Defense Other Costs Details

### U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		500,000			500,000
Computers/IT Services		350,000			350,000
ICASS	196,885	742,685			939,570
Institutional Contractors	300,000				300,000
Management		81,893			81,893



Meetings/Professional Development					
Non-ICASS Administrative Costs		472,422			472,422
Staff Program Travel	180,275				180,275
USG Staff Salaries and Benefits	4,475,840				4,475,840
<b>Total</b>	<b>5,153,000</b>	<b>2,147,000</b>	<b>0</b>	<b>0</b>	<b>7,300,000</b>

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing	CSCS_OBO	GHP-State	CSCS_OBO	500,000
Computers/IT Services	Computers / IT	GHP-State	Computers / IT Services (ITSO)	350,000
ICASS	ICASS	GAP	ICASS	196,885
ICASS	ICASS	GHP-State	ICASS	742,685
Management Meetings/Professional Development	training costs and international travel	GHP-State	international travel and training costs	81,893
Non-ICASS Administrative Costs	various costs non-icass related	GHP-State	Supplies, Equipment (houses included), shipping, contracts, printing, communication and rent	472,422