



Côte d'Ivoire: Comprehensive Condom Programming



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Côte d'Ivoire: Comprehensive Condom Programming

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Abstract

In February–March 2012 in Côte d'Ivoire, the USAID | DELIVER PROJECT provided technical assistance to identify and address a number of condom programming issues and to work toward a national comprehensive condom programming strategic plan. In collaboration with donors, stakeholders, and national counterparts in both the HIV/AIDS and reproductive health programs, the project completed several key interventions, which moved Côte d'Ivoire forward to achieve condom availability. This included a nationally validated condom quantification; a commodity security situation analysis; a final, adopted national condom programming strategic plan; an organized condom programming technical working group; a draft sustainable cost recovery plan; several public- and private-sector warehouse assessments; and a President's Emergency Plan for AIDS Relief condom management transition plan.

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Acronyms

AIBEF	<i>Association Ivoirienne pour le bien-être familial</i>
AIDS	acquired immunodeficiency syndrome
AIMAS	<i>Agence Ivoirienne de Marketing Social</i>
ANADER	<i>l'Agence Nationale d'Appui au Développement Rural</i>
ASAPSU	<i>Association de Soutien à l'autopromotion sanitaire urbaine</i>
CCP	Comprehensive Condom Programming
CDC	Centers for Disease Control and Prevention
CIF	cost, insurance and freight
CFA	West African Franc
CNO	<i>Centre, Nord, Ouest</i>
CPR	contraceptive prevalence rate
DGLS	<i>Direction General de la lutte contre la SIDA</i>
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
EIS	<i>l'Enquête sur les Indicateurs du Sida</i>
FEFO	first-to-expire, first-out
FNUAP	<i>Fonds des Nations Unies pour la Population</i>
GDP	gross domestic product
GoCI	Government of Côte d'Ivoire
GSO	Government Services Overseas
GTT	<i>Groupe de Travail Technique</i>
GTT-CCP	<i>Groupe de Travail Technique for Comprehensive Condom Programming</i>
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit</i>
HAI	Health Alliance International
HOPE-CI	Hope World Wide Côte d'Ivoire
ICAP	International Center for AIDS Care and Treatment Programs
IRC	International Rescue Committee
JSI	John Snow, Inc.
KfW	<i>Kreditanstalt für Wiederaufbau</i> (German Development Bank)

LMIS	logistics management information system
MARPS	most at risk populations
NGO	nongovernmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
PNDAP	<i>Programme National de Développement de l'Activité Pharmaceutique</i>
PNPEC	<i>Programme National de Prise en Charge Médicale des Personne vivant avec le VIH/SIDA</i>
PNSR	<i>Programme National de la Santé de Reproduction</i>
PSI	Population Services International
PSP	<i>Pharmacie de la Santé Publique</i>
QTWG	Quantification Technical Working Group
RSB	<i>Renaissance Santé Bouaké</i> (Health Renaissance Bouaké)
SAPHARM	<i>Service d'Assistance Pharmaceutique et Médicale</i>
SCMS	supply chain management systems
SPARHCS	Strategic Pathways for Reproductive Health Commodity Security
SSDS	Social Sectors Development Strategies
STI	sexually transmitted infections
TDR	<i>termes de reference</i>
TOR	terms of reference
UE	Union European
UNFPA	United Nations Population Fund
USG	U.S. Government

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Executive Summary

In a collaborative effort within the Ministry of Health between the HIV/AIDS program and the Reproductive Health Division, and with the support of the Office of HIV/AIDS within USAID, technical assistance was provided in Côte d'Ivoire to develop a comprehensive condom program to improve reproductive health and HIV/AIDS services. The concentrated implementation of the assistance was provided from February 20–March 9, 2012, and it consisted of several intervention areas, including a condom programming situation analysis, a comprehensive condom programming strategic plan, a President's Emergency Plan for AIDS Relief (PEPFAR) commodity management transition plan, a sustainable condom programming cost recovery plan, and a comprehensive quantification.

To conduct the condom programming situation analysis, the assistance providers coordinated with key stakeholders, primarily *Programme National de la Santé de Reproduction* (PNSR) and *Direction General de la lute contre la SIDA* (DGLS) to plan a one-day workshop to review, update, and draft a situation analysis; it included approximately 35 stakeholders who work with national condom programming. The analysis was implemented during a facilitated two-day workshop; the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) tool was used as a guide during technical working group sessions. The tool was developed by the project, with USAID, the Reproductive Health Supplies Coalition, UNFPA, and other partners and technical agencies. The exercise highlighted strengths, weaknesses, and recommendations to improve the system; these were then validated with all relevant stakeholders.

A national comprehensive condom programming strategic plan was reviewed, revised, and nationally adopted by all relevant condom programming stakeholders and national counterparts. In order to achieve national adoption, a two-day workshop was organized, followed by an intensive technical review of the national strategic plan, which was then validated and adopted by all stakeholders within the technical assistance period. After adoption of the strategic plan, roles, responsibilities, and follow-up action plans were set forth for implementing a condom programming technical working group; it was adopted by the stakeholder workshop for future implementation. The plan was formally adopted at the national level and the document is being presented to Minister of Health for review.

The technical assistance also helped develop recommendations toward a PEPFAR commodity management transition plan. The current PEPFAR condom warehousing structures were visited and a storage and commodity management assessment was done to determine the needed warehouse and logistics capacity to transition PEPFAR away from its current commodity management obligations. *Pharmacie de la Santé Publique* (PSP), *Agence Ivoirienne de Marketing Social* (AIMAS), and *Association Ivoirienne pour le bien-être familial* (AIBEF) warehouses were also visited and warehousing assessments conducted. Determining that AIMAS was a feasible transition agent, the USAID | DELIVER PROJECT, PEPFAR, and AIMAS conducted a comprehensive logistics assessment using the Logistics System Assessment Tool (LSAT) to determine potential system strengths, weaknesses, and recommendations. Based on the assessment results, the stakeholders developed a warehouse transition strategy.

The project worked closely with in-country counterparts and partners to develop and present a condom programming sustainability and cost recovery plan. Mission and Ministry of Health (MOH) cost recovery goals and objectives were discussed and outlined to draft possible intervention areas and a strategic plan moving forward. Through stakeholder meetings, facilitated primarily by AIMAS, a cost recovery program outlining the need for eventual incremental condom cost increases at a marketable rate were identified and a national strategy was developed. The cost recovery plan was presented to condom programming stakeholders during the final workshop as a platform for discussion around seeking sustainable solutions. Bottlenecks preventing full cost recovery were identified and areas for collaboration and problem solving were discussed. Next steps are to identify areas of partnership and collaboration between AIMAS and other GTT partners toward a full cost recovery program

The project, in collaboration with donor and national counterparts, conducted national condom quantification during the technical assistance period. During the initial workshop, a quantification technical working group (QTWG), including relevant stakeholders, was formed in order to develop national forecast and supply plan. The team consisted of the USAID | DELIVER PROJECT consultants and representatives from *Programme National de la Santé de Reproduction* (PNSR), *Direction General de la lutte contre la SIDA* (DGLS), AIMAS, and AIBEF, and *Programme National de Développement de l'Activité Pharmaceutique* (PNDAP). The QTWG interviewed key informants to include PEPFAR implementing partners; public and private partners procuring and/or distributing these select commodities; and recorded expected program results and patterns of consumption. The assistance provided refresher PipeLine training to discuss new features, database development, and example approaches. A national forecast for five years (2012–2016) was drafted and validated during the final stakeholder workshop. Using the validated forecast, the QTWG developed an accompanying national supply plan for all warehouse and distribution entities within Côte d'Ivoire in order to improve commodity management in-country.

Background

In 2011, the population of Côte d'Ivoire was estimated to be 22 million, with a 2.4 percent average growth rate. The country has a relatively young population, with 43 percent under the age of 15 and only 4 percent over the age of 60. Because of the drawn-out military and political crisis in Côte d'Ivoire, the country had more than 3,000 deaths and nearly one million people were displaced inside the country or have taken refuge in neighboring countries. This instability resulted in scattered, smaller populations in the northern savannah regions, but the southern region has seen substantial growth. The fluctuations and instability have made it difficult for the government to have a clear picture of the country's population, diversity, and migration, or the ability to gather information for a national census or survey.

Economic Situation

The Ivorian economy has been badly hit by political instability in recent years. According to the World Bank, the gross domestic product (GDP), per capita, stood at \$1.160 in 2010. Notable also is that the recovery that began in 2007, with a 1.6 percent growth rate, has also been stymied by the severe 2010–2011 post-election crisis. Even without reliable statistics for an objective analysis of the current situation, it is safe to assume that the overall economic situation has deteriorated. Poverty rates paint a similar downward spiral, increasing from 38.2 percent in 2002 to 42.7 percent in 2008.

Political Situation

Since 2000, finding a way out of the profound military and political crisis in the country, the Ouagadougou Political Agreement was enacted in 2007, following the joint agreement of the United Nations Security Council. The agreement re-established the foundation of the constitution and enabled steps forward toward reconstruction. The relative stability and peace made it possible to hold presidential elections in late 2010. Despite the hope to end a decade of political, military, and socio-economic turmoil; a severe post-election crisis, unfortunately, disrupted the agreement, wreaking humanitarian and economic disaster, and undermining progress in health system strengthening efforts. Especially notable is the deterioration in people's access to basic health services, education, and protection in the regions most affected by the crisis.

Security Situation

The situation is now finally starting to stabilize, following a period of great insecurity, which culminated in April 2011. A reorganization of the army and other security forces is underway, supported and assisted by France and other development partners. Access to the social marketing program's areas of intervention is slowly becoming easier. Travel has become more fluid between the government (south) and the former besieged area (north). This facilitated the return of certain public corporations, banks, and other private companies to the Centre, Nord, and Ouest (CNO) areas. A gradual return of people who had fled the conflict in the northern area and outside the country was also noted.

Health Situation

The *l'Enquête sur les Indicateurs du Sida* (EIS)-2005 indicates that in Côte d'Ivoire 4.7 percent of adults aged 15–49 are infected with HIV/AIDS. Rates are higher in urban areas—at 5.4 percent; of which 78 percent are women and 32 percent men—than in rural areas, which have an infection rate of 4.1 percent (55 percent are women and 45 percent are men). HIV prevalence increases with age to 14.5 percent at 30–34 years for women and 7 percent at 40–44 years for men. Women are the most affected. Indeed, 6.4 percent of women are infected, compared with 2.9 percent of infected men. Among them, young women are most affected by the HIV epidemic.¹

For young women, this means that 1 percent infected are under 19 years old, 3.7 percent of women 20–22 years and 5.8 percent between 23–24. Among young men, prevalence remains very low for all ages 15–25 years (less than 1 percent). In addition to their vulnerability to HIV and the marked feminization of the epidemic, women also face high maternal mortality, with 543 deaths per 100,000 live births. For maternal deaths, 14.8 percent are attributable to complications during abortions.

Even though contraception use has increased significantly since the early 1990s, it is still low. The percentage of married women using a modern method—the contraceptive prevalence rate (CPR)—was estimated at 7 percent in 1998–1999. While it increased to 13 percent according to the 2005 AIDS Indicators Survey (EIS), this is still considerably lower than several of its neighboring country counterparts.

Condoms have, for many years, been considered the most effective way to prevent disease transmission during sex; however, their use as a contraceptive and means of preventing sexually transmitted infection (STIs) and HIV/AIDS is not yet established among the population. According to the AIDS Indicators survey (EIS-CI 2005), only 12 percent of women and 30 percent of men reported using a condom during their last at-risk intercourse.

Recognizing that the country needed to improve awareness of contraceptives for preventing unwanted pregnancies and STIs, including HIV/AIDS, Côte d'Ivoire concentrated on ensuring that these national support programs have placed enough product to improve access. Increased access, as well as use of contraceptives, improves the CPR, brings down the maternal and infant mortality rates, and reduces the instance of HIV/AIDS and STI infections. PEPFAR asked the USAID | DELIVER PROJECT for technical assistance providers to work to solve some of the issues affecting these important development goals. The objectives included quantification of condom (male/female) and lubricant requirements for the national HIV/AIDS program; in particular, for the PEPFAR implementing partners (a total of about 30 prime partners between USAID and the Centers for Disease Control and Prevention [CDC]). Currently, however, less than one-third of the partners distribute through the *Pharmacie de la Santé Publique* [PSP]. This activity would entail determining current and planned procurements by the government of Côte d'Ivoire and other donors, including the United Nations Population fund (UNFPA), World Bank, *Kreditanstalt für Wiederaufbau* (KfW), etc., as well as procurements by the local social marketing association *Agence Ivoirienne de Marketing Social* (AIMAS).

1. Initiate efforts to establish a collaborative partnership with AIMAS, a timeline, and appropriate technical assistance for the quantification, ordering, reception, and distribution of PEPFAR-funded HIV prevention commodities.

¹ 'Enquête sur les indicateurs de SIDA 2005' (Ministère de la Lutte contre le Sida, Institut National de la Statistique Project RETRO-CI Abidjan, Côte d'Ivoire ; ORC Macro and Calverton, Maryland, Décembre 2006).

2. Initiate discussions to build collaboration with AIMAS to design and implement a cost recovery plan to ensure the availability of condom and other HIV prevention supplies.

These objectives have been revised with the Comprehensive Condom Programming (CCP) technical working group (PEPFAR, HIV/AIDS MOH, United Nations Population Fund [UNFPA], PEPFAR implementing partners, and other stakeholders). The group expectations lead USAID | DELIVER PROJECT consultants to adjust and expand the objectives.

The technical assistance report will be structured around key components:

1. Situation analysis for condom programming. This includes the updated results of the CCP situation analysis. It presents the set of recommendations reached by consensus during the CCP stakeholder's workshop.
2. Comprehensive condom programming strategic plan; the focus will be on CCP-relevant components to the supply chain system.
3. Transition for PEPFAR-funded condoms management transition, providing an analysis of the AIMAS logistics system for managing and distributing PEPFAR-donated condoms.
4. Cost recovery plan for condoms, exploring the current status of condom costs, and share the perspective on implementing a cost recovery plan.

Condom Programming Situation Analysis

Situation Analysis Background

In 2007, a rapid assessment was undertaken for programming male and female condoms. To prevent HIV transmission and unwanted pregnancies in Côte d'Ivoire, the goal of this study was to identify the priority steps to improve condom programming and health commodity security. This exercise helped identify key program managers and policymakers to better involve them in improving condom programming and, also, to obtain the necessary political support for continuity of supply and distribution of male and female condoms. The study had facilitated the development of a strategic plan for condom programming. During this visit, to inform the updating process for the strategic plan, which had remained inactive since its inception, a research team reviewed the results of 2007 situation analysis.

Situation Analysis Methodology

The situation analysis objectives were achieved using a desk review and consensus building, followed by focus groups discussions at the central level.

Desk Review and Consensus Building

The research team reviewed the existing documentation from the PNSR and UNFPA regarding previous situation analyses to assess areas requiring updating, reviewing, revising, and redrafting. The initial analysis guided the team to identify key areas of exploration relevant to the country supply chain management needs. A coordinated meeting with key stakeholders, primarily PNSR, DGLS, and UNFPA was held and a Terms of Reference (TOR) was drafted. The TOR called for a one-day workshop to review, update, and draft a situation analysis that would include approximately 35 stakeholders working with national condom programming.

Focus Group Discussion with Stakeholders at the Central Level

The research team facilitated a two-day workshop to review and update the 2007 situation analysis results using the SPARHCS tool, which was revised and adapted for a condom programming assessment. This tool served as a guide during technical working group sessions. Technical working groups concentrated on key reproductive health commodity security (RHCS) tool areas (context, coordination, commitment, product, capital, client, product use, condoms logistics system capacity—LMIS, warehousing and storage, forecasting, procurement/purchase, transport and distribution, monitoring and evaluation) in order to synthesize key strengths, weaknesses, and recommendations to guide the CCP strategy update and identify key strategies and action plans for condom security. During the two-day workshop, technical working groups shared findings with the other workshop participants in order to build consensus and validate strengths, weaknesses, and recommendations. The situation analysis *technical working group* followed-up on findings to synthesize results and finalize

a draft that would inform the national condom programming strategic plan. The stakeholder meeting validated the national situational analysis and built consensus toward an action plan/way forward.

Situation Analysis Findings

Context for Condom Security

Individual interviews and group work revealed the national reproductive health and condom management policy documents. While these policy documents were known to national counterparts, they were deemed insufficiently disseminated and not readily available. In terms of technical reference documents, recipients sometimes lack the training to use them. The limited availability of these documents within structures also indicates a lack of national ownership of policies and tools.

Coordination Mechanism for CCP

Coordinating the stakeholders is critical to ensure that male and female condoms are available and financially and geographically accessible. The ministry has established a technical working group for the CCP to achieve these goals and objectives. These coordination efforts reflect the national will and leadership around condom programming. The situation analysis revealed that while the *Groupe de Travail Technique* for Comprehensive Condom Programming (GTT-CCP) plays a significant role on the national level, it still faces many implementation challenges and still needs strengthening to be fully operationalized. There is a lack of coordination around conducting meetings to move forward with CCP, as well as a lack of documentation on roles and responsibilities between stakeholders. A national coordination unit is needed to oversee responsibility for procuring and logistically managing male and female condoms and lubricants.

Commitment for CCP

Updating the situation analysis identified a strong state of commitment and strong involvement by development partners and national counterparts to ensure the availability of condoms. National counterparts serve as a source of information and decisionmaking. During the workshop, the technical working group for CCP identified targeted supporters in civil society organizations for meeting condom programming goals and objectives to serve as implementation catalysts and ensure CCP operationalization. There are multiple players in condom promotion and distribution: AIBEF, AIMAS, PSI, UE, GTZ, FNUAP, KFW, DC PNSR, local NGOs, etc.

Capital for CCP

Ensuring the availability of condoms requires not only financial availability but also a regulatory environment conducive to promoting affordability. Côte d'Ivoire has an exemption system for low-income and/or at-risk groups. Côte d'Ivoire relies almost entirely on donor funds to finance the countries' condom needs. Currently, there is no cost-recovery mechanism for condoms in the public sector. It should also be noted that the most at-risk populations, who are the targeted beneficiaries for cost exemption support, are not clearly defined; making it difficult to develop a sustainable cost recovery system without possibly limiting (or eliminating) access for the most at-risk populations.

Products: Male and Female Condoms and Lubricants

Male and female condoms are integrated into contraceptive and STI and HIV/AIDS prevention interventions. A robust condom social marketing program has also contributed to condom availability. It should, however, be noted that the system is dependent upon donor subsidized products. There is also low involvement of the government of Côte d'Ivoire (GoCI) in supplying condoms and lubricants at a national level. A lack of logistics data and information on condom and lubricant movement and distribution through the system makes it difficult to develop a sustainable system of condom availability.

Customer: Demand and Use

Respondents at the group discussion workshop noted a shortage of condoms at all levels of the supply chain, for unknown durations of times. AIMAS, that currently distributes approximately 75 percent of the country's demand for condoms, is expecting substantially reduced support from their primary donor, GiZ, in the coming years; this will have a crippling impact on condom availability if resources are not mobilized soon. As a result of this reduced funding availability, AIMAS has been forced to cut back its advertising campaign so they do not create a demand that they cannot meet. Additionally, the TWG identified low levels of involvement among religious and community leaders, as well as high commodity costs as barriers to access.

Capacity of the Logistics Systems for Condoms

Logistics management information system

The technical working group responsible for the analysis of the LMIS indicated that Côte d'Ivoire currently has a LMIS in place; however, it lacks effective use and is not widely or properly implemented. This prevents stakeholders from obtaining real-time logistics data for decisionmaking, making it difficult both to produce national forecasts and to resupply for distribution to target groups. While the information system is computerized at the central, regional, and district level, a strengthened LMIS for condom management is lacking at a regional level. Also, governing documents are not standardized and not always available. A challenge remains in that the public sector struggles with limited human resource capacity for community health workers in collecting logistics management information. The national system struggles to support health programs and is, therefore, heavily supplemented by international partners.

Forecasts

Condom needs are forecast every five years and are followed and updated annually. The national reproductive health program (PNSR) is responsible for forecasting the need for condoms, based on an output database and demographic data. It should be noted that neither of those two sources are updated or reliable enough to meet the requirements of a proper forecast. For example, consumption data are not sufficiently taken into account in the forecast because of the absence of an effective LMIS.

Quality Assurance and Procurement

There is a quality assurance system in place in Côte d'Ivoire, which includes procedures for recording complaints about condom product quality; however, this process is belabored and somewhat inefficient, with complaints not always reaching decisionmakers. Respondents identified a lack of donor and ministry coordination around the efficient procurement of needed commodities;

which results in fluctuating stock levels, causing an inability to purchase satisfactory quantities of condoms in a timely manner at the national (public sector) level.

Inventory Control Procedure

According to the workshop technical working group (TWG), there are currently guidelines and policies on product stock levels and stock storage and output according to first-to-expire, first-out (FEFO) procedures. It is also to be noted that for products in the supply chain, damaged/expired products are physically withdrawn from the inventory and removed from stock records at every level. There are few guidelines for inventory control for an adequate supply of condoms within a CCP framework. Currently, there are not any written provisions for redistributing overstocked condoms.

Warehousing and Storage

Côte d'Ivoire has written guidelines on storage, handling, and disposal of hazardous materials; sharps, and other medical waste, including cold chain compliance. There is usually a balance between storage capacity and the amount to be received. Visual quality assurance is performed every day. Respondents point out that inventory management is good (no waste following damage or expiry). Storage plans and written instructions for destroying damaged or expired products, however, are lacking.

Transport and Distribution

There are written procedures for every stage of product distribution. Transport is managed by the public sector and orders are, for the most part, delivered as planned. There is also a structural autonomy (no external funding for storage and handling) for managing product transportation. Public sector ministry vehicles are used for normal distribution cycles, as well as emergency deliveries at all levels. Although there are transport vehicles, these are in short supply and not all are in good condition. Distributions are often delayed due to vehicle maintenance issues and/or a lack of sufficient vehicles to meet the delivery demands. Vehicles specifically designed to carry harmful products and sharps are also in very short supply.

Monitoring and Evaluation

The Ministry of Health has an integrated reproductive health supervision manual that takes the CCP into account. Summary management of condoms, however, does not collect the information necessary to meet monitoring needs. Distribution channels outside the health system, such as NGOs, are a challenge for a coordinated management system. A monitoring and evaluation system is visibly missing.

Recommendations

The situation analysis workshop participants developed a list of recommendations, which were then used as a guide for updating the CCP strategic plan.

The recommendations are as follows:

Context

1. The GTT-CCP must ensure stakeholder ownership of the documents.
2. The government must improve its dissemination of strategic documents (distribution plan) and improve their use.

Coordination

1. The ministry must update the TOR for the GTT-CCP technical working group and implement the action items.
2. Ensure that the supply of condoms is effectively coordinated nationally.

Commitment

1. Develop an official document identifying and directing relations between stakeholders involved in CCP.
2. Build civil society capacity to conduct effective advocacy for CCP.
3. Involve community health workers in gathering information on targets.

Capital

1. Increase the share of government funding in procuring male and female condoms and lubricants.

Products

1. Establish a cost-recovery mechanism for condoms in the public sector to sustain the availability of male and female condoms and lubricants.
2. Clearly define which targets are to receive free male and female condoms and lubricants to avoid confusion in the social marketing approach to condoms; make them available to MARPS.
3. Establish a system for a sustainable supply of inputs.
4. Involve the state in ensuring compliance with the approved price of condoms on the ground.

Client demand and condom use

1. Update the national policy document on reproductive health, taking into account all aspects of CCP.
2. Establish a national policy on CCP.
3. Involve the state in ensuring compliance with the approved price of condoms on the ground.

Logistics system capacity

LMIS

1. Establish an integrated information system of logistics management at regional and local levels for male and female condoms and lubricants.
2. Standardize governing documents on condoms and make them available.
3. Establish a mechanism for disseminating logistics information about condoms.
4. Integrate consumption data for male and female condoms and lubricants into the logistics management and information system, and ensure that essential logistics management data is available for a quantification.
5. Ensure inventory imbalances are better managed, and put a system in place for redistribution, if necessary.
6. Develop a plan for storing male and female condoms and lubricants by the end of March 2012

Forecasting

1. Ensure a system for quantifying male and female condoms and lubricants is put in place, as well as an effective, continuous assessment of the national need for condoms (quantification).
2. Conduct a proper assessment of the national needs for male and female condoms and lubricants (quantification).
3. Take all appropriate technical, financial, managerial, and administrative measures necessary to reduce stockouts at the national level.
4. Regularly monitor the pipeline of male and female condoms and lubricants to adjust the orders for condoms.

Warehousing and storage

1. Draw up written guidelines for destroying damaged or expired products by the end of the third quarter 2012.
2. Destroy damaged or expired products according to written instructions, as soon as instructions are issued.

Transport

1. Enhance the vehicle fleet and ensure vehicles are maintained.

Comprehensive Condom Programming Strategic Plan

Introduction

Côte d'Ivoire introduced the CCP approach after conducting the CCP situation analysis in order to use the analysis recommendations to strategize an action plan and way forward at the national level. This approach aims to ensure that all sexually active people at risk from STIs, HIV, and unwanted pregnancies are motivated to use condoms, whether male or female; to access quality condoms at all times; and to use them correctly and regularly. Its aim is to increase the number of instances of protected sex and reduce the incidence of unwanted pregnancies and STIs, including HIV.

After three years of implementing this approach, the Department of Public Health and Hygiene requested technical assistance from the United Nations Fund for Population Activities (UNFPA) to help review priorities and provide Côte d'Ivoire with a plan for scaling up comprehensive male and female condom programming to prevent STIs, HIV, and unwanted pregnancies. As an outcome of the August 2010 review of the implementation of the 10 stages of CCP, it was determined that a scale up of CCP actions needed to be strengthened around the following four components:

1. Mobilize financial resources to implement CCP interventions.
2. Advocate and have policy dialogue to secure the supply of male and female condoms.
3. Build capacity among people and institutions.
4. Create and sustain the demand for using male and female condoms.

These actions were detailed in the 2011–2015 five-year operational implementation plan, drawn up in December 2010, with support from UNFPA. Although some of the plan's activities have been completed, it has not yet been nationally adopted and introduced to all stakeholders, due to the post-election situation in Côte d'Ivoire.

The MOH took the opportunity of the technical assistance to review the strategy in light of the updated situation analysis results and to increase the CCP strategy ownership for all stakeholders.

Methodology for the CCP Strategic Planning Process

Desk Review

The team conducted a literature review of existing PNSR and UNFPA materials in order to assess areas of the National Condom Programming Strategic Implementation that require updating, reviewing, revising, and redrafting.

Coordination and Focus Group Discussions Workshops

The consultants, in coordination with key stakeholders (primarily PNSR, DGLS, AIMAS, PSP, PEPFAR partners, and UNFPA), worked toward revising, updating, and obtaining national validation of the national condom programming strategy.

A technical working group has been constituted to undertake the technical work. The technical working group included the USAID | DELIVER PROJECT TA providers and representatives from PNSR and DGLS; they will work through the national plan and identify national counterpart roles and responsibilities.

A workshop was co-organized on February 28 and 29, 2012, by the Ministry of Reproductive Health and the ministry of HIV/AIDS to review the plan to move CCP to scale, taking new priorities into account. At the end of the workshop, a small concentrated technical working group finalized the documents in order to present them for validation during a workshop on March 7, 2012.

Overall, the technical team facilitated the process to—

- Utilize the situation analysis results to update the national condom programming strategic plan.
- Revise the workplan and budget of the strategic plan in order to clarify roles and responsibilities, designate key implementing partners, actualize the comprehensive condom programming technical working group, and identify efforts needed to obtain operationalization.
- Prepare for a one-day workshop to present national condom programming strategic plan, and to formally adopt the plan at the national level.
- Share strategic plan revisions with approximately 30 condom programming stakeholders, including national counterparts, implementing partners, social marketing sectors, donors, and affiliates.
- Facilitate the final review with all stakeholders during the workshop to finalize the details of the strategic plan; and present action items, roles, and responsibilities.
- Formally adopt the strategic plan at the national level and present the document to the Minister of Health for review.

CCP Overall Objective

The overall objective of this action plan is to help increase demand for, access to, and use of male and female condoms to prevent STI, HIV, and unwanted pregnancies in Côte d'Ivoire.

Specific Objectives

1. Strengthen the condom user's knowledge, skills, and confidence in negotiating condom use, as well as their personal skills in using male and female condoms.
2. Build capacity to plan condom-promotion activities, including those to be conducted in training sessions for varied audiences; and successfully integrate male and female condoms in prevention STI and HIV programs, and reproductive health programs.
3. Mobilize financial resources for implementing CCP activities.
4. Conduct training and coaching skills on the use of male and female condoms, and on communication and risk assessment.

5. Manage the logistics cycle (forecasting, quantifying needs, inventory management, purchase, LMIS, etc.) of male and female condoms.

The strategic areas presented below encapsulate the areas of intervention related to the condom programming supply chain. Table 1 includes a recommendation for USAID Côte d'Ivoire to support/contribute to the selected activities; it was taken from the adopted CCP strategic plan.

Table 1. CCP Strategic Action Items per the Strategic Plan

Strategic Area	Objectives	Institution Responsible	Timeline
Strategic area: Advocacy and policy dialogue to secure the supply of male and female condoms and lubricants			
Establish the institutional framework for coordinating CCP activities.	1. Organize quarterly meetings of the technical working group for CCP (GTT-CCP). The process should ensure the integration of all stakeholders	MSLS	2nd trimester 2012 (April–June)
	2. Identify the structures and partners involved in CCP activities (mapping/directory of stakeholders and funding sources for promoting male and female condoms in Côte d'Ivoire)	DGLS	2nd trimester 2012
	3. Create an inter-ministerial unit (MSLS, MEF, Ministry of Planning) to coordinate the activities of the CCP working group (central, regional, and district)	DGLS	2nd trimester, 2012
	4. Copy and distribute all texts and documents concerning the establishment of coordination units	DGLS	2nd trimester, 2012
	5. Formalize the CCP working group	DGLS	2nd trimester, 2012
	6. Encourage and contribute to organizing an overhaul of the standards and procedures documents for reproductive health; integrating, promoting, and managing condoms and lubricants; and validating and disseminating the document	MSLS/DCPN SR/PF	2nd trimester, 2012
	7. Advocate before the Minister of Communications to reduce the cost of broadcasting condom-promotion programs and commercials	DGLS	Trimester 1, 2, 3 2012 (Jan–December)

Strategic Area	Objectives	Institution Responsible	Timeline
Improve coordination in supplying and distributing condoms	1. Organize an annual monitoring, coordination of logistics management mission for condoms at regional and departmental level, as well as data collection	GTT-CCP	2nd and 3rd trimester 2012 (April–August 2012)
	2. Organize an annual meeting for estimating condom needs and developing the procurement schedule	GTT-CCP	Quarterly from 2012–2015
Ensure sustainability of supply for male and female condoms	1. Make an inventory of the supply and distribution circuit for condoms in state, private, and community structures; as well as institutional and operational capacities in the implementation of CCP	GTT-CCP	1st trimester, 2012 (Jan–March)
	2. Advocate with the government to insert an allowance in the health budget to subsidize the purchase of condoms and lubricants	GTT-CCP	1st trimester, 2012 (Jan–March)

Strategic area: Strengthening capacity among people and institutions

Produce training materials on expired condom waste management and strengthen the stakeholder capacity	1. Organize a workshop to draw up written guidelines for destroying damaged or expired products	DPM	2nd trimester, 2012 (April–June)
	2. Organize a workshop to validate the written guidelines for destroying damaged or expired products	DPM	2nd trimester, 2012 (April–June)
	3. Copy and disseminate the document containing the written guidelines for destroying damaged or expired products	DPM	2nd trimester, 2012 (April–June)
Equip the structures for implementing CCP	1. Support the review of data collection tools integrating the CCP components into the health and non-health information system (DIPE, PSP, DPSES)	GTT-CCP	3rd trimester, 2012 (July–Sept)
Establish a mechanism to make CCP sustainable	1. Inventory the supply and distribution circuit for condoms in state, private, and community structures, as well as institutional and operational capacities in implementing CCP	GTT-CCP	2nd trimester , 2012 (Apr–June)
	2. Identify target beneficiaries of free condoms	GTT-CCP	1st trimester 2012 (Jan–March)

Strategic Area	Objectives	Institution Responsible	Timeline
	3. Organize a workshop to develop and validate a national cost-recovery strategy for condoms and lubricants	GTT-CCP	1st trimester 2012 (Jan–March)
	4. Copy and disseminate the document containing the national cost-recovery strategy for condoms and lubricants	GTT-CCP	2nd and 3rd trimester 2012 (April–Sept)
Monitor and evaluate	1. Review the monitoring tools for implementing CCP activities	GTT-CCP	3rd trimester 2012 (July–Sept)
	2. Validate the guide to monitoring the implementation of CCP activities	GTT-CCP	3rd trimester 2012 (July–Sept)
	3. Form a pool of 200 supervisors for CCP activities	GTT-CCP	3rd trimester , 2012 (July–Sept)
	4. Support the carrying out of integrated quarterly inspections, taking into account SPSR activities and including condoms (ECD and DR)	GTT-CCP	3rd trimester , 2012 (July–Sept)
	5. Organize 2 evaluations of the strategic plan (mid-term and final)	GTT-CCP	3rd trimester , 2012 (July–Sept)
	6. Perform and disseminate 2005 operational research studies, including 2 CAP studies in implementing the strategic plan		
	7. Produce monthly, quarterly, and annual reports on CCP activities, including logistics data	GTT-CCP	1st trimester 2012 (Jan–March)
	8. Disseminate the annual reports on CCP supply chain activities	GTT-CCP	4th trimester 2012 (Oct–Dec)
	9. Organize 1 annual review of the Strategic CCP Plan	GTT-CCP	1st trimester 2013 (Jan–March)
	10. Organize an annual monitoring event to oversee the application of official rates on male and female condoms	GTT-CCP	1st trimester 2013 (Jan–March)

Strategic Area	Objectives	Institution Responsible	Timeline
Make condoms available including rubber dental dam and lubricating gel	1. Undertake a situation analysis of condom retail outlets to make them more widely available	GTT-CCP	2nd trimester 2013 (April–June)
	2. Support structures for increasing sales outlets (barbershops, hotels, bars, street stalls, CEC [listening and counseling centers], health workers and community volunteers, rural and urban shops. etc.), for male and female condoms	GTT-CCP	2nd trimester 2012 (April–June)
	3. Ensure the supply of male, female condoms and lubricants	GTT-CCP	1st, 2nd, 3rd trimester 2012 (Jan–Dec)

Strategic area: Mobilizing financial resources to implement activities contemplated under this action plan

Identify available resources and financial gaps	1. Organize two annual meetings to identify financial resources for CCP at the level of the ministries involved	GTT-CCP	1st, 2nd, 3rd trimester 2012 (Jan–Dec)
	2. Organize one annual meeting to identify financial resources for CCP with the financial partners	GTT-CCP	2nd trimester 2012, 2013, 2014 (April–June)
	3. Organize one annual result-sharing meeting to identify gaps	GTT-CCP	2nd trimester 2012, 2013, 2014, 2015 (Apr–June)
Draw up a plan for resource mobilization to fill gaps in funding	1. Draw up a five-year plan for resource mobilization	GTT-CCP	2nd trimester 2012 (Apr–June)
	2. Organize one roundtable of donors for CCP to raise the necessary funds	GTT-CCP	1st, 2nd, and 3rd trimester 2012, 2013, 2014, 2015 (Jan 2012–Dec 2015)

PEPFAR-donated Condom Management Transition

Analysis of AIMAS Logistics System for Managing and Distributing PEPFAR-donated Condoms

Background and Rationale

PEPFAR began providing commodities through the CCP in 2009 when it became evident that there was an urgent need to ensure that condoms were available for at-risk populations, especially for MARPs. In 2009 and 2010, only a small quantity of commodities was procured through the CCP. In 2010, 15,150,000 male and 41,000 female condoms were procured to be distributed to PEPFAR implementing partners (IPs), most of them were Centers for Disease Control and Prevention (CDC) partners. IPs have been instructed by the PEPFAR team to distribute condoms to MARPs at no cost, while they were permitted to set modest prices for sale of the condoms to other target groups (general population). The commodities were shipped directly to, and stored at, the U.S. Embassy warehouse; and were managed by the PEPFAR Government Services Overseas (GSO) staff. There is a technical working group that meets occasionally to address issues relating to commodity forecasts and distribution. The distribution system entailed the PEPFAR IPs contacting PEPFAR Prevention Branch staff when the IPs needed condoms. The request would be passed to the PEPFAR GSO staff, who would arrange for the IPs to pick up their supplies at the GSO warehouse, as needed.

At this time, the PEPFAR team wants to ensure that products continue to be available to MARPs at no cost. The desire is to move away from the current process toward a more sustainable, country-owned and managed process. To develop a transition plan, an analysis of AIMAS was conducted.

Methodology

The PEPFAR commodity management transition plan consisted of the USAID | DELIVER PROJECT technical team conducting initial meetings with PSI and AIMAS, before arrival in-country, to discuss in-country capacity for managing PEPFAR commodities. The technical team then gathered information from mission counterparts to assess the PEPFAR program condom management situation. The project's technical team visited the current PEPFAR condom warehousing structures; they conducted storage and commodity management assessments to develop a transition plan based on warehouse capacity and logistics management needs. The technical assistance providers also visited PSP, AIEBF, and AIMAS warehousing units to assess warehouse and supply chain system strengths and weaknesses, and identified condom storage capacity and potential bottlenecks to effective supply chain management.

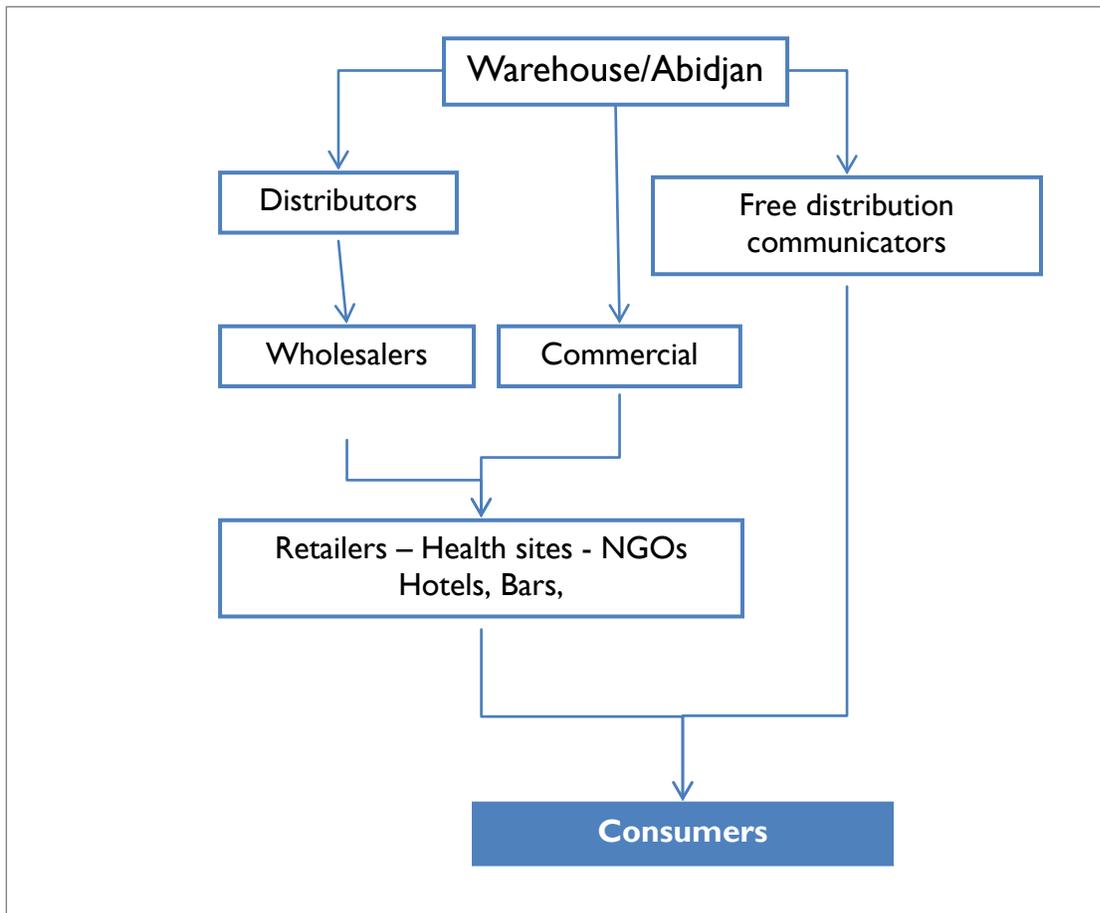
Based on the collected information and strategic perspective, the ministry supports the idea of having AIMAS as a potential institution to manage PEPFAR products; because of the lack of human resource and storage capacity to manage condoms at the other warehousing units. Following

this, the USAID | DELIVER PROJECT conducted a further analysis of the AIMAS warehouse facility to assess warehouse and supply chain system strengths and weaknesses; they also identified condom storage capacity and potential bottlenecks to effective supply chain management. The team also facilitated a working group session with PEPFAR and AIMAS, utilizing the logistics system assessment tool (LSAT) to discuss a potential transition plan of PEPFAR commodities from the embassy-rented warehouse to the AIMAS warehouse.

AIMAS Social Marketing Distribution Pipeline

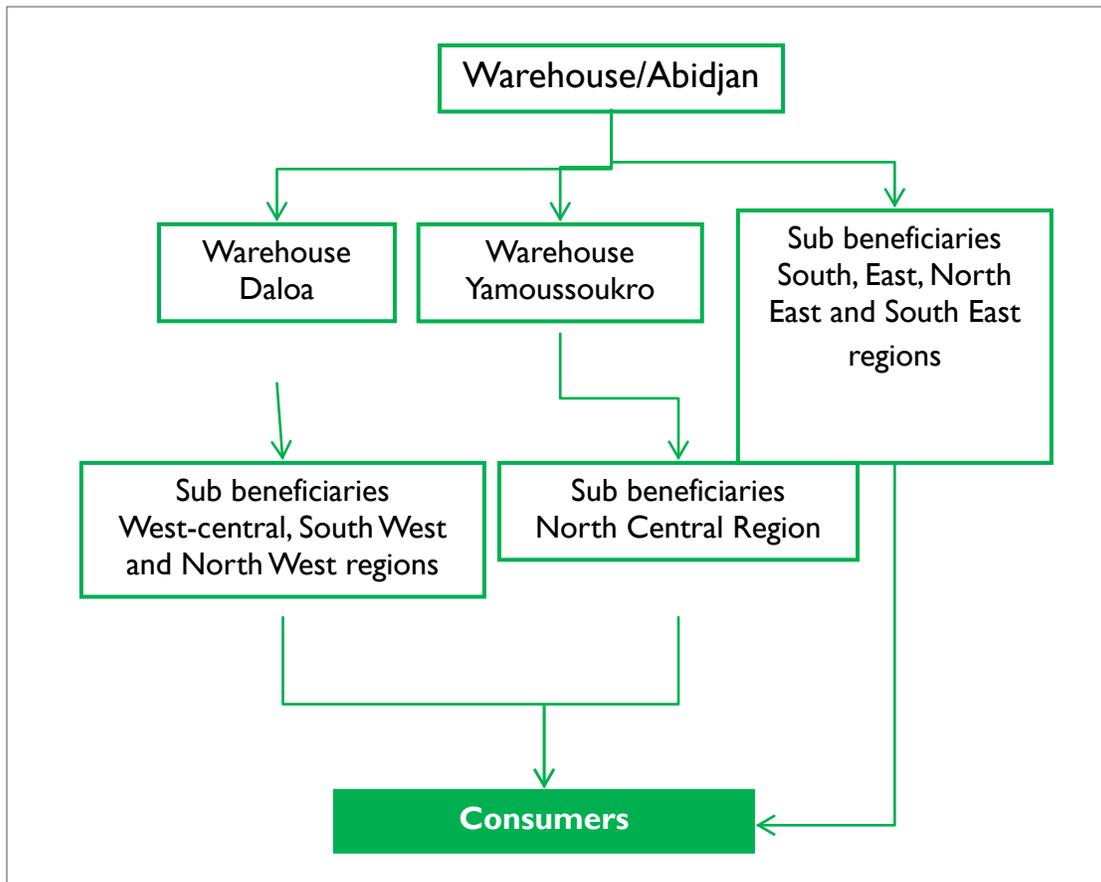
Figure 1 illustrates the AIMAS national pipeline coverage.

Figure 1. AIMAS Social Marketing Distribution Pipeline, by Distributors



As shown in figure 1, AIMAS has the capacity potential for national coverage. AIMAS can, therefore, integrate the free distribution channel to the already operational social marketing channel. The channel shown in figure 2 could meet the expectations. Also, note that there is a possibility of reaching more MARPs in terms of free distribution via the expansion of the initial PEPFAR list of sub-recipients, shown in figure 1 from central to regions.

Figure 2. AIMAS Social Marketing Distribution Pipeline, by Region



AIMAS' experience in collaborating with institutions and NGOs in free distribution is reassuring in terms of the management and coordination of PEPFAR sub-recipients. Nevertheless, a good quantification of rotating stock at the sub-recipient level will enable better management of products. This requires that the sub-recipient establish a good logistics management system for condoms, making it possible to collect and report essential logistics management data.

The free distribution component requires supporting measures for AIMAS. AIMAS does not have large-scale free distribution experience, but it is receptive to designing a free condom distribution system to increase availability. Free distribution is compatible with the social marketing system if a requisition system is established, because there are customs duties on condom imports.

Recommendations

1. Establish a logistics system for free distribution, in collaboration with sub-recipients.
2. Build sub-beneficiaries' capacity in stock management.
3. Advocate before the Ivorian government to obtain full exemption.
4. USAID to make door-to-door delivery of products to AIMAS.

Logistics Management and Information System

AIMAS has an LMIS for social marketing products. At the institutional level, there is a system in place for products to be sold and distributed for free. However, contributing products to be distributed for free will require adapting the existing LMIS by integrating sub-recipient data. AIMAS must develop a smooth information management system that will permit essential logistics data collection, such as distributed quantities, availability, and losses and adjustments.

Recommendations

1. To develop and implement an integrated LMIS that is compatible for social marketing and free distribution of condoms to the most at-risk and vulnerable populations. This includes only the clear TOR for adapting the LMIS, defining eligibility criteria for sub-beneficiaries of free services, and establishing a monitoring and evaluation system for sub-recipients.
2. Defining frameworks for collaboration between AIMAS and sub-recipients.

Product Selection

AIMAS would like to have support for both the distribution and the sale of products. The difference between products to distribute free and products for sale must, therefore, be ensured. Each type must have a unique identification to avoid any leaks from either side. A lack of distinction may result in free products being sold or the products intended for sale losing credibility and preventing cost recovery. The transfer process must take into account the need for compliance testing of the products to be received by the national laboratory of public health. The process must also include political support for adjusting sales prices in order to achieve international self-sufficiency.

Forecasting, Obtaining, and Purchasing the Products

AIMAS has personnel qualified to make forecasts for social marketing products. However, integrating products for free distribution will require training/updating staff in the associated forecasting techniques. The institution's experience is a favorable factor for adopting a system for estimating requirements for distribution. Integrating products for free distribution will require adapting and integrating data from sub-recipients, obtaining and using information about target populations and sub-recipients, and acquiring and sharing information among partners involved in free distribution.

Recommendations

1. Develop mapping of free distribution.
2. Coordinate forecasts at the national level (MSLS).
3. Ensure reliability of data provided by the sub-beneficiaries using up-to-date demographic and health data.
4. Conduct a baseline study on the distribution of products and CAP studies on target populations.
5. Draw up a procurement schedule between AIMAS and USAID.
6. Design a monitoring system for sub-recipients.
7. Quantify rotating stocks at the sub-recipient level.

Inventory Control Procedures

AIMAS has a sophisticated and elaborate system of inventory control for inventory management and the distribution and supply process. There are logistics management tools and staff trained in their use. AIMAS conducts monthly and annual inventories of products.

The system is suited to social marketing and several of its components would suit the inventory control procedures for free distribution. However, an adjustment requirement is recommended to meet the inventory control demands to be established with NGOs. For these NGOs, the distribution chain should define the maximum and minimum levels of stock products through reporting. It is recommended that a system for free condoms distribution be established.

Recommendations

1. Develop standard operating procedure (SOPs) at the central, regional, and NGO level for free condoms distribution.
2. Develop tools for free condoms logistics management and for training sub-beneficiaries.
3. Train sub-beneficiaries on inventory control systems to avoid stockouts or emergency orders.
4. Standardize the inventory system for USAID/PEPFAR products to distribute with the monthly inventory system and annual audit in place.

Warehousing and Storage

AIMAS has a central warehouse in Abidjan of approximately 3,250m², with a capacity for 30 million male condoms. There are also two regional warehouses, each with a storage capacity for 500,000 male condoms each. Managing free products will increase the workload and require increased resources to cover costs.

Recommendations

1. Adapt social marketing products stock management tools for free condoms distribution.
2. Determine financial and human resource needs and supplement accordingly.
3. Obtain information on the period, the quantity to be sold, and the quantity to be distributed.

Transport and Distribution

AIMAS has a vehicle fleet that meets its current needs, and includes 15 pick-up trucks, one 5-ton truck, two 1-ton vans, and 5 x 2-wheeled vehicles. However, the cost of stocking up at regional sub-beneficiaries sites (outside Abidjan) for additional products could generate additional costs.

Recommendations

1. Estimate the transport and distribution costs for free products (taking into account the definition of the system).
2. Finance the transport and distribution costs for free products.
3. Estimate the costs of supervision and monitoring sub-recipients.
4. Mapping sub-recipients at the national level and defining areas of coverage of sub-beneficiaries.

Organizational Support for Logistics

Product integration for free distribution will require AIMAS to establish a suitable organizational support system. This must be done in partnership with sub-recipients, taking into account their specificity and their capabilities. AIMAS has experience with the several NGOs coordinating, supervising, and training NGO partners in community mobilization. Thus, it is necessary to ensure that the recipient institution provides training for using male and female condoms.

Recommendations

1. Develop and implement tools and a training, coordination, communication, monitoring, and evaluation system.
2. Disseminate the protocol for condom and lubricant use.
3. Ensure that NGO partners have the ability to train in the use of condoms and lubricant. Coordinate with training institutions on the use of condoms.

Coordination

AIMAS' commitment to free distribution will require high-level coordination between AIMAS-the Ivorian government, KfW, the U.S. Government (USG), and NGO partners, at both central and decentralized levels. It is expected that AIMAS will play a key role in GTTCCP. AIMAS and PSP will need to develop a technical coordination framework to avoid duplication of effort.

Recommendations

1. Participate in coordination committee meetings condom management at the national level.
2. Initiate and coordinate between AIMAS-PEPFAR and partners.

Conclusion and General Recommendations

- The organizational context requires establishing a logistics system for free distribution, in collaboration with sub-recipient, to include capacity building for sub-recipients in inventory management. Above all, there is a need to design and implement a framework of collaboration between AIMAS and sub-recipients for condom management in order to streamline storage and distribution costs.
- Provide an insurance policy for product management.
- To ensure improved availability commodities, financial support is essential for storage costs, regional delivery, handling, and related operational costs.

Table 2 specifies each of the areas of the logistics assessment with suggested corresponding recommendations for implementing partners and donor/financers and a suggested timeline. This table is not exclusive or finite; we recommend that during the CCP-GTT, other donors and implementing partners step in for technical and financial assistance in the interest of ensuring commodity availability.

Table 2. Warehouse Transition Action Plan

Strategic Area	Recommendations	Implementing Institution Responsible	Donor/Financing	Timeline
AIMAS social marketing distribution pipeline	1. Establish a logistics system for free distribution in collaboration with sub-recipients	AIMAS	AIMAS and CDC/PEPFAR	June–July 2012
	2. Build sub-beneficiaries' capacity in stock management	AIMAS	AIMAS and CDC PEPFAR	June–July 2012
	3. Advocate before the Ivorian government to obtain full exemption	AIMAS	AIMAS and CDC PEPFAR	June–July 2012
	4. Door-to-door delivery of products to AIMAS by USAID	AIMAS	CDC/PEPFAR	August 2012
Logistics Management Information System (LMIS)	1. To develop and implement an integrated LMIS compatible for social marketing and free distribution of condoms to the most at-risk and vulnerable populations, including not only the clear terms of reference for adapting the LMIS, defining eligibility criteria for sub-beneficiaries of free services, and establishing a monitoring and evaluation system for sub-recipients	AIMAS	CDC/PEPFAR	July–August
	2. Defining frameworks for collaboration between AIMAS and sub-recipients	AIMAS	AIMAS and CDC/PEPFAR	June–July 2012
Forecasting, Obtaining and Purchasing the Products	1. Develop mapping of free distribution	AIMAS	AIMAS and CDC/PEPFAR	June–July 2012
	2. Coordinate forecasts at the national level (MSLS)	AIMAS, PNSR, MSLS, AIBEF	CDC/PEPFAR, UNFPA	Semi-annual
	3. Ensure reliability of data provided by the sub-beneficiaries	AIMAS	CDC/PEPFAR	Ongoing
	4. Use up-to-date demographic and health data	AIMAS	CDC/PEPFAR	Ongoing
	5. Conduct a baseline study on the distribution	AIMAS	AIMAS and CDC/PEPFAR	August–September

Strategic Area	Recommendations	Implementing Institution Responsible	Donor/Financing	Timeline
	of products and CAP studies on target populations			2012
	6. Draw up a procurement schedule between AIMAS and USAID	AIMAS/PEPFAR	AIMAS and CDC/PEPFAR	July 2012
	7. Design a monitoring system for sub-recipients	AIMAS	CDC/PEPFAR	August 2012
	8. Quantify rotating stocks at sub-recipient level	AIMAS	CDC/PEPFAR	September 2012
Inventory Control Procedures	1. Develop standard operating procedures at central, regional, and NGO level for free condoms distribution	AIMAS and CDC PEPFAR	CDC/PEPFAR	July–August 2012
	2. Develop tools for free condoms logistics management, and training sub-beneficiaries	AIMAS	CDC/PEPFAR	August 2012
	3. Train sub-beneficiaries on inventory control systems to avoid stockouts or emergency orders.	AIMAS and CDC/PEPFAR	CDC/ PEPFAR	September–October 2012
	4. Standardize the inventory system for USAID/PEPFAR products to distribute with the monthly inventory system and annual audit in place	AIMAS	CDC/PEPFAR	September–October 2012
Warehousing and Storage	1. Adapt social marketing products stock management tools for free condoms distribution	AIMAS	AIMAS	June 2012
	2. Determine financial and human resource needs and supplement accordingly	AIMAS	AIMAS/CDC/PEPFAR	June–July 2012
	3. Obtain information on the period, the quantity to be sold, and the quantity to be distributed	AIMAS	AIMAS	July 2012
Transport and Distribution	1. Estimate the transport and distribution costs for free products (taking into	AIMAS	CDC/PEPFAR	June 2012

Strategic Area	Recommendations	Implementing Institution Responsible	Donor/Financing	Timeline
	account the definition of the system)			
	2. Finance the transport and distribution costs for free products	AIMAS	CDC/PEPFAR either directly to AIMAS or to IPs depending on transport system design	Ongoing
	3. Estimate the costs of supervision and monitoring sub-recipients	AIMAS and sub-recipients	CDC/PEPFAR	June–August 2012
	4. Map sub-recipients at the national level and define areas of coverage of sub-beneficiaries	AIMAS	CDC/PEPFAR	July–September 2012
Organizational Support for Logistics	1. Develop and implement tools and a training, coordination, communication, monitoring, and evaluation system	AIMAS	CDC/PEPFAR and AIMAS	Ongoing
	2. Disseminate the protocol for condom and lubricant use	AIMAS	CDC/PEPFAR and AIMAS	August 2012
	3. Ensure that NGO partners can train in the use of condoms and lubricant. Coordinate with training institutions on the use of condoms	AIMAS and PEPFAR partners	CDC/PEPFAR	August 2012
Coordination	1. Participate in coordination committee meetings condom management at the national level	AIMAS, PEPFAR	CDC/PEPFAR and AIMAS	Ongoing
	2. Initiate and coordinate between AIMAS-PEPFAR and partners	AIMAS	CDC/PEPFAR and AIMAS	Ongoing

Condom Cost Recovery Plan

Introduction

Currently, Côte d'Ivoire primarily receives condoms via donor support, which fluctuates by year and varies by program in-country. During the technical assistance, the team looked at possible options around developing a national condom cost recovery plan in order to develop a sustainable, autonomous distribution system. This would move Côte d'Ivoire in the direction of nationally owned and operated product management systems and away from reliance on donor support. During this technical assistance, the team conducted an initial analysis of a plan for a cost recovery program that would be feasible and scalable to the Côte d'Ivoire context. The team reviewed cost recovery goals and objectives with mission counterparts; and, following this, facilitated discussions with AIMAS around sustainable cost recovery plans for condom programming in Côte d'Ivoire. AIMAS prepared and presented a cost recovery strategy during the final validation workshop to all condom programming stakeholders, including implementing partners, national counterparts, and donor agencies. AIMAS presented the cost recovery plan to condom programming stakeholders as a platform for discussion of sustainable solutions for condom security in Côte d'Ivoire. Bottlenecks toward obtaining full cost recovery were identified and discussed. The project team coordinated with AIMAS to review and agree on a cost recovery strategic plan, with demonstrable transition over the course of time, taking into consideration the workshop participants inputs. The CCP stakeholders' discussed the strategic plan in a consensus-based format, and identified initial steps to be taken to move toward a cost recovery system. Participants also identified areas of partnership and collaboration between AIMAS and other GTT partners toward a full cost recovery program. The following includes a snapshot of the situation analysis, which includes the purchase price for male condoms borne by AIMAS; and data related to AIMAS sale price and gross margin, including free distribution. Based on the situation analysis findings, a cost recovery proposal and next steps are presented.

Situation analysis (2011)

In 2011, AIMAS, in collaboration with relevant stakeholders, conducted a situation analysis of the social marketing program, with a goal of moving toward a cost recovery system. The study documented the unit price for one condom, including the cost of the product to the factory plus insurance plus freight (known as CIF) in use by suppliers (see table 3).

Table 3. CIF in Use by Key Condoms Supplier in Côte D'Ivoire

Supplier	2009 (West African Franc (CFA))/unit)	1st half 2011 (CFA/unit)	2nd half 2011 (CFA/unit)
HELM MEDICAL	12.62	15.14	18.6 (borne by AIMAS)
MISSION PHARMA	11.25	15.37	N/A
IDA FONDATION	10.57	23.9	N/A
SURETEX	15.08 CFA	N/A	N/A

As table 4 shows, the condom unit price increases slightly from 2009 to 2011. The purchase price of condoms is continuously increasing and, therefore, the consumer purchase price is also increasing. Supplier rationale for wholesale price increases is the increased price of condom production raw materials, primarily natural rubber.

Table 4. AIMAS Sale Price and Gross Margin not Including Free Distribution

Purchase Price (CFA)	Sale Price to AIMAS Customers (CFA) (Central Purchasing Bodies or Contracted Distributors)	Gross Margin (CFA)	% Revenue Coverage (Unit Selling Price/Purchase Price * 100)
18.6	15	- 3.6	80.6 %

The current sale price, which does not take into account sampling, quality-testing, transit, storage, distribution, infrastructure, or staff costs, is already in deficit o – 3.6

Table 5. AIMAS Unit Sale Price and Gross Margin not Including Free Distribution

Purchase Price (CFA)	Sale Price to AIMAS Customers (CFA)	Gross Margin (CFA)	Coverage of Revenue In %
18.6	14.55 (taking into account 3% sample)	- 4.05	78.23 %

More free distribution results in greater profit margin decreases, and higher donor subsidies.

Cost Recovery Proposal

Table 6. Social Marketing at Actual Sale Price in 2012 (125F/Box of 4 to the Public-sell to Distributors at 15f/Unit) Outside Free Distribution Inflation

Years	Sale/MS (Condoms from Partners Other than Kfw)	Product/Test/ Transit Cost	Estimated Revenue	Margin & Rate of Recovery Rate in FCFA in%	
			Transferred for 15F	Margin	%
2013	20,000,000	404 000 000	300000 000	-104 000 000	74
2014	22,500,000	477 000 000	337 500 000	-139 500 000	71
2015	25,000,000	555 000 000	375 000 000	-180 000 000	68
2016	30,000,000	699 000 000	450 000 000	-249 000 000	64

Table 7. Social Marketing at Increased Price as of 2013 (150F/Box of 3 to the Public-sale to Distributors at 25f/Unit) Outside Free Distribution

Years	Sale/MS (Condoms from Partners other than KfW)	Product/Test/ Transit Cost	Estimated Revenue	Margin & Rate of Recovery Rate in FCFA and %	
			Transferred for 25F	Recovery	%
2013	20,000,000	404 000 000	500000 000	+960 000 000	124
2014	22,500,000	477 000 000	562 500 000	+85 500 000	118
2015	25,000,000	555 000 000	625 000 000	+70 000 000	113
2016	30,000,000	699 000 000	750 000 000	+51 000 000	107

If the unit price of condoms does not change between 2013 and 2016, it will be impossible to cover the acquisition costs of condoms using sales revenue.

Table 8. By Including Free Distribution: 125 CFA/box of 4–Transfer to Wholesalers for 15 CFA/Unit (No Price Change)

Year	Sales (in millions of units)	Free	Product Cost (test, transit, inflation) in millions	Revenue Estimated in Millions	Gross Margin in Millions	Recovery Rate
2013	20	10	606	300	-306	50%
2014	22.5	7.5	636	337.5	-298.5	53%
2015	25	5	666	375	-291	56%
2016	30	0	699	450	-249	64%

The increase in purchase price and the free distribution further reduced gross margin, considerably widening the already unfavorable gap between revenue and cost of acquiring the products.

Table 9. By Integrating Free Distribution with an Increase in Prices to Wholesalers: 150 CFA/Box of 3 - Transfer to Wholesalers: 25 CFA/Unit

Year	Sales (in millions of units)	Free	Product Cost (test, transit, inflation) in millions	Revenue Estimated in Millions	Gross Margin in Millions	Recovery Rate
2013	20	10	606	500	-106	83%
2014	22.5	7.5	636	562.5	-73.5	88%
2015	25	5	666	625	-41	93%
2016	30	0	699	750	51	707%

Increasing the selling price to wholesalers to 25 CFA per unit narrows the difference in margin compared to the current price, but it does not fully amortize the condoms' acquisition costs

General Conclusion

The following measures are needed to ensure a cost recovery of condoms:

- Gradually increase the sale price to wholesalers to 25 CFA per box of three condoms.
- Cancel or keep free of charge, at a rate of 10 percent of the total volume of condoms purchased.

It should be noted that whatever the scenario that we have just outlined from points 1 to 4, the cost of condoms only includes the expenses of the supplier's factory, sampling, testing, and transit to the entrance of the AIMAS store. In other words, the storage, distribution, infrastructure, and labor costs are not yet taken into account. The cost recovery can only exist by considerably reducing operating, distribution, and inventory management costs; and by increasing the unit selling price of condoms above 25 CFA. Yet, to make condoms available to more people, it is necessary for the above charges to be subsidized by donor funds and the lower selling price; this price is just to cover

the product's acquisition cost. The cost recovery model outlined above concerns only the acquisition of condoms.

However, the fundamental assumption underlying this analysis involves the condoms being donated by a donor from 2013 to 2016, and from year to year, outside KfW funding. From 2017, revenue from sales will enable self-sufficiency to ensure only sales (cancelling free distribution).

Quantification

Quantification is the process of estimating the quantities and costs of the products required for a specific health program (or service), and determining when the products should be delivered to ensure an uninterrupted supply for the program. Quantification links information on services and commodities from the facility level with the program policies and plans at the national level to estimate the quantities and costs of the commodities required for a health program. The process includes *both* a forecasting and a supply planning step. The supply plan is the final output of the quantification, and it details the quantities, costs, and arrival dates of shipments. The steps in the quantification process are shown in figure 3.

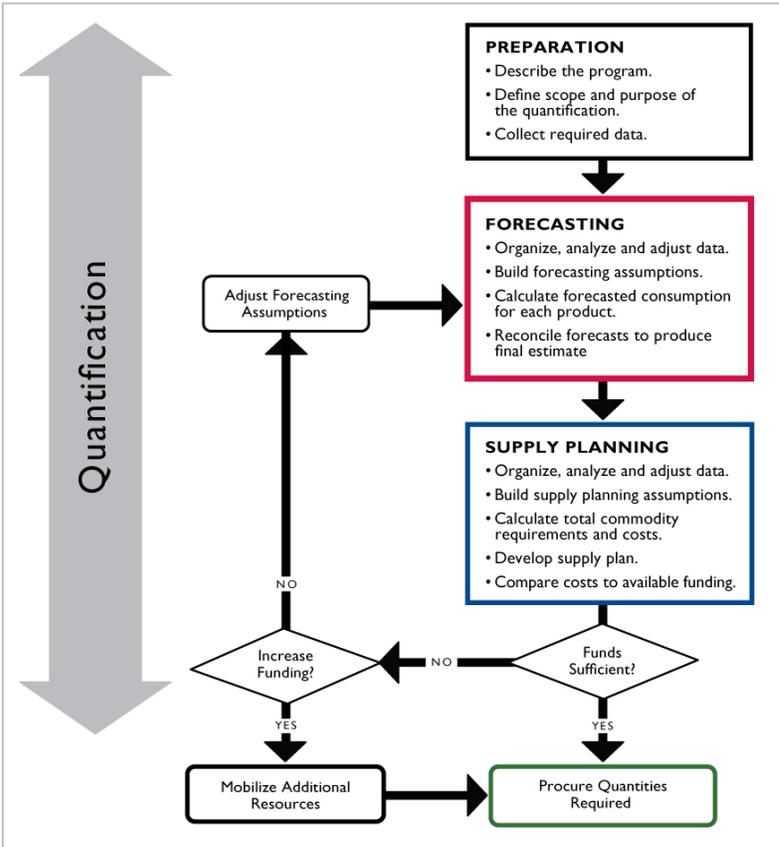
Data collected for quantification includes consumption data, services data, morbidity data, and demographic data. The forecast uses the data collected to estimate the quantity of each product that will be dispensed or used during each year included in the quantification. Collected data must be assessed for quality and adjusted, as appropriate. Adjustments can be made for incomplete, outdated, or unreliable data, for days out of stock. Where data is unavailable, assumptions must be made.

Programmatic factors must be taken into consideration when conducting a forecast. These factors could include compliance with treatment guidelines, provider behavior, or the effect of changing program policies and strategies on demand.

After completing the forecast, the supply plan must be developed to estimate the total commodity

requirements and costs for the program. The forecast consumption for each product is the starting point. Other factors must be included—stock on hand, quantities on order, and established minimum and maximum stock levels. Procurement lead times and supplier lead times must also be considered.

Figure 3. Steps in Quantification



Basic Principles of Commodity Forecasting

According to *Webster's Ninth New Collegiate Dictionary*, forecasting is the process of “calculating or predicting some future event or condition, usually as a result of rational study and analysis of available pertinent data.” Forecasting in the context of public health is a dynamic analysis of information utilizing multiple data sources to identify the anticipated demand for health commodities. In the context of this exercise in Côte d'Ivoire, forecasting is a process of estimating the future consumption of male condoms, female condoms, and lubricant in order to meet the national demands within both the public and private sectors, over a specified period of time.

To ensure the forecasted need is accurate as possible, there are a few adopted principles:

- The forecasting process should be data driven.
- The forecast should take into account changes in population, program priorities, and other observed trends.
- A forecast analysis consists of varied approaches, using several methodologies, which are then reconciled within a representative census.
- These methodologies are—
 - *Demographic- and population-based forecasting*: The use of demographic surveys and population data to build a forecasting framework.
 - *Logistics-based forecasting*: Using existing consumption data to inform future demand. If service delivery point consumption data is unavailable, distribution data is often used as a proxy for consumption as an estimation.
 - *Service capacity-based forecasting*: Utilizing knowledge of existing capacity and known limitations of the system to respond to actual demands

Methodology for Condom Program Forecasting

In the context of condom programming for Côte d'Ivoire, several forecasting methodologies were considered to arrive at a consensus-based national forecast. The methodological approach to this forecast was followed in the order of the above-mentioned forecasting approaches, but ultimately, the logistics based data was the most heavily weighted. The forecast process included reviewing a population-based forecast. Following this, a deeper forecast was conducted by identifying demographic targets, followed by a rigorous review of available logistics data. From there, the forecast summarized calculations, taking into account service capacity to store and distribute the anticipated demand.

Quantification Scope

The scope of the quantification exercise consisted of three product categories: male condoms, female condoms, and lubricant. While the quantification consisted of three products, these products are being managed through several different distribution systems, each of which is primarily operating independently of the others; therefore, this quantification exercise was an opportunity for condom programming stakeholders to conduct a consensus-based forecast and supply plan.

Consensus-based Approach

To ensure comprehensive information sharing and consensus-based validation, the quantification exercise in Côte d'Ivoire was developed and carried out by a concentrated quantification technical working group using data from a variety of resources. The technical assistance covered various dimensions, including the adoption of the national condom programming strategic plan and the revision of a situation analysis. After meeting with the mission and ministry counterparts around these objectives, there was a decision to have a comprehensive two-day workshop with all key stakeholders; a component of this workshop was developing and forming a quantification working group. The quantification working group consisted of members from both public and private sector partners invested in condom availability in Côte d'Ivoire, including PNSR, DGLS, AIBEF, PNPEC, PSP, and AIMAS. During this workshop and the days following, the quantification working group reviewed nationally based population and demographic data to inform the overall process. The group worked most intensively on reviewing and validating the existing logistics data, by program area. To address the forecasted needs of the PEPFAR partners that target specific vulnerable populations, the working group held a meeting with individual PEPFAR-supported NGOs to review their anticipated annual forecasts, based on program needs to validate and confirm the overall PEPFAR forecast. The group contacted and/or met with all relevant agencies that store and/or distribute condoms in Côte d'Ivoire in order to develop as comprehensive as possible an illustration of the anticipated country need.

Process Followed

In advance of the quantification exercise, each of the relevant stakeholders were asked by the MOH and donor partners to submit their forecasted needs for the next four years. These forecasted amounts were calculated using different forecast methods. AIBEF, for example, maintains a database of historical distribution through their logistics management system. Every year, the logistics advisor reviews the logistics data to determine the average monthly consumption rate, and analyzes growth patterns and factors in the company's overall annual program growth goal of 15 percent, which they also attribute to commodity distribution rates. The AIBEF mandate is primarily to serve the maternal and child health and reproductive health needs of the country. PNPEC looks at the different populations it serves, such as female sex workers, men having sex with men, and individuals receiving STI kits through recorded patient and target population data. They apply these forecasted amounts to the annual need for male and female condoms.

After all the relevant condom programming partners submitted their anticipated forecast for the year, the quantification technical working group (described above) aggregated the findings into one forecasting tool to develop a sense of the overall annual need. The technical working group then worked intensively over a two-week period to review all the data, determine areas of potential double forecasting, and attribute annual growth rates using any available historical data by program area. Table 5 is a calendar of the forecast and supply planning review, and validation process that took place during the technical assistance visit. This calendar does not include the preparations and follow-up made to ensure that all data was received, and was as accurate as possible, before the condom programming workshop and the technical working group meetings. The MOH, technical assistance providers, and donor partners coordinated the follow-up with all relevant parties to ensure data availability for the quantification exercise.

Table 10. Quantification Technical Working Group Process Timeline

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Feb 27	Feb 28	Feb 29	March 1	March
Stakeholder workshop and formation of quantification technical working group	Stakeholder workshop: Review and validate condom stakeholder forecast data	Quantification technical working group (QTWG) meeting at MOH to review/ validate data	Quantification technical working group meeting at MOH to review/validate data	Quantification technical working group meeting at MOH to review/validate data
March 5	March 6	March 7	March 8	March
Site visit to AIMAS and AIBEF warehouses to conduct warehouse assessment, determine warehouse capacity. QTWG meeting to review/ validate data	Site visit to PSP warehouse to conduct warehouse assessment, determine warehouse capacity. QTWG meeting with PEPFAR partners to review/validate data	Validation workshop: Presentation of forecast results and validation with larger condom programming stakeholder group	Development and finalization of supply plan for each condom warehouse management program	Development and finalization of supply plan for each condom warehouse management program

Demographic Considerations

Applying demographic considerations through the forecasting process allowed the technical working group to take into account anticipated future growth, apply a framework of trends for condom use among various target population groups, and allowed the group to draw a comparison from the existing logistics data in order to assist with the validation process. While logistics data is an excellent indicator of past demand and supply, demographic data can show us how demand might change in the future, as population increases and behavior changes occur.

Table 11. Côte d'Ivoire UN Population Data-based Male Condom Forecast

YEAR	2012	2013	2014	2015	2016
Sexually Active Population (Age 15-60)	12,183,954	12,464,185	12,750,861	13,044,131	13,344,146
Sexually Active Male Population (Age 15-60)	6,335,656	6,481,376	6,630,448	6,782,948	6,938,956
Annual Condom CYP (120) * Male population	760,278,718	777,765,129	795,653,727	813,953,763	832,674,699

Table 6 represents a population-based forecast using the existing UN population data for the breakdown of the entire population currently at reproductive age. From there, it breaks it down further to the male population at reproductive age in order to identify the estimated need for male condom use. Assuming further that each male of reproductive age would need access to a condom at any time, the working group then applied the current annual couple years protection (CYP) for male condoms, which assumes a usage rate of 120 times per year.

While the group discussed and regarded this population forecast relative to the logistics data, table 7 only used a larger basis of comparison and did not use it for actual supply planning. Table 7 assumes a considerably higher rate of annual consumption than has, historically, been the case.

Table 12. Côte d’Ivoire Demographic Information on Male Condom Use

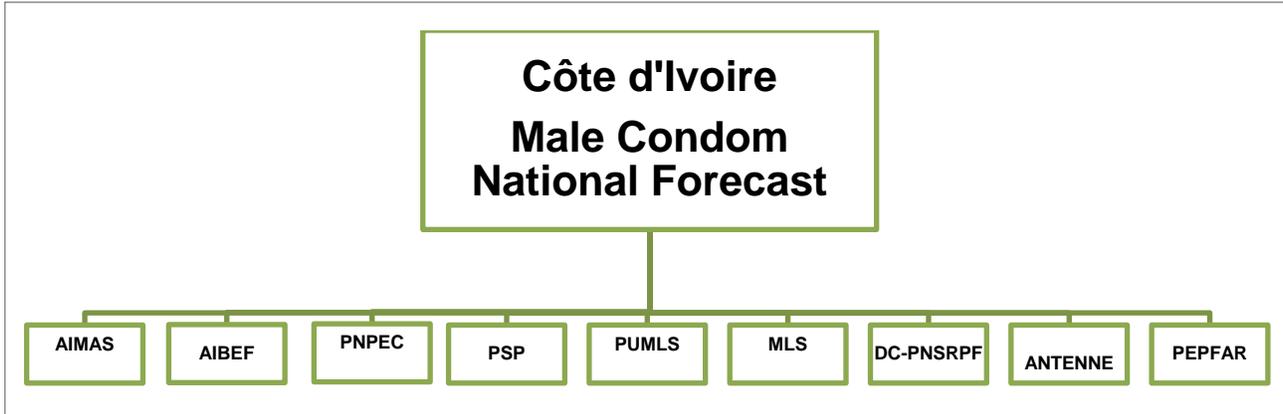
Proportion of Men 15-49 Reporting Higher-risk Sex	Proportion of These Men Reporting Condom use during last Higher-risk Sex	Estimated 2012 Population: Men Age 15-60	Number of Men 15-60 Reporting Higher-risk sex	Number Reporting Condom Use During Last Higher-risk Sex	Number Men Not Using Condoms	Number of Condoms Used Per Year
23.7	37.5	6,335,656	1,501,550	563,081	938,469	70,385,178

Table 7 represents an estimated forecast for male condoms using available demographic data on condom use during high-risk sex acts. While this table was referred to as an estimate when developing the annual forecast amounts, these estimates were not officially factored into the analysis, because of the many different component pieces to the quantification process. The technical working group reviewed the demographic forecast data that was available; however, the consensus was to build the forecast around the available logistics data for each of the warehousing and condom management facilities.

Logistics Forecast

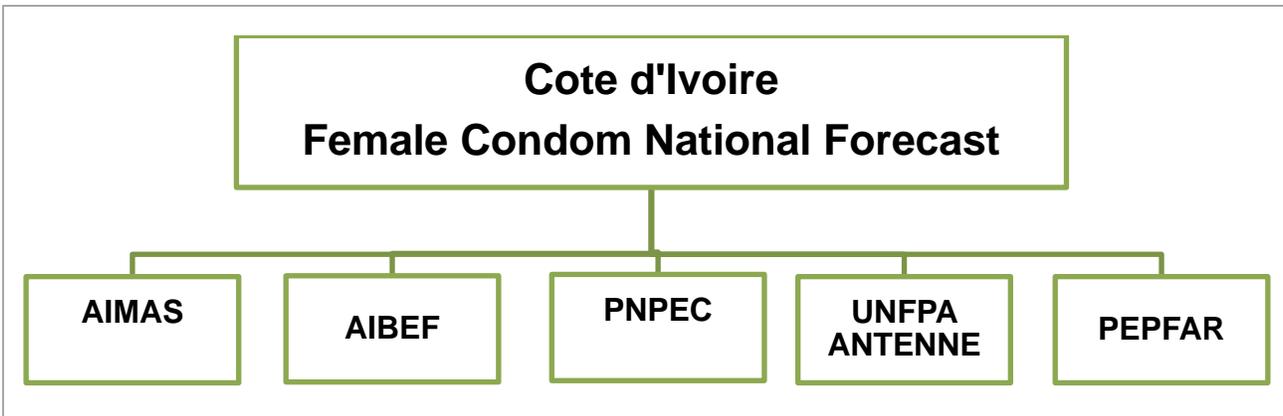
While the demographic information was reviewed and discussed within the technical working group, it is the available logistics data that was ultimately used to pull together the national forecast. Côte d’Ivoire has a particular consideration in that they do not have one central warehousing or commodity management unit within the country. While PSP serves as a public sector warehousing and commodity distribution agent, this only represents a small portion of several condom distribution channels in the country. It is for this reason that the overall national forecast essentially consisted of a composition of several organizational forecasts, each with their respective forecast methodologies and anticipated annual growth rates. The national forecast consisted of several key programs that manage condom distribution, each with prescribed forecasting methodologies. For male condoms, female condoms, and lubricant, the national logistics-based forecast consisted of a summation of individual program forecasts. For male condoms, these programs are represented in figure 4.

Figure 4. Male Condom Management Partners



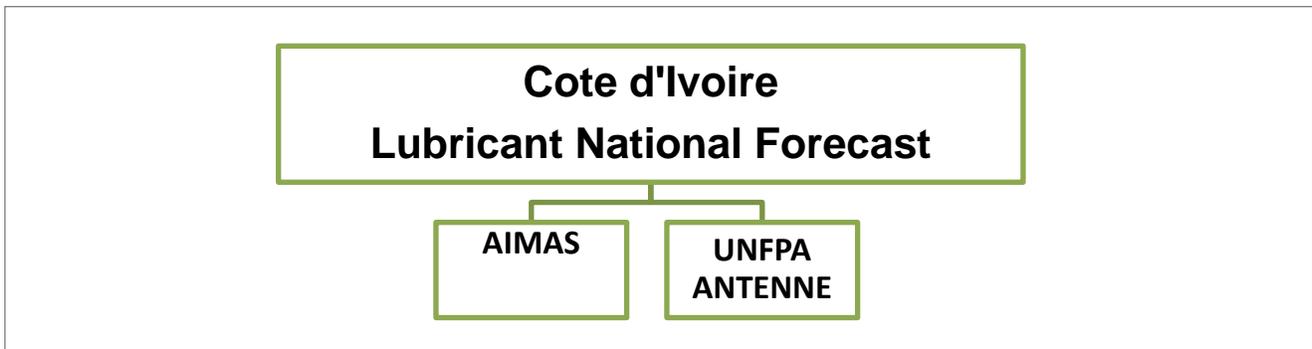
For female condoms, the quantification technical working group incorporated forecast estimations from the following programs, shown in figure 5.

Figure 5. Female Condom Management Partners



For lubricant, the quantification technical working group incorporated forecast estimations from the following programs, shown in figure 6.

Figure 6. Female Condom Management Partners



Each program managing male condoms, female condoms, and lubricants has an adopted forecasting methodology; therefore, it is difficult to say that this quantification exercise applied one universal approach to developing a forecast. All forecasting methodologies were reviewed by the technical working group and they validated the amounts in a consensus-based approach.

Each of the programs that distribute these three product categories provided their forecasting amounts. Male condoms, for example, have a number of different programs managing and distributing this commodity; whereas, lubricant is mostly found or purchased in pharmacies and private-sector outlets. However, AIMAS, the social marketing outlet in Côte d'Ivoire, procures and manages lubricant; as does UNFPA for technical activity implementation purposes. The QTWG reviewed any available historical data for male and female condoms and tried to conduct a trend analysis to see if there was any reliable indication of annual growth for condom distribution rates. Table 7 shares the findings from the calculated growth rates by year. Because of the inconsistency and reliability of data, it was difficult to determine any specific national growth rate. As there was little reliable historical data, the QTWG reviewed each program area forecast data and applied an individual growth rate average of 5 percent; this is the estimated national growth applying both program increases but also considering storage and distribution constraints.

Breaking down the national forecast even further, PEPFAR, for example, has a number of different implementing partners; all of which monitor and manage the distribution levels to their target populations, primarily the MARPs. Each partner has a community-based target population forecast, which is how PEPFAR develops its forecasted need. Figure 7 illustrates the PEPFAR partners that provided forecast needs. QTWG met with them individually to validate and confirm the estimations.

Figure 7. PEPFAR Partner Condom Programming Wheel

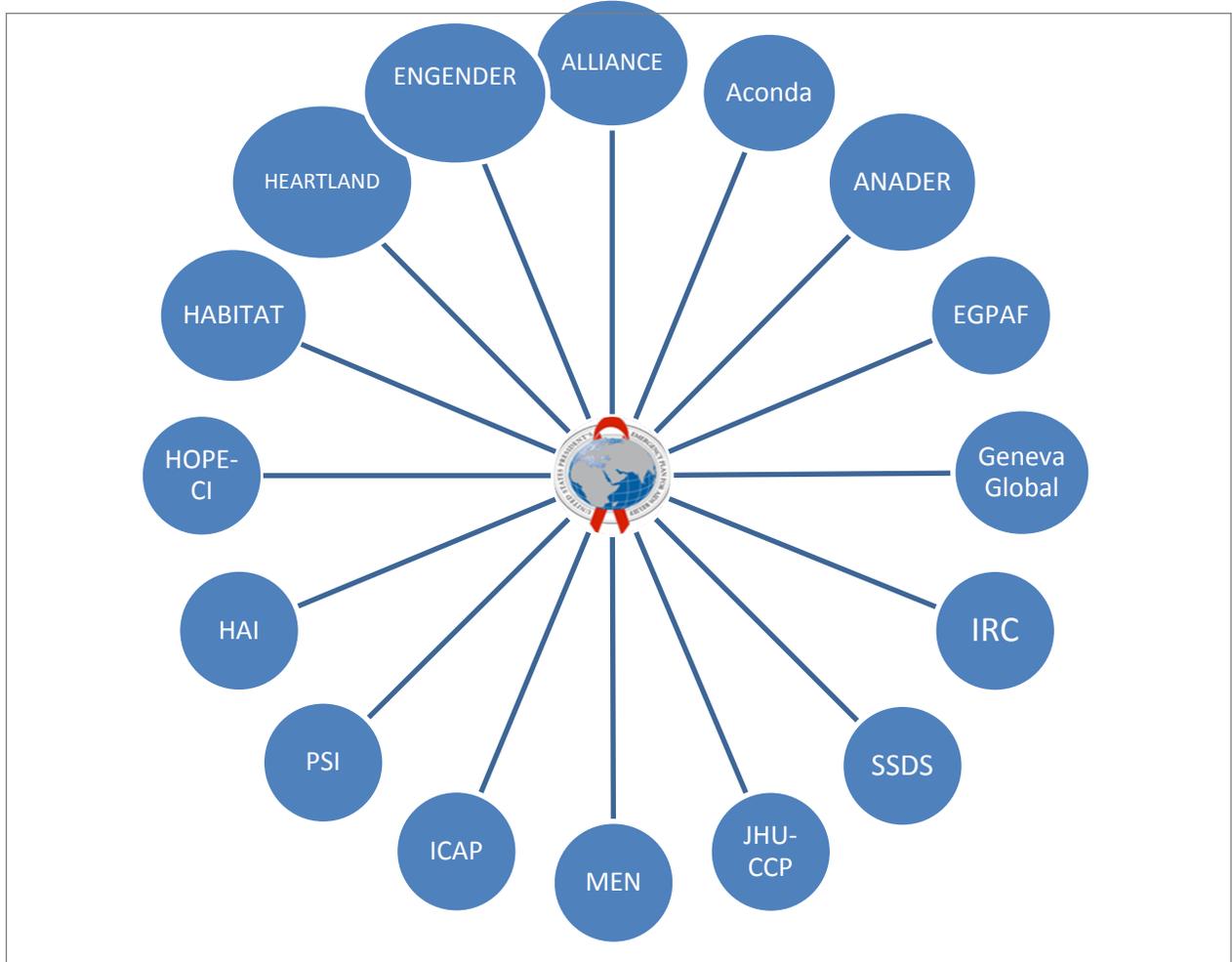


Table 13 reflects the national historical distribution data, as well as a growth rate percentage, by year, for male and female condoms, from 2005–2011:

Table 13. Historic Data for Male and Female Condoms and Growth Rate

Historical Data				
Year	Female condoms		Male condoms	
	Quantities	Growth rate	Quantities	Growth rate
2005	266,809		63,925,360	
2006	404,011	52%	27,268,656	-57%
2007	23,822	-94%	30,951,097	14%
2008	369,847	1453%	34,115,163	10%
2009	65,817	-82%	32,887,675	-4%
2010	51,897	-21%	33,742,277	3%
2011	32,591	37%	26,347,283	-22%

The results of the male and female condom forecast are a consensus-based accumulation of the data received and analyzed from each of the programs. The forecast results, table 14, indicates the national need by year, from 2012–2016. The amount below the need indicates the amount of condoms that have already been acquired, have already been budgeted for, and are already in the pipeline. For 2012, the gap of approximately 6,000,000 condoms was identified; UNFPA indicated that an additional shipment of 10,800,000 condoms will arrive in June 2012, which would fill the national gap for the year and supply for part of 2013. In subsequent years, however (2013–2016), there is, currently, a large national funding gap for the procurement of male and female condoms; due, in large part, to the reduction in donor funding to AIMAS, who currently supports approximately 85 percent of the national distribution market. This large gap analysis was also discussed among the condom programming stakeholders during the final workshop; donors and stakeholders are now mobilizing to secure funds for the following years.

Table 14. Male and Female Condom Forecasting Results

Quantification Results			
Year		Female Condoms	Male Condoms
2012	Forecast	118,340	46,684,102
	In the Pipeline	50,613	40,107,552
2013	Forecast	123,118	47,218,962
	In the Pipeline	15,276	7,679,603
2014	Forecast	127,901	47,804,685
	In the Pipeline	3,015	4,926,594
2015	Forecast	132,946	48,405,067
	In the Pipeline	-	905,583
TOTAL	Forecast	502,304	190,112,816
	In the Pipeline	68,901	53,619,331

Table 15. Commodity Gap for Male Condom Needs in Côte d'Ivoire

Male Condom Forecast Gap Analysis	
2012	6,576,550
2013	39,539,359
2014	42,878,091
2015	47,499,484
Total	136,493,485

For several years, GTZ, the German international development donor has provided funds to AIMAS to procure and manage male and female condoms in Côte d'Ivoire. Starting next year, in 2013, GTZ will provide substantially fewer than in previous years; the country is currently facing a potential stock shortage situation if the gap is not soon filled. This is the case for both the male condoms (shown in table 15) and the female condoms (shown in table 16).

Table 16. Commodity Gap for Female Condom Needs in Côte d'Ivoire

Female Condom Forecast Gap Analysis	
2012	67,730
2013	107,842
2014	124,886
2015	132,946
Total	433,403

The QTWG presented the findings during the final workshop and addressed the funding gaps with the larger stakeholder group. After the forecast amounts were finalized, a comprehensive supply plan was drafted and shared with the ministry and relevant donors (USAID, UNFPA) for review and inputs. This year's quantification enabled the QTWG to develop a comprehensive national forecast and empowered the ministry to become the center of condom programming information sharing, commodity forecasting, and supply planning. The technical working group left the supply plan with the PNSR to enable them to manage all incoming shipments and track in-country stock levels to make informed decisions about future procurements and distributions. The nationally developed supply plan reflects the national procurement requests of the Ministry of Reproductive Health.



Mr. Andoh of PNSR presenting forecast results

Similar to that of the male and female condom data, data for lubricant distribution and procurements have not been historically managed and regularly calculated. Because this is a difficult commodity area to track, and much of it runs through the private sector, the QTWG reviewed the forecasted need from the primary distributors—AIMAS and UNFPA satellite programs—and aggregated these forecasts to obtain the need for lubricant in the program areas. Table 17 represents the annual need for lubricant from 2012–2016. There was no available data for what is currently in the pipeline or what financial amounts are already obligated to this commodity area. The QTWG reviewed the forecasted amounts for male and female condoms to determine the need for lubricant. The forecasts from UNFPA and AIMAS were reviewed against the national forecasts for male and female condoms; and, from there, the QTWG applied an average 1:1 rate for male and female condoms and lubricant, assuming an increased use due to increased sensitivity and product availability.

Table 17. National Forecast for Lubricant

Year	Lubricant			
	Forecasted Need	In the Pipeline	Balance	Estimated Lubricant Growth Rate
2012	45,052,442		-45,052,442	
2013	45,604,580		-45,604,580	1.23
2014	46,208,211		-46,208,211	1.32
2015	46,827,419		-46,827,419	1.34
TOTAL	183,692,651	-	-183,692,651	

Supply Planning

A PipeLine database was used to develop the supply plan for Côte d’Ivoire. Due to the complexity of the warehousing and distribution mechanisms in Côte d’Ivoire, the database includes a supply plan for every commodity; and, within each commodity, each programmatic area that manages that commodity. To simplify, the supply plan database was developed for each of the major donor or supply areas. For male condoms, each of the programs in table 18 procure and manage their own condoms. Female condoms are predominantly procured by UNFPA; lubricant is procured predominantly by AIMAS, with GTZ funding.

Table 18. Supply Plan Database Categorization

Male Condoms	Female Condoms	Lubricant
UNFPA	UNFPA	AIMAS
AIMAS		
AIBEF		
PSP		
PEPFAR		

The average monthly consumption was determined on an individual programmatic basis using annual historical data and calculating an average monthly consumption. There was no specific attribution for programmatic or seasonal fluctuation in condom use. The pricing information for the supply plan was used from the USAID-developed product catalog, which served as an estimate for the commodity categories. As the quantification process was under review, the stock on hand information was obtained from each of the warehousing mechanisms to determine the stock on hand for each commodity. Most warehousing facilities had conducted an annual physical inventory in January of 2012, so the March 2012 supply plan included the most recent stock on hand and then calculated the current stock on hand; next, they developed a forecasted supply plan, as of the date of the developed supply plan (March 2012). The QTWG also gathered data on any anticipated or already planned shipments, and added this to the PipeLine database. A detailed supply plan can be seen in the annex portion of the report.

During the quantification exercise, the QTWG received data determining the average monthly consumption for the PEPFAR partners, as well as the current stock on hand. Due to a very large recent shipment in November of 2011, PEPFAR is now managing and storing a large supply of condoms, which unless there is a large distribution campaign or a commodity redistribution to the public sector, PEPFAR will have several years’ worth of stock. Figure 8 illustrates the anticipated consumption rate for PEPFAR condoms, per the current monthly average.

Figure 8. PEPFAR Male Condom Stock Status Data

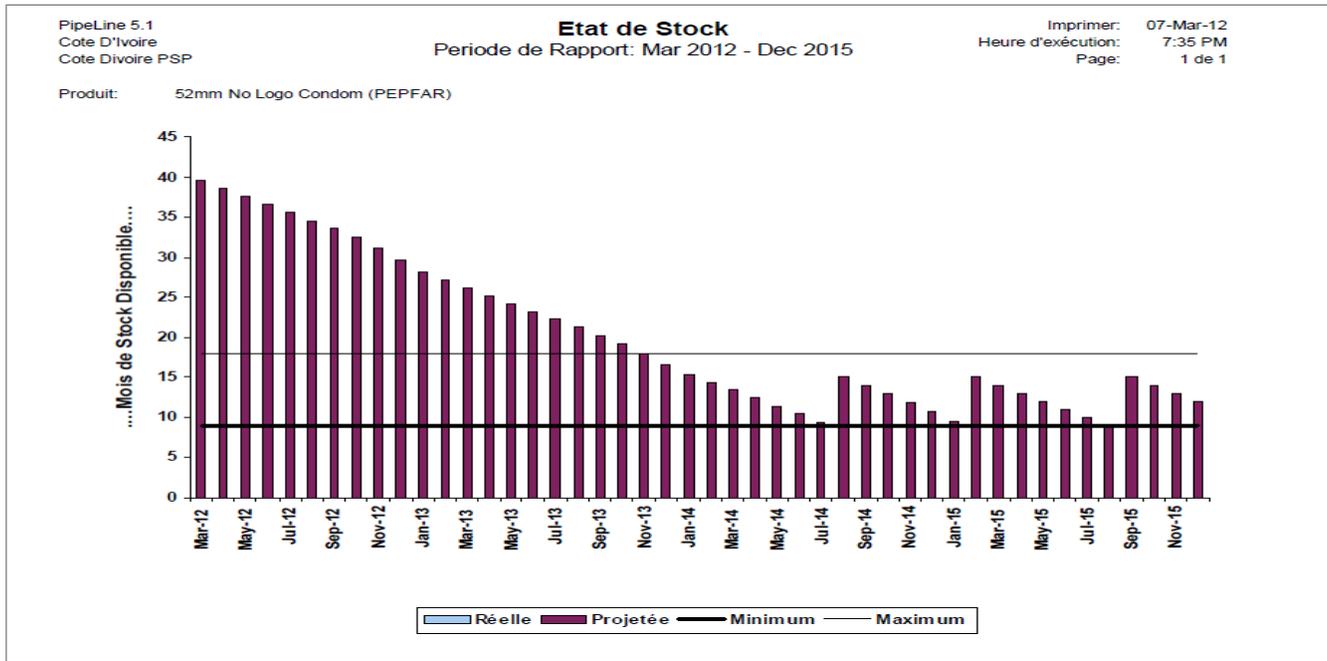


Figure 8 illustrates an estimated current month of stock of approximately 40 months. At the current distribution rate, it will not be until approximately June of 2014 that PEPFAR would need to have another shipment arrive to maintain normal stock levels.

Conclusion

The quantification process applied a number of different forecasting methodologies, and while the demographic data was reviewed; ultimately, the logistics data was primarily used to generate the supply plan. Côte d’Ivoire still struggles with data availability and beyond that, data quality. This year’s quantification shed light on a number of different gap areas that need closer monitoring in order to generate a more robust commodity management system, which would subsequently inform a more accurate forecast for future rounds. It is anticipated that the system will be closely monitored over the next year and data quality will continue to improve. Establishing the condom programming technical working group, with the quantification committee working within it, will prove to be the stabilizing force in improving data accuracy. It is, therefore, absolutely imperative that the condom programming technical working group operationalize as soon as possible in order to better manage how the condom programming is being managed in-country.

Suggested action items

1. Transfer management and storage of PEPFAR condoms to AIMAS, as soon as possible.
2. Provide technical assistance to AIMAS to develop and implement a SCM system for free condoms.
3. Procure condoms and envision supporting both social marketing and free condom distribution with a cost recovery perspective (AIMAS submitted model).
4. Develop and implement a condom supply chain for PEPFAR-supported NGOs (logistics tools, SOPs, inventory control, training etc.).

5. Support AIMAS effort toward a full condom cost recovery program.
6. Support/strengthen PSP condom management/distribution capacity in the public sector.
7. Contribute to and support stakeholder coordination condom technical working group.

References

- Ministère de la Santé et de la Lutte Contre le SIDA. 2012. *Atelier de validation du plan de passage à l'échelle de la programmation complète des préservatifs et gels lubrifiants pour la prévention du VIH et des grossesses non désirées et de la réflexion sur le mécanisme de pérennisation de la disponibilité des préservatifs et lubrifiants dans le cadre de la CCP*. Abidjan, Côte d'Ivoire : PEPFAR and UNFPA.
- Ministère de la Santé. 2012. *Fiche de Synthèse de l'analyse situationnelle CCP*. Abidjan, Côte d'Ivoire. Ministre de Santé.
- Agence Ivoirienne Marketing Social. 2012. *Plaidoyer pour l'acquisition Condoms Masculins du PEPFAR : Direction Exécutive*. AIMAS.
- Agence Ivoirienne Marketing Social. 2012. *Plan de Pérennisation*. AIMAS.
- Agence Ivoirienne Marketing Social. 2012. *Analyse du Système de Gestion Logistique pour la Transition de la Gestion et de la Distribution des Condoms*. (NB : Dans une perspective de recouvrement des coûts et d'appui au MARP : vente et distribution gratuites) AIMAS, PEPFAR and USAID | DELIVER PROJECT
- Ministère de la Santé et de la Lutte Contre le SIDA. 2012. *Outil d'évaluation de planification et de mise en œuvre de la sécurité des produits de Santé de la Reproduction : RHCSAT : Guide D'évaluation de la sécurisation des condoms*. Abidjan, Côte d'Ivoire : PEPFAR and UNFPA.
- Ministère de la Santé et de la Lutte Contre le SIDA. 2012. *Programmation complète des préservatifs féminins et masculins pour la prévention des IST/VIH et des grossesses non désirées en Côte D'Ivoire : Plan d'action de mise à l'échelle 2011-2015*.
- Ministère de la Santé et de la Lutte Contre le SIDA. 2012. *République de Côte D'Ivoire : Union-Discipline-Travail : Programmation complète des préservatifs féminins et masculins pour la prévention des IST/VIH et des grossesses non désirées en Côte D'Ivoire : Plan d'action de mise à l'échelle 2012-2015*.
- Ministère de la Santé et de la Lutte Contre le SIDA. 2012. *Termes de référence du groupe technique de travail pour la Programmation complète des préservatifs et gels lubrifiants pour la prévention des IST/VIH et des grossesses non désirées : Pour l'atelier Mars 7, 2012*. PEPFAR and UNFPA.
- UN Country Profiles: *Population data for Côte D'Ivoire*. Condom Quantification Forecasting (accessed Feb 3, 2012): <http://data.un.org/CountryProfile.aspx?crName=C%C3%B4te%20d'Ivoire>
- Reproductive Health Interchange: *Shipment History for Côte D'Ivoire*. (Accessed 3 January, 2012): <http://rhi.rhsupplies.org>
- Ministère de la Santé et de la Lutte Contre le SIDA, AIMAS, AIBEF. 2012. *Draft Rapport de Quantification Pour les Condoms Masculins, Féminins et Lubrifiant*. Abidjan, Côte D'Ivoire. PEPFAR and UNFPA.
- Ministère de la Santé et de la Lutte Contre le SIDA. 2012. *Présentation de Power Points des résultats de le Quantification Pour les Condoms Masculins, Féminins et Lubrifiant*. Abidjan, Côte D'Ivoire. PEPFAR and UNFPA.

Appendix A

Situation Analysis, Quantification and Strategic Planning Participants List

Atelier De Réflexion Sur Le Mécanisme De Pérennisation De L'approvisionnement En Préservatifs
Dans Le Cadre De La Programmation Complete Des Préservatifs

Situation Analysis and Quantification

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12	Hervé DEZA	PEPFAR/USAID	Budget specialist	57 09 82 87 22 49 40 09	dezah@ci.cdc.gov
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21	Dominique BOSSE	PLS-PHV	Assistante PS-MSM	01 29 01 08	dominiquebossekehin@gmail.com
22	DOGORE Eliane Maryline	UNFPA	Expert national SPSR/PF/SBC	08 08 09 03 02 97 53 34 22 52 94 00	dogore@unfpa.org
23	ABHE GNANGORAN L. Eliane	DC-PNSR/PF	Directeur Coordonateur	08 10 57 51 20 32 24 63	leabhe@yahoo.fr
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Abidjan, 07 MARS 2012, Hotel BELLE CÔTE

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2	CAMARA K. Lacina	PNSSU	Chef Adjoint Service Prévention	05 93 54 05	ckogochou@yahoo.fr
3	Yvonne AUGOU	MEN/DMOSS	Suivi-Evaluation MEN/PUMLS	07 83 93 40 01 85 64 43	yaugou@yahoo.com
4	KOFFI Akoua Isabelle	PNSR/PF	Service logistique contraceptive	07 98 92 78 02 54 87 52	kofiisou@yahoo.fr
5	GNONSIO Georges Rolland	PNSSU	Chef de service suivi-évaluation	45 36 92 73 20 32 43 25	ggnonsio@yahoo.fr
6	Dr DIARRASSOUBA Mamadou	CDC/PEPFAR	Technical Advisor For HVP and MARPS	22 49 43 04 04 83 86 58	diarrassoubam@ci.cdc.gov
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16	Dominique BOSSE	PLS-PHV	Assistante PS-MSM	01 29 01 08	dominiquebossekehin@gmail.com
17	DOGORE Eliane Maryline	UNFPA	Expert national SPSR/PF/SBC	08 08 09 03 02 97 53 34 22 52 94 00	dogore@unfpa.org
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20	ABBE AMANI Eléonore	DC-PNSR/PF	Pharmacien	01 00 61 24	abelgi@yahoo.fr
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24	Jennifer TUDDENHAM	JSI/DELIVER	PO	07 53 50 72	jtuddenham@jsi.com
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Appendix B

TDR for February 28-29 Workshop



REPUBLIQUE DE COTE D'IVOIRE

(i) Union - Discipline - Travail

TERMES DE REFERENCE

**ATELIER DE REFLEXION SUR LE MECANISME DE
PERENISATION DE LA DISPONIBILITE DES
PRESERVATIFS ET LUBRIFIANTS DANS LE CADRE DE LA
PROGRAMMATION COMPLETE DES PRESERVATIFS**

Les 28 et 29 Février 2012

Hôtel Belle Côte

1. Contexte et justification

En Côte d'Ivoire, l'EIS-2005, indique que 4,7% d'adultes de 15-49 ans sont infectés par le VIH/SIDA. Les femmes sont les plus touchées avec 6,4% de femmes sont infectées contre 2,9% d'hommes.

En plus de leur vulnérabilité face au VIH et de la féminisation marquée de l'épidémie, les femmes sont aussi confrontées à une mortalité maternelle élevée, 543 décès pour 100 000 naissances vivantes. Pour l'ensemble des décès maternels, 14,8% seraient imputables aux complications des avortements.

Par ailleurs, la pratique de la contraception même si elle a progressé sensiblement depuis le début des années 1990, reste encore faible. La proportion des femmes en union qui utilise une méthode moderne qui était estimée à 7% en 1998-1999 est passée à 13% selon l'EIS de 2005.

L'utilisation des condoms comme moyen de contraception et aussi de prévention des IST/VIH/SIDA n'est pas encore effective au sein de la population vu le faible recours au condom. Selon l'enquête sur les Indicateurs de SIDA (EIS-CI, 2005), seulement 12% des femmes et 30% des hommes ont déclaré avoir utilisé un condom lors des derniers rapports sexuels à risques. Pourtant le condom est considéré depuis de longues années comme le moyen le plus efficace pour prévenir la transmission des maladies au cours des rapports sexuels.

Au regard de ces défis, la Côte d'Ivoire a introduit en 2007, l'approche «Comprehensive Condom Programming» (CCP) que l'on traduit en français par la programmation complète des préservatifs. Cette approche permet d'assurer que tout individu sexuellement actif et susceptible de contracter les IST/VIH et les grossesses non désirées, soit motivé à utiliser des préservatifs masculins ou féminins de qualité, qu'il y ait accès, et puisse les utiliser correctement et de façon régulière.

La Côte d'Ivoire a sollicité en 2010, l'appui du Fonds des Nations Unies pour la Population (UNFPA) afin de se doter d'un plan de mise à l'échelle 2011-2015 de la programmation complète des préservatifs féminins et masculins pour la prévention des IST/VIH et des grossesses non désirées.

Pour mettre à l'échelle la CCP en Côte d'Ivoire, il faut renforcer des actions en direction des quatre composantes ci-dessous :

1. Mobilisation des ressources financières pour la mise en œuvre des interventions en CCP
2. Plaidoyer et dialogue politique pour sécuriser l'offre en préservatifs féminins et masculins
3. Renforcement des capacités humaines et institutionnelles
4. Création et soutien de la demande à l'utilisation des préservatifs féminins et masculins.

Depuis l'élaboration de ce plan, le Groupe Technique de Travail pour le CCP n'a pas eu l'occasion de mener ses activités de coordination et de suivi des activités.

Un atelier est prévu à l'hôtel belle côte de la Riviera, les 28 et 29 février 2012, afin de réviser le plan de passage à échelle du CCP et de mettre en place un mécanisme de pérennisation de l'approvisionnement en préservatifs.

2. Objectifs et résultats attendus

L'objectif général est de contribuer à améliorer la disponibilité et l'accessibilité des préservatifs et lubrifiants dans le cadre de l'exécution des activités du plan de mise à l'échelle 2011-2015 de la programmation complète des préservatifs féminins et masculins pour la prévention des IST/VIH et des grossesses non désirées.

De façon spécifique, cet atelier consistera à :

- mettre à jour les problèmes et identifier les nouveaux défis
- la révision du plan de passage à échelle du CCP
- la revue des besoins pour la mise à jour de la quantification des préservatifs masculins et féminins et des lubrifiants (identification des gaps ; définir les besoins pour une mise à jour nationale de la quantification; planification des approvisionnements ; la part de chaque partenaire)
- la réflexion sur une stratégie pour la pérennisation de la mise à disposition des préservatifs.
- Contribuer au renforcement de la coordination des parties prenantes de CCP par la redynamisation du groupe technique de travail sur le CCP (partager un draft de TDR)

A l'issue de l'atelier, le plan de passage à échelle du CCP sera révisé et un document de réflexion sur une stratégie pour la pérennisation de la mise à disposition des préservatifs sera élaboré.

3. Méthodologie

Au cours de l'atelier, les documents suivants seront mis à la disposition des participants :

- le plan de passage à échelle du CCP
- le document de l'analyse situationnelle 2007
- Les outils d'évaluation par groupe
- le draft du TDR du GTT-CCP
- les données démographiques et de distribution de la quantification
- Les TDRs pour les travaux de groupe
- présentation AIMAS

La quantification se fera en parallèle à la révision.

Une présentation de l'AIMAS sera faite sur sa stratégie de marketing et de pérennisation suivie des travaux de groupe.

Il y aura cinq groupes de travail.

- **Groupe 1: Thème:** Mobilisation des ressources financières
- **Groupe 2: Thème:** Création et soutien de la demande à l'utilisation des préservatifs masculins et féminins
- **Groupe 3: Thème:** Renforcement des capacités humaines et institutionnelles
- **Groupe 4: Thème:** le plaidoyer et le dialogue politique pour sécuriser l'offre en préservatifs féminins et masculins
- **Group 5: Thème:** Quantification

Les groupes travailleront sur l'analyse situationnelle de la CCP, la quantification et la révision du plan CCP Puis, sur la stratégie à mettre en place pour la pérennisation.

Après les travaux de groupes, il y aura des présentations en plénière.

Ces travaux se dérouleront sur trois jours.

4. Participants

Les participants au nombre de 38, appartiennent aux structures suivantes :

PARTENAIRES NATIONAUX		
1	MEN/DMOSS	1
2	MSLS/DGLS	5
3	MINISTERE DE L'ECONOMIE ET DES FINANCES	1
4	PNDAP	1
5	PNSR/PF	4
6	PNSSU	2
7	PSP	3
8	DIPE	1
PARTENAIRES AU DEVELOPPEMENT		
9	AIBEF	1
10	AIMAS	3
11	ALLIANCE CI (Fonds Mondial)	1
12	PROJET CORRIDOR	1
13	PUMLS	1
14	SCMS	1
15	UNFPA	1
16	UNICEF	1

17	USAID/ PEPFAR	5
PARTENAIRES DE MISE EN OEUVRE		
18	JHU/CCP	1
19	PSI	1
20	EGPAF	1
21	HEARTLAND ALLIANCE	1
22	AUTRES STRUCTURES	1
TOTAL		38

Répartition par groupe

Groupe 1: Thème: Mobilisation des ressources financières	
1	MINISTERE DE L'ECONOMIE ET DES FINANCES
2	UNICEF
3	PNSR/PF
4	PNSSU
5	ALLIANCE CI (Fonds Mondial)
6	PROJET CORRIDOR
7	PUMLS
8	USAID/ PEPFAR
Groupe 2: Thème: Création et soutien de la demande à l'utilisation des préservatifs masculins et féminins	
9	MEN/DMOSS
10	MSLS/DGLS PLSPHV
11	PNSR/PF
12	USAID/ PEPFAR
13	JHU/CCP
14	PSI
15	HEARTLAND ALLIANCE
16	PNSSU
Groupe 3: Thème: Renforcement des capacités humaines et institutionnelles	
17	EGPAF
18	MSLS/DGLS DPSES

19	PSP
20	DIPE
21	AIMAS
22	UNFPA
23	USAID/ PEPFAR
Groupe 4: Thème: le plaidoyer et le dialogue politique pour sécuriser l'offre en préservatifs féminins et masculins	
24	PSP
25	PNDAP
26	PNSR/PF
27	AIMAS
28	USAID/ PEPFAR
29	MSLS/DGLS DSPSC
Groupe 5: Thème: Quantification	
30	MSLS/DGLS PNPEC
31	SCMS
32	UNFPA
33	MSLS/DGLS PLSPHV
34	PNSR/PF
35	PSP
36	AIBEF
37	AIMAS
38	USAID/ PEPFAR

5. Agenda

Date	Heures	Activités
Jour 1	8 h 00 à 09 h 00	Accueil et installation des participants
	8 h 30 à 9 h 00	<ul style="list-style-type: none"> - Cérémonie d'ouverture (PEPFAR ; MSLS/ DGLS) - Modalités administratives (PNSR) - Présentation des participants Présentation de l'agenda et des

		objectifs de l'atelier(PLSPHV)
	9 h 00 à 10 h 00	<ul style="list-style-type: none"> - Présentation du cadre programmatique du CCP (PNSR / UNFPA) - Présentation de l'AIMAS - présentation des TDR et constitution des groupes (JSI/ PEPFAR)
	10 h 00 à 10 h 15	Pause café
	10 h 15 à 13 h 00	<p>Travaux de groupes (mise à jour analyse situationnelle CCP/ Quantification)</p> <ul style="list-style-type: none"> - Groupe 1: <u>Thème:</u> Mobilisation des ressources financières - Groupe 2: <u>Thème:</u> Création et soutien de la demande à l'utilisation des pr masculins et féminins - Groupe 3: <u>Thème:</u> Renforcement des capacités humaines et institutionnel - Groupe 4: <u>Thème:</u> le plaidoyer et le dialogue politique pour sécuriser l'of préservatifs féminins et masculins - Groupe 5: <u>Theme:</u> Quantification
	13 h 00 à 14 h 00	Pause déjeuner
	14 h 00 à 15 h 30	Travaux de groupes (suite)
	15 h 30 à 16 h 30	Restitution en plénières (mise à jour analyse situationnelle CCP)
Jour 2	8 h 30 à 8 h 45	Rappel de la 1 ^{ère} journée et TDR de la 2 ^e journée
	8 h 45 à 10 h 15	<p>Travaux de groupes (Plan de mise à échelle CCP/ Quantification)</p> <ul style="list-style-type: none"> - Groupe 1: <u>Thème:</u> Mobilisation des ressources financières - Groupe 2: <u>Thème:</u> Création et soutien de la demande à l'utilisation des pr masculins et féminins - Groupe 3: <u>Thème:</u> Renforcement des capacités humaines et institutionnel - Groupe 4: <u>Thème:</u> le plaidoyer et le dialogue politique pour sécuriser l'of préservatifs féminins et masculins - Groupe 5: <u>Theme:</u> Quantification
	10 h 15 à 10 h 30	Pause café
	10 h 30	Travaux de groupes (Plan de mise à échelle CCP/ Quantification)

à 13 h 00	<ul style="list-style-type: none"> - Groupe 1: <u>Thème:</u> Mobilisation des ressources financières - Groupe 2: <u>Thème:</u> Création et soutien de la demande à l'utilisation des préservatifs masculins et féminins - Groupe 3: <u>Thème:</u> Renforcement des capacités humaines et institutionnelles - Groupe 4: <u>Thème:</u> le plaidoyer et le dialogue politique pour sécuriser l'offre en préservatifs féminins et masculins - Groupe 5: <u>Thème:</u> Quantification
13 h 00 à 14 h 00	Pause déjeuner
14 h 00 à 16 h 30	<ul style="list-style-type: none"> - Restitution en plénières (Plan de mise à échelle CCP/ Quantification) - Synthèse - recommandations - prochaines étapes - Cérémonie de clôture et fin de l'atelier

Appendix C



TDR for March 7 Workshop

TERMES DE REFERENCE

**ATELIERS DE VALIDATION DU PLAN DE PASSAGE A
L'ECHELLE DE LA PROGRAMMATION COMPLETE DES
PRESERVATIFS ET DE LA STRATEGIE DE PERENNISATION
DE LA DISPONIBILITE DES PRESERVATIFS ET
LUBRIFIANTS DANS LE CADRE DE LA PROGRAMMATION
COMPLETE DES PRESERVATIFS POUR LA PREVENTION
DU VIH ET DES GROSSESSES NON DESIREES (CCP)**

07 Mars 2012

1. Contexte et justification

En Côte d'Ivoire, l'EIS-2005, indique que 4,7% d'adultes de 15-49 ans sont infectés par le VIH/SIDA. Les femmes sont les plus touchées avec 6,4% contre 2,9% d'hommes.

En plus de leur vulnérabilité face au VIH et de la féminisation marquée de l'épidémie, les femmes sont aussi confrontées à une mortalité maternelle élevée, 543 décès pour 100 000 naissances vivantes. Pour l'ensemble des décès maternels, 14,8% seraient imputables aux complications des avortements.

Par ailleurs, la pratique de la contraception même si elle a progressé sensiblement depuis le début des années 1990, reste encore faible. La proportion des femmes en union qui utilise une méthode moderne qui était estimée à 7% en 1998-1999 est passée à 13% selon l'EIS de 2005.

L'utilisation des condoms comme moyen de contraception et aussi de prévention des IST/VIH/SIDA n'est pas encore effective au sein de la population vu le faible recours au condom. Selon l'enquête sur les Indicateurs de SIDA (EIS-CI, 2005), seulement 12% des femmes et 30% des hommes ont déclaré avoir utilisé un condom lors des derniers rapports sexuels à risques. Pourtant le condom est considéré depuis de longues années comme le moyen le plus efficace pour prévenir la transmission des maladies au cours des rapports sexuels.

Au regard de ces défis, la Côte d'Ivoire a introduit en 2007, l'approche «Comprehensive Condom Programming» (CCP) que l'on traduit en français par la programmation complète des préservatifs pour la prévention des IST, du VIH et des grossesses non désirées grâce à l'appui technique et financier du Fonds des Nations Unies pour la Population. Cette approche permet d'assurer que tout individu sexuellement actif et susceptible de contracter les IST/VIH et les grossesses non désirées, soit motivé à utiliser des préservatifs masculins ou féminins de qualité, qu'il y ait accès, et puisse les utiliser correctement et de façon régulière. Sur la base de cette analyse, un document de programmation des condoms pour la période allant de 2008-2012 a été élaboré.

Puis en 2010, la Côte d'Ivoire s'est dotée d'un plan de mise à l'échelle 2011-2015 de la programmation complète des préservatifs féminins et masculins pour la prévention des IST/VIH et des grossesses non désirées avec de nouveau, l'appui du Fonds des Nations Unies pour la Population (UNFPA).

Le plan a identifié les quatre composantes ci-dessous dont les actions devraient être renforcées pour réussir à mettre à l'échelle la CCP en Côte d'Ivoire :

1. Mobilisation des ressources financières pour la mise en œuvre des interventions en CCP
2. Plaidoyer et dialogue politique pour sécuriser l'offre en préservatifs féminins et masculins
3. Renforcement des capacités humaines et institutionnelles
4. Création et soutien de la demande à l'utilisation des préservatifs féminins et masculins.

Ce plan devait être évalué en 2012, mais, du fait entre autre de la persistance de la crise postélectorale, le Groupe Technique de Travail pour le CCP n'a pas eu l'occasion de mener ses activités de coordination et de suivi des activités.

Aussi, les 28 et 29 février 2012, un atelier co-organisé, à l'hôtel Belle Côte de la Riviera palmeraie, par le PNSR/PF et le PNLS-PHV pour la révision du plan de passage à échelle du CCP en tenant compte de nouvelles priorités. Cet atelier a eu aussi pour objectif de mettre en place un mécanisme de pérennisation de l'approvisionnement en préservatifs. L'appui technique et financier de JSI/Deliver, partenaire d'exécution du PEPFAR a été requis et l'UNFPA a apporté un appui technique à la préparation et la mise en œuvre de l'atelier.

A la fin de l'atelier, un groupe restreint s'est chargé de finaliser les deux documents afin de les rendre disponibles pour leur validation au cours d'un atelier le 7 mars 2012, toujours à l'Hôtel Belle Côte. Cet atelier sera cofinancé par l'UNFPA et le JSI/Deliver. Le budget de cet atelier détaillé informe des dépenses prises en charge par l'UNFPA.

2. Objectifs et résultats attendus

L'objectif général est de valider tous les documents révisés pendant l'atelier en cours, les résultats de la quantification des condoms masculins et féminins.

De façon spécifique, cet atelier consistera à :

- Examiner les documents révisés et produits au cours de l'atelier du 28 au 29 février 2012
- Obtenir le consensus autour de ces documents en vue de la valider.

A l'issu de ces ateliers, le plan de passage à échelle du CCP sera révisé et un document de réflexion sur une stratégie pour la pérennisation de la mise à disposition des préservatifs sera validé.

3. Méthodologie

Au cours de l'atelier, les documents suivants seront mis à la disposition des participants :

- le plan de passage à échelle du CCP révisé
- La présentation de l'AIMAS sur la stratégie de pérennisation de l'approvisionnement de préservatifs dans le cadre de la CCP
- Les Termes du GTT-CCP
- La présentation sur la quantification

4. Participants

Les participants au nombre de 38, appartiennent aux structures suivantes :

PARTENAIRES NATIONAUX		
1	MEN/DMOSS	1
2	MSLS/DGLS	5
3	MINISTERE DE L'ECONOMIE ET DES FINANCES	1
4	PNDAP	1
5	PNSR/PF	4
6	PNSSU	2
7	PSP	2

8	DIPE	1
PARTENAIRES AU DEVELOPPEMENT		
9	AIBEF	2
10	AIMAS	3
11	ALLIANCE CI (Fonds Mondial)	1
12	PROJET CORRIDOR	1
13	PUMLS	1
14	SCMS	1
15	UNFPA	2
16	UNICEF	1
17	USAID/ PEPFAR	5
PARTENAIRES DE MISE EN OEUVRE		
18	JHU/CCP	1
19	PSI	1
20	EGPAF	1
21	HEARTLAND ALLIANCE	1
TOTAL		38

5. Agenda

Date	Heures	Activités
Jour I	8 h 00 à 08 h 30	Accueil et installation des participants
	8 h 30 à 9 h 00	<ul style="list-style-type: none"> - Cérémonie d'ouverture (PEPFAR ; MSLS/ DGLS) - Modalités administratives (PNLS-PHV) - Présentation des participants - Présentation de l'agenda et des objectifs de l'atelier (PLSPHV)
	9 h 00 à 10 h 00	<ul style="list-style-type: none"> - Présentation des résultats de la quantification et discussions
	10 h00 à 10h15	Pause café
	10 h15 à 12 h 30	<ul style="list-style-type: none"> - Présentation et validation du plan de passage à échelle de la CCP - Présentation des TDR du GTT-CCP et discussions
	12 h 30 à 13 h30	Pause déjeuner
	13h 30 à 15 h00	présentation de AIMAS sur le mécanisme de pérennisation de la CCP et discussions
	15 h 00 à 15 h 30	<ul style="list-style-type: none"> - Cérémonie de Clôture (Cocktail)

For more information, please visit the project website at <http://deliver.jsi.com>.

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