

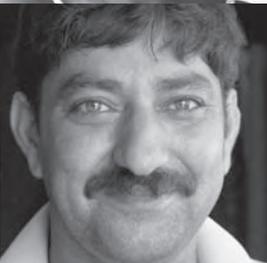
# CÔTE D'IVOIRE FINAL REPORT

October 2003–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



**USAID**  
FROM THE AMERICAN PEOPLE









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October 2003–September 2007**

**for**

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(IMPACT) Project**







## **Côte d'Ivoire Final Report**

*Submitted to USAID  
By Family Health International  
December 2007*

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Population Services International (PSI)  
Program for Appropriate Technology in Health (PATH)  
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Dr. Charles Zouzoua  
Country Director

## GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
ANADER	Agence Nationale pour le Développement Rural (National Agency for Rural Development)
AWARE	Action for West Africa Region
CBO	Community-based organization
CDC	US Centers for Disease Control and Prevention
CERAB	Club Espoir d'Abengourou (Hope Club of Abengourou)
CEROS-EV	Cellule de Réflexion sur les Orphelins et Autres Enfants Vulnérables (National OVC Taskforce)
CHR	Centre Hospitalier Régional
CI	Côte d'Ivoire (Ivory Coast)
CNDSP	Commission Nationale pour le Développement des Soins Palliatifs (National Commission on Palliative Care)
COSCI	Collectif des ONG de Lutte contre le SIDA en CI (Network of NGOs for the Fight against AIDS in Côte d'Ivoire)
COP	Country operational plan
CT	HIV counseling and testing
DMOSS	Direction de la Mobilisation et des Œuvres Sociales Scolaires
DPPSE	Direction de la Programmation, Planification, Suivi et Evaluation (Programming, Planning, Monitoring, and Evaluation Division)
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
FBO	Faith-based organization
FHI	Family Health International
FY	Fiscal year
GTT	Groupe Technique de Travail aux Soins Palliatifs (palliative care technical working group)
HBC	Home-based care
HIV	Human immunodeficiency virus
HVP	Highly vulnerable populations
IA	Implementing agency
IHAA	International HIV/AIDS Alliance
INFS	Institut National de Formation Sociale (National Social Training Institute)
JHU/CCP	Johns Hopkins University/ Center for Communications Programs
JSI	John Snow, Inc.
LSTC	Labor Sector Tripartite Committee
M&E	Monitoring and evaluation
MEN	Ministère de l'Education Nationale (Ministry of National Education)
MFAS	Ministère de la Famille et des Affaires Sociales (Ministry of Family and Social Affairs)
MLS	Ministère de Lutte contre le SIDA (Ministry of AIDS)
MOH	Ministère de la Santé et de l'Hygiène Publique (Ministry of Health and Public Hygiene)
MSH	Management Sciences for Health

MSSSH	Ministère de la Solidarité, de la Sécurité Sociale et des Handicapés (Ministry of Health, Solidarity, and Social Welfare)
NGO	Nongovernmental organization
OEV	Orphelins et autres enfants vulnérables
OVC	Orphans and other vulnerable children
PAPO-HV	Projet d'Assistance aux Populations Hautement Vulnérables (HVP Assistance Project)
PC	Palliative care
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
PN-OEV	Programme National de Prise en Charge des Orphelins et Autres Enfants Vulnérables (National OVC Care and Support Program)
PNPEC	Programme National de Prise en Charge Médicale des Personnes Vivant avec le HIV/AIDS (National Medical Program to Support PLHA)
PPP	Public-private partnerships
PSI	Population Services International
PSP	Private Sector Partnerships (PSP-One Project)
PVVIH	Personnes vivant avec le VIH/SIDA
RIP+	Réseau Ivoirien de Personnes Vivant avec le HIV (Ivoirian Network of People Living with HIV)
ROPHARCI	Réseau des NGO pour les Populations à Haut Risque en Côte d'Ivoire (Ivoirian network of NGOs working with HPV)
RSB	Renaissance Santé Bouaké (Health Renaissance Bouaké)
STI	Sexually transmitted infection
TA	Technical assistance
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
USG	US Government



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## **I. EXECUTIVE SUMMARY**

The US Agency for International Development (USAID) awarded the 10-year global Implementing AIDS Prevention and Care (IMPACT) Project to Family Health International (FHI) and its partners in 1997 as a leadership program to improve HIV/AIDS prevention and care. In Côte d'Ivoire (CI), IMPACT operated between 2003 and 2007 with a mandate to contribute to policy reform and facilitate the development and implementation of training curricula for an improved national response to HIV/AIDS in the areas of orphans and other vulnerable children (OVC), palliative care (PC) and home-based care (HBC). Over the course of the four-year PEPFAR-funded project, additional components were added relating to workplace-based prevention and referral networks for the continuum of care. Monitoring and evaluation (M&E) were also integral components, not only in terms of project activities and results, but also in terms of national-level strengthening of M&E tools, systems, and skills.

In addition to the institutional capacity building and national systems strengthening that dominated the IMPACT Project in CI, IMPACT also supported four implementing agencies (IAs) between March and August 2005 with financial and technical assistance (TA) for the implementation of OVC care and support interventions.

This final report describes IMPACT/CI Project results achieved and recommendations developed. Results include the development, production, and dissemination of high-quality tools and information on evidence-based approaches for PC/HBC, OVC, and public-private partnerships (PPP) for HIV/AIDS workplace prevention programming. In addition, IMPACT/CI enabled the scaling up of innovative workplace programs and approaches for improving referral networks along the continuum of care. Key deliverables are listed in appendix B.

Also described in this report are challenges that IMPACT faced during implementation and actions taken to find solutions. Furthermore, it contains recommendations for building on IMPACT's work and lessons learned, including discussions on the importance of conducting a situation analysis at the start of a project and establishing a technical taskforce to implement activities in line with national bodies.

## **II. PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS**

### **Introduction**

Beginning in October 2003, FHI received a total of \$1,250,000 over the life of project (LOP) from USAID/Washington for the IMPACT/CI Project. This consisted of \$350,000 in field support funds received in fiscal year (FY) 2004 and \$900,000 from the US President's Emergency Plan for AIDS Relief (PEPFAR) received through the 2005 country operational plan (COP). This commitment from USAID enabled IMPACT activities to take place in CI from FY 04 to FY 07.

In FY 04 and FY 05, IMPACT's main focus was to implement activities under PEPFAR's policy development and systems strengthening element, in collaboration with government structures in the technical areas of OVC, PC/HBC, HIV/AIDS workplace programs, and M&E. The project also supported OVC services delivered by community-based organizations (CBOs) at this time. In early FY 06, IMPACT started up a pilot project within the San Pedro District called IRIS, which aimed to strengthen referral networks for the continuum of care.

FHI's global approach to HIV/AIDS programming has always been grounded in partnerships, and this was also the foundation of the IMPACT/CI program. The primary partners and beneficiaries were

- Programme National de Prise en Charge des Orphelins et Autres Enfants Rendus Vulnérables du Fait du VIH/SIDA (PN-OEV), the national OVC support program established within the Ministère de la Solidarité, de la Sécurité Sociale et des Handicapés ((MSSSH, Ministry of Solidarity, Social Security, and Social Welfare) in December 2003, but currently affiliated with Ministère de la Famille et des Affaires Sociales (MFAS, Ministry of Family and Social Affairs)
- the OVC Consultative Committee (CEROS-EV)
- Ministère de Lutte Contre le SIDA (MLS, Ministry of AIDS)
- Direction de la Mobilisation et des Œuvres Sociales Scolaires, Ministry of National Education (DMOSS/MEN)
- Labor Sector Tripartite Committee (LSTC)

The main partners on the San Pedro/IRIS District pilot project were officials within the San Pedro District, the Ministry of Health (MOH), MLS, MSSSH, DMOSS/MEN, Alliance Nationale Côte d'Ivoire, Agence Nationale pour le Développement Rural (ANADER, National Agency for Rural Development), and the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), and other public and private partners, including HIV collaborative projects supported by the municipalities and councils..

The four IAs that received subgrants to conduct OVC activities under IMPACT in 2005 were Chigata, Renaissance Santé Bouaké (RSB), Lumière Action, and Club Espoir d'Abengourou (CERAB).

- Chigata is an NGO established to support children infected and affected by HIV and AIDS and their families. Chigata, which means “as long as there is life” in a local language, was established in November 2001 to improve lives of OVC. Chigata has a reception centre at its headquarters and provides psychosocial, medical, and nutritional support to OVC. Chigata has received funds from Solidarité SIDA and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as \$100,000 from the regional AWARE HIV/AIDS Project (West African Ambassadors’ Fund) to implement activities for OVC.
- RSB is an NGO of medical doctors, social workers, and nurses formed June 29, 1993, at the Centre Hospitalier Régional (CHR or regional hospital center) in Bouaké. RSB aims at contributing to improved social and medical conditions for vulnerable people in urban and peri-urban zones. Its mission is to promote a healthy population.
- Lumière Action is a community-based association of people living with HIV/AIDS (PLHA) and affected by HIV/AIDS. It was established in 1994, the first association created by PLHA in Côte d'Ivoire, and is affiliated with Réseau Ivoirien des PVVIH (RIP+) and Collectif des ONG de Lutte contre le SIDA en CI (COSCI). Activities implemented include psychosocial, nutritional, legal, and economic support, as well as prevention interventions.
- CERAB is an association of women living with AIDS that provides psychosocial, nutritional, and academic support to OVC.

In early FY 06, FHI/CI was awarded a bilateral cooperative agreement with the US Centers for Disease Control and Prevention (CDC) in CI, for which the main focus was to support prevention interventions and service delivery for highly vulnerable populations (HVP). To address issues of sustainability and replicability, the US Government (USG) CI team wanted to continue supporting and expanding activities that were then covered under IMPACT. However, because the IMPACT mechanism had reached its funding ceiling, the new San Pedro IRIS pilot model and the core national-level PC/HBC and OVC capacity building and policy reform components of IMPACT were absorbed into the CDC-funded PAPO-HV Project (Projet d'Assistance aux Populations Hautement Vulnérables) in late FY06. All of the OVC subagreements under IMPACT had ended by August 2005, so they were not taken on under the bilateral CA with CDC.

At about the same time, the USG/CI team elected to continue supporting workplace programming through the Private Sector Partnerships Project (PSP-One), managed by Abt Associates. Thus, the workplace component was transferred out of IMPACT and came under a task order between FHI and Abt Associates headquarters.

In late FY 06, the main thrust of IMPACT/CI shifted to supporting discrete activities and office operations that were complementary to the CDC-funded PAPO-HV Project and the USAID/Abt-funded PSP-One Project. This included promoting global leadership; providing additional technical assistance (TA) at the national level; and publishing and disseminating policies, guidelines, and training manuals in collaboration with government agencies in the areas of workplace programming and the PEPFAR element “other policy and systems strengthening” for

OVC, PC/HBC, and continuum of care/referral networks. All key IMPACT activities ended in FY 2007, and full financial closeout occurred in September 2007.

## Country Context

Côte d'Ivoire is a small West African country on the coast of the North Atlantic Ocean that covers 322,462 square kilometers and is bordered by Ghana to the east, Burkina Faso and Mali to the north, and Guinea and Liberia to the west. The current population is estimated at 17,654,843; and about 45 percent are under age 14.<sup>1</sup> The population in the capital, Abidjan, is estimated to be at least 2 million, with some estimates being as high as 5 million.

Since December 1999, Côte d'Ivoire has been experiencing military and political unrest. A military coup occurred in 1999, followed by an armed rebellion against the army, which had the effect of dividing the country into the rebel-held North and the government-controlled South. Although a power-sharing agreement was reached in July 2004, the years of unrest, together with considerable immigration from neighboring countries (including a marked increase in refugees from the civil war in Liberia) have resulted in severe and continuing economic, humanitarian, and social consequences. CI now faces massive population displacement, impoverishment, large-scale military deployment, and disrupted health and other essential services in the North.<sup>3</sup>

Between 1999 and the end of IMPACT/CI, a combination of these social, political, and economic factors contributed to the change of status for Côte d'Ivoire: from being one of the most prosperous sub-Saharan African states, it became an economically and socially fragile country with a deteriorating UN Human Development Index and per capita income rank.<sup>2</sup> In 2004, the infant mortality rate was 113 deaths per 1,000 live births; the under-5 mortality rate was 167 deaths per 1,000 live births; and the average life expectancy was just over 45 years.<sup>3</sup>

The effects of sociopolitical unrest and the ensuing economic crisis have severely limited the ability of districts in northern Côte d'Ivoire to achieve the objectives of the government plan and meet the needs of local populations. State-run medical systems have been largely replaced by fee-for-service systems. Coordination between services, both public and private, is fragmented and characterized by a lack of coordinated health information systems, difficulties with follow-up and case-finding, limited means of transportation, and high levels of poverty, which inhibit clients' ability to pay for transportation to access health services.<sup>4</sup>

Poverty has also increased as a result of the instability, and services such as HIV prevention interventions, blood screening services, treatment for sexually transmitted infections (STI) and tuberculosis (TB), referrals for care and treatment for cancer, and other health services have been significantly disrupted in areas outside of the southern part of the country. This has created new population-level risk factors for HIV and other health issues. While public health interventions have been able to continue, political instability, population displacement, and a weakened economy continue to pose a significant challenge to implementing health programs. Country

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<sup>1</sup> UNAIDS. Epidemiological fact sheet. 2004 update.

<sup>2</sup> World Bank. Côte D'Ivoire HIV/AIDS Multi-Sector Response Project, Vol. 1

<sup>3</sup> World Health Organization. World Health Report, 2004.

<sup>4</sup> Echimane, A., Ahnoux, A., Adoubi, I., Hien, S., M'Bra, K., D'Horpock, A., Diomande, M., Anongba, D., Mnesah-Adoh, I. and Parkin, D. "Cancer Incidence in Abidjan, Ivory Coast. First results from the Cancer registry, 1995-1997." *Cancer* (2000) vol. 89, no. 3: 653-62.

instability exacerbated poverty and disrupted the main services for STI management, including prevention of HIV transmission, access to voluntary counseling and testing, and treatment of STIs and opportunistic infections such as TB and cancer.

In 2006, the country's HIV prevalence rate was about 4.8 percent.<sup>5</sup> The HIV prevalence among women attending antenatal clinics in CI was 8.25 percent, and the prevalence rate for the general adult population was estimated at 7 percent.<sup>6</sup> Both HIV-1 and HIV-2 are present, with HIV-1 more common. Of CI's total population of 17,654,843,<sup>7</sup> 750,000 are estimated to be living with HIV. AIDS is the number one cause of death for young men and the second cause of death for young women among adults in CI. In fact, HIV/AIDS has been the leading cause of adult mortality (ages 15–49) since 1998, and TB is the most common opportunistic infection for PLHA in CI. Cumulative deaths from AIDS were at least 420,000 in 1999, and the annual death rate from AIDS was over 75,000. Recent estimates are that about 53 percent of HIV-positive persons are female, and that AIDS among girls ages 15–19 is up to 6.7 times that of boys in the same age group, highlighting the vulnerability of females.<sup>8</sup>

Children are particularly vulnerable to the HIV/AIDS situation. The estimated number of children living with HIV/AIDS is 310,000 (of which about 90 percent were infected through mother-to-child transmission), yet only 4 percent of people receiving ARV treatment are children. More than 310,000 children have lost one or both parents to HIV/AIDS. Of those orphaned due to AIDS, there are an estimated 230,000 maternal orphans, 180,000 paternal orphans, and 120,000 double orphans. In all, CI has an estimated total of 940,000 orphans, who constitute 13 percent of all children.<sup>9</sup>

Studies show that AIDS exacerbates the vulnerability of orphaned children at various levels:

- psychological vulnerability (i.e., lack of trust, reduction of self-esteem, loss of family ties; mourning, isolation, and marginalization)
- social vulnerability (i.e., fragility of fostering mechanisms, breaking up of the family unit, separation of siblings, lack of schooling);
- economic vulnerability (i.e., pauperization of families, child labor, “survival” situations)
- legal vulnerability (i.e., violation of children's legal rights, child abuse, child labor)
- educational vulnerability (resources available for education decreased and school fees unaffordable, thus more likely to drop out of school)

Political instability in CI devastated public health while HIV/AIDS was aggravating the economic instability of the country, creating a vicious circle. As the World Bank reported in 2004, “The rapid expansion of the [AIDS] epidemic has already imposed a serious economic cost, which adversely affects the production of wealth, labor and physical capital.” The decline in productivity that resulted from the epidemic and civil unrest has affected the government's ability to effectively address needs for prevention, care, and treatment without support from outside donors. At the individual household level, scarce funds that might have been used to

<sup>5</sup> HIV indicator survey in Côte d'Ivoire (HIS-CI)-2006. According to this source, HIV prevalence in Côte d'Ivoire is 4.8 percent.

<sup>6</sup> UNAIDS Report, 2006.

<sup>7</sup> CIA, 2006.

<sup>8</sup> World Bank. Côte d'Ivoire HIV/AIDS Multi-Sector Response Project, Vol. 1.

<sup>9</sup> UNICEF, UNAIDS, USAID, 2004.

provide for improving the well-being of families affected by AIDS are now used to pay for funeral costs.<sup>10</sup>

Cases of child-headed households noted in official reports have provoked a growing commitment on behalf of the Government of Côte d'Ivoire and different social actors, such as international and national institutions local NGOs, CBOs, and faith-based organizations (FBOs). This political commitment resulted in the establishment of the National OVC Support Program (PN-OEV) in December 2003, which was intended to reinforce the development and implementation of national policy concerning OVC and bring a response to the problems being faced by OVC in Côte d'Ivoire. This program was first associated with MSSSH, but became affiliated to the Ministry of Family and Social Affairs (MFAS) in March 2006.

The response to HIV/AIDS prevention and care in the workplace was not as remarkable. An assessment conducted by IMPACT in September 2004 revealed the lack of a national policy for AIDS alleviation in the workplace and that HIV/AIDS epidemiologic workplace data were scattered and generally unknown. Since workplace prevention programs can be an effective means for reaching both the general population and high-risk groups in a sustainable non-donor-dependent way, it was imperative that a greater importance be placed on developing workplace policies and guidelines in the country.

In the area of PC/ HBC, there was also a need for improvement. The 2004 appraisal conducted by IMPACT revealed that definitions of PC were not harmonized and the concept was not sufficiently understood among stakeholders and partners. Given that community-based and tertiary-level intervention have been shown to be the most effective approaches for providing PC/HBC, it was necessary to facilitate increased knowledge about PC/HBC and promote synergy among the key players for the formulation of a unified strategy to address PC/HBC needs.

## **Program Strategies and Activities**

To facilitate an effective national response to gaps identified, IMPACT/CI provided TA to government bodies relating to the design of strategies, policies, and guidelines. Because the northern part of the country was occupied by rebels, FHI focused its efforts in the South.

Programmatically, IMPACT/CI targeted four key technical components within the PEPFAR element "other policy and systems strengthening": OVC, PC/HBC, workplace prevention, and continuum of care/referral networks.

### **1. OVC Component**

#### ***Goal***

Improve the OVC national response and programs targeting OVC in Côte d'Ivoire.

#### ***Objectives***

- Strengthen the MSSSH OVC program.
- Build capacity of and collaborate with the national OVC Program and the national OVC coordinating body (PN-OEV and CEROS-EV) to strengthen their coordination capacity,

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<sup>10</sup> Ibid.

define basic services, and design OVC policy through a national consensus process and through access to international experts and documents.

- Build capacity of MLS in the design of a national OVC M&E plan.
- Provide TA to the MSSSH and appropriate partners to reach 5,000 OVC.
- Provide TA to the MSSSH and appropriate partners to support 10 local organizations working with OVC.
- Train at least 40 providers/caretakers in caring for OVC.



*Key Activities*

In support of new national policies and guidelines for OVC, IMPACT supported TA and other support from a local OVC specialist and supported government officials to design a national OVC policy and develop a national OVC M&E plan.

At the program level, IMPACT collaborated with national and/or local governments to provide ongoing TA to MSSSH, integrate OVC into the San Pedro pilot project, and document lessons learned from the pilot small-grant program

IMPACT hired a resident technical advisor and

targeted expert assistance to meet TA needs identified and agreed upon by the MFAS and IMPACT, including program design and implementation and M&E support. IMPACT staff provided substantial TA to the MFAS, MLS, and the OVC consultative committee (CEROS-EV) to achieve activities defined by the MFAS. Specifically, IMPACT collaborated with the MSSSH to support and expand quality services for OVC and their families through central policy, planning, training, and coordination activities; initiation of a pilot project to improve decentralized coordination and service delivery; and implementation of an OVC M&E plan.

IMPACT supported TA to PN-OEV to promote the decentralization of activities and improve the national response to OVC needs in CI. At the core of TA to PN-OEV is assistance in work planning, documentation, and participation in national and international technical meetings. Assistance was also extended to all organizations involved in implementing activities to meet the needs of OVC.

With the support of outside consultants and in collaboration with the PN-OEV, IMPACT not only participated in the OVC situation analysis at the sites proposed by DMOSS/MEN (Daloa, Dimbokro, and Agboville) but assisted in the completion of a situation analysis for handicapped OVC affected by HIV/AIDS to inform programming and assist the government with coordination of the HIV/AIDS response nationwide. IMPACT also led a technical working group on OVC of providers involved in their care and support to assist the PN-OEV with its mission of coordinating OVC-related M&E activities.

In 2005, IMPACT supported service delivery in community-based care and support for OVC through three short-term subagreements with four CBOs: Chigata, Renaissance Santé Bouaké, Lumière Action, and CERAB. (Two subagreements were made with the same organization). These NGOs were selected through a defined process, with the participation of the National OVC Program.

With technical assistance from FHI, the IAs provided psychosocial and legal assistance, basic medical care, educational support, and sanitary and nutritional support. Between March and August 2005, the NGOs reached OVC up to 18 years old (see table 4). In addition, IMPACT documented lessons learned from the initial OVC small grants and developed a capacity building plan to respond to needs identified by the assessment of FBO/CBO service providers.

## **2. PC/HBC Component**

### *Goal*

Strengthen MOH capacity to develop national policies and implement programs for effective service delivery of HBC, including PC.

### *Objectives*

- Improve documentation and identification of current HBC and PC practices;
- Develop and/or revise national policy and service delivery documents and tools for HBC and PC services implemented throughout CI;
- Increase knowledge and skills of at least 75 professionals (doctors, nurses, nurse supervisors of HBC social workers) and 300 lay persons (counselors, volunteers) to provide PC nationwide
- Build the capacity of at least 20 service outlets/programs to provide HBC and PC to at least 5,000 individuals throughout CI
- Build the capacity of at least twenty (20) service outlets/programs to provide referral for malaria care as part of national HBC and PC program.

### *Key Activities*

IMPACT served as technical resource for the national PC/HBC program, and a fulltime officer with technical, programmatic, and clinical skills and knowledge was recruited to locally support the development, implementation, and coordination of HBC and PC activities. IMPACT worked directly with the MOH and PEPFAR partners to develop a HBC/PC policy and practice framework. The project did so by

- providing support the national PC taskforce to develop, validate, and disseminate a national PC strategy

- conducting ongoing advocacy among policymakers, health providers, and other key stakeholders
- developing, validating, and disseminating a PC training curriculum adapted for trainers and health professionals, including community health workers and lay counselors
- reviewing and revising essential medication list;
- advocating for and contributing to the procurement and accessibility of medications
- coordinating with the national malaria control program and partners
- providing TA to local partners for the development of a pilot project to procure, package, and distribute basic care packages;
- providing TA to establish improved M&E systems for PC services provided by other PEPFAR-funded partners.

### **3. Workplace/PPP Component**

#### *Goal*

Establish and strengthen systems and policies at the national level to document and encourage public-private partnerships to address HIV/AIDS prevention and care at workplaces in industry and trade sectors.

#### *Objectives*

- Strengthen the national government's coordination of PPP for HIV/AIDS workplace interventions.
- Mobilize and foster increased cooperation, collaboration, and coordination among all partners to improve and expand HIV/AIDS workplace programs in the public and private sectors.
- Develop national policies and models for HIV/AIDS workplace interventions based on identified best practices.

#### *Key Activities*

To strengthen and expand HIV/AIDS workplace programs, the project

- hired a PPP/workplace program technical officer
- supported the LSTC
- established a taskforce for HIV workplace programs
- developed a national policy for HIV/AIDS workplace programs
- supported the documentation and dissemination of best practices
- supported the identification and integration of behavior change communication tools
- conducted introductory "HIV in the Workplace" workshops with the Ministry of Health and the Ministry Education
- conducted "HIV/AIDS in the Workplace" awareness-raising activities
- organized workplace activities, including those centered on World Women's Day
- monitored and documented the initiative to enable replication and reviewed progress at an annual meeting of stakeholders.

#### **4. Continuum of Care/Referral Network (IRIS-SP Pilot Model) Component**

##### *Goal*

Develop a functional decentralized network among government and nongovernmental stakeholders to ensure a comprehensive HIV/AIDS continuum of care for at-risk populations in San Pedro District.

##### *Objectives*

- Increase access to prevention and care services in San Pedro District through improved linkages and referrals between health and social services, strengthened structures and services, and improved multisectoral partnerships and collaboration at operational levels, including with PEPFAR partners.
- Ensure activities are effectively implemented, monitored, and documented for potential replication at a national scale.
- Increase community involvement in the planning and implementation of the IRIS model.

##### *Key Activities*

IMPACT coordinated the development of a pilot project in the San Pedro District that aimed to be a model referral network for the continuum of care in HIV/STI. This network, called IRIS-IP in French, encompassed health and social services offered by the public and private sector. IMPACT helped establish a referral/counter-referral system, building on structures already in existence and taking into account their strengths in service delivery in San Pedro. The process brought together a wide range of public and private stakeholders providing care and support for OVC to ensure that the referral system included all health and social services available, whether peer support and psychological and legal assistance or HIV/AIDS-related services such as counselling and testing (CT), prevention of mother-to-child transmission (PMTCT), TB treatment, management of STIs, and PC.

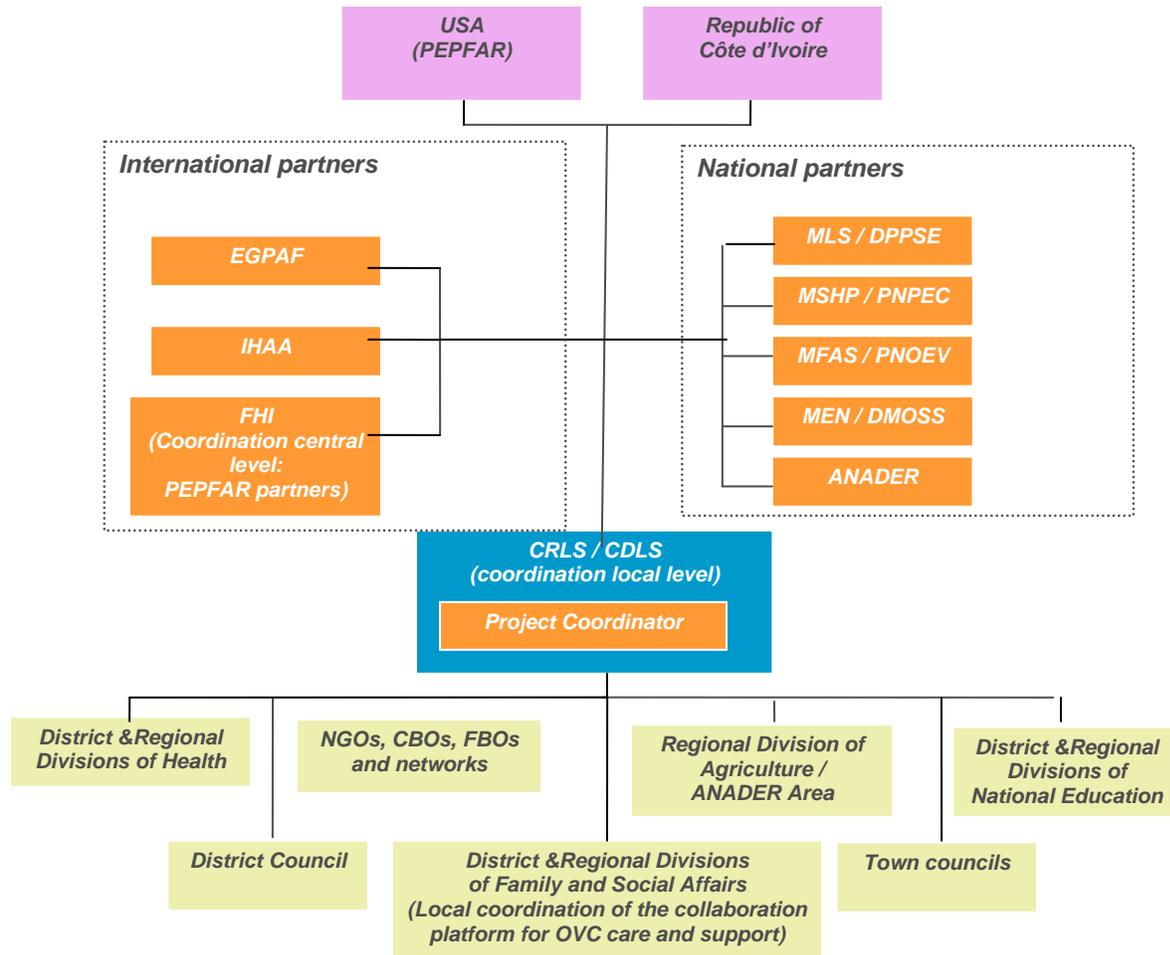
IRIS-SP facilitated a link between the international and national partners funded by PEPFAR and local stakeholders involved in the HIV/AIDS response in San Pedro District (such as decentralized government entities, NGOs, networks of associations, and local coordination bodies). The pilot project was implemented in collaboration with international PEPFAR technical partners, such as International HIV/AIDS Alliance (IHAA), EGPAF, Johns Hopkins University/Center for Communications Programs (JHU/CCP), and John Snow, Inc. National stakeholders included the ministries of education, family and social affairs, AIDS, and ANADER.

Through the IRIS project coordinator based in San Pedro, FHI worked with the San Pedro District management team to coordinate the implementation of the pilot project. This entailed the establishment of a comprehensive referral network of HIV/AIDS prevention, care, treatment and support interventions; reinforcement of local coordination bodies (health district management teams and HIV district coordination committees); the strengthening of M&E strategies and systems; and policy development in the area of referrals.

The district referral coordination project continues to serve as a model for linking social services and health services within a given geographic area, as well as for linking community-based

services, primary health, and local and district services to regional and tertiary/central structures, as shown in the collaboration framework that follows.

### IRIS-SP Collaboration Framework



The collaboration framework had two levels:

- The first involved eight direct PEPFAR partners (national and international). Coordination among those partners was done at the central level and was ensured by IMPACT. This level deals with development and decisionmaking relating to implementation strategies for the project. This level also provides local technical assistance through the project coordinator.
- The second level is based in the San Pedro Department of Health and involves AIDS local coordination bodies (CRLS and CDLS), regional divisions of ministries, NGOs, CBOs, FBOs, and networks of associations, the district council, and town councils. This level is operational, and is responsible for the implementation of project interventions. Coordination is ensured by CRLS, with the support of the project coordinator.

The service package of the comprehensive district project (called IRIS-SP) included health systems providing CT, PMTCT, and comprehensive care and treatment including ART, often through the use of innovative models such as mobile clinics. As a part of the continuum of care, it incorporated linkages with services relating to literacy, prevention, and care and treatment in the community and at home, including in rural areas and for hard-to-reach populations. A family model of care was featured with prevention for positives and home care kits containing safe water, bednets, and cotrimoxazole.

Comprehensive prevention activities that use ABC messages (on abstinence, being faithful, and correct use of condoms) are addressed, along with promotion of CT for youth, couples, and the general population, as well as targeted behaviour change communication for highly vulnerable populations (HVP), such as sex workers, military, port workers, truckers.

In addition to M&E, the main activities supported by IMPACT within this referral network pilot model were

- building collaborations between services, sectors, and stakeholders in the referral network
- building capacity by providing training and refresher-training to focal persons responsible for referral and liaison within their services and organisations
- developing policy and helping to determine the roles and responsibilities of each organization within the referral network and contributing to strategies and guidelines to address ethical and quality management issues
- working on community mobilisation and sensitisation, and involving the church, education and other social leaders, medical providers, traditional health providers, and social groups and policymakers in providing support for the referral network.

## **Implementation and Management**

### *Implementation*

IMPACT is dedicated to capacity building at all levels. IMPACT/CI provided TA to government bodies through direct support by FHI staff and, to a limited extent, by local consultants. Capacity building generally took the form of workshops and trainings; sponsorship of exchange visits and conferences; facilitation of the development and/or review of policies, guidelines, tools, and reports; and technical input on training curricula and materials. IMPACT staff also led numerous workshops and trainings of trainers, in collaboration with government partners, as imparting skills and promoting their immediate application is a strong sustainability tool.

IMPACT/CI activities were also, to a lesser extent, implemented through subgrants to four IAs in FY 04. IMPACT/CI worked with these CBOs to implement HIV/AIDS OVC activities through rapid response funds (RRFs) and subagreements. IMPACT/CI used RRFs to fund the four IAs March 1–15, 2005, during the two weeks that lead up to the execution of the subagreements. The RRF thus served as a way to rapidly start up activities while the detailed workplan and budget

were being developed.<sup>11</sup> Between March 16 and August 31, 2005, FHI executed subagreements with five IAs, all of which functioned on a cost-reimbursable basis.

### *Management*

IMPACT/CI was managed by the AWARE-HIV/AIDS Project from October 2003 to August 2004. The office was first established as a satellite of the AWARE Project based in Accra, but its management was transferred to a FHI country office in Côte d'Ivoire in late 2004. CO staff were responsible for planning, implementation, M&E, and coordinating TA for the management, administrative, and technical aspects of the IMPACT/CI Project. FHI/Arlington provided additional support and oversight. Occasionally, local consultants were also contracted to help implement project activities.

The following FHI staff supported IMPACT within the CI country office in Abidjan:

- FHI Country Director Dr. Charles Zouzoua, who was responsible for the management of all aspects of the project
- Program and Capacity Development Manager Mananza Koné, who provided program management support and capacity building assistance in the planning, supervision, and implementation of activities
- Finance and Administration Officer Jean Lattro, who was responsible for financial and administration management of the project, in collaboration with FHI headquarters, and for direct assistance to local partners in developing administrative and financial systems
- M&E Officer Mathurin Dodo, who served as technical lead in the development and management of M&E systems and provided technical assistance to subproject partners on their M&E plans
- OVC Technical Officer Paul Auguste Assi, who provided technical leadership and assistance on OVC programming and TA to the PN-OEV and CEROS-OV
- Palliative Care Technical Officer Clément Ziachou N'Guessan, who provided technical leadership and assistance in palliative care including strategic planning, documentation, and coordination assistance to national and local-level partners
- Associate Program Officer Flora Blai provided programmatic support in the development and management of subprojects with local partners and in reporting.

In the San Pedro satellite office, San Pedro District Project Coordinator Dr. Noël Nahounou provided leadership on the design and implementation of the pilot project that built the referral/counter-referral network.

### **Implementation Constraints**

IMPACT and its partners remained flexible, despite challenges brought about by the sociopolitical environment and budget constraints. When security and emergency issues took priority over public health, national-level interventions could be disrupted. This affected the project because IMPACT's major mandate hinged on national-level support and close collaboration with line ministries and other government bodies. In addition, changes in key government personnel necessitated extra efforts to move processes forward.

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<sup>11</sup> A subagreement is FHI's most commonly used mechanism for disbursing funds to IAs. Subagreements are legal contractual documents between FHI and implementing agencies that are funded by FHI to implement activities or subprojects. A subagreement not only defines the contractual terms and deliverables but serves as the guiding document demonstrating solid technical and programmatic design. The subagreement outlines the subproject activities and results to be achieved, the responsibilities of the implementing agency and FHI, and defines the reporting requirements and the budget.

A different dynamic in portfolio management and reporting was triggered by the transfer of many activities from the IMPACT Project into other funding mechanisms (such as the CDC-funded PAPO-HV Bilateral Cooperative Agreement and the USAID-funded PSP-One Project through a task order with Abt Associates). In the beginning, it was a challenge to conceptualize the activities as parts of different projects and ensure that reports and data were properly distinguished between each project's activities.

### Program Timeline, October 2003–September 2007

Program Activities	FY				
	03	04	05	06	07
<b>OVC Component</b>					
Meeting with CEROS EV to present the missions and objectives of the OVC program	X				
Recruit consultants to conduct a situation analysis on 6 pilot sites	X				
Conduct a situation analysis on 6 pilot sites	X	X			
Hire OVC Specialist		X			
Orient OVC specialist to IMPACT		X			
Provide ongoing TA to MSSSH					
Support OVC policy design through TA to CEROS-EV and MSSSH		X	X	X	
Integrate OVC into pilot project at San Pedro regional coordination		X	X		
Provide assistance to the MSSSH and MLS to develop the OVC M&E component and integrate into national M&E framework		X	X		
Document small grants lessons learned		X	X	X	
Document the lessons learned of the San Pedro Regional project				X	
Continue supportive TA to the Ministère de la Famille et des Affaires Sociales			X	X	
Strengthen the coordinating capacity of PN-OVC			X	X	
Strengthen the M&E systems of PN-OVC			X	X	
Participate in the development of the San Pedro District pilot project model for integrating health and supportive services into a coordinated referral network			X	X	
Support the PN-OEV management				X	
Support the integration of OVC-related issues into social workers training curricula				X	
Revise and update the OVC services extension plan				X	
Strengthen the collaboration framework between PNOEV/FHI and other partners involved in OVC care and support				X	
Support revision and dissemination of national guidelines for OVC				X	
Support the dissemination of training modules on OVC care and support				X	
Strengthen the legal environment of OVC				X	
<b>PC/HBC COMPONENT</b>					
Conduct a rapid appraisal of palliative and community-based care in Abidjan	X	X			
Finalize and disseminate the rapid appraisal report		X			
Appoint national experts to constitute national palliative care taskforce		X			
Provide TA to the MOH		X			
Recruit and orient the PC technical officer		X			
Establish the PC National Commission		X			
Provide support to validate and disseminate the PC policy		X			
Provide TA to the PC taskforce to develop and pilot PC strategy		X	X		
Organize meetings and workshops to review and revise essential medication list including development of strategies to improve equitable access		X	X		
Develop palliative care training materials for healthcare professionals		X	X		
Validate and disseminate palliative care training materials for healthcare professionals		X	X		

Program Activities	FY				
	03	04	05	06	07
Develop palliative care training materials for community and lay counselors		X	X		
Validate and disseminate palliative care training materials for community and lay counselors		X	X		
Provide assistance in the self-audit of governmental drug regulatory bodies		X	X		
Provide TA to develop a communications strategy on PC essential drugs			X		
Provide TA to establish a system to procure and manage basic care packages		X	X		
Conduct collaborative meetings with the national malaria control program		X	X		
Organize trainings and workshops to develop advocacy role of PC taskforce		X	X		
Establish Commission Nationale pour le Développement des Soins Palliatifs (CNDSP)				X	X
Train CNDSP members				X	X
Organize periodic sensitization and advocacy meetings				X	X
<b>Workplace Component</b>					
Recruit an international consultant to conduct a situation analysis to assess the PPP (industry and trade)					
Conduct a situation analysis to assess the PPP (industry and trade)		X			
Appoint a national expert as workplace focal point		X			
Recruit a consultant to identify and compile best practices in workplace programs		X			
Facilitate quarterly meeting the Cellule Focale Tripartite			X	X	
Facilitate monthly meetings of Groupe Technique de Travail aux Soins Palliatifs (GTT, palliative care working group)			X	X	
Facilitate meetings of GTT/MEN			X	X	
Establish and facilitate meetings of the Technical Working group of the MOH			X		
Finalize and validate the document of best practices			X		
Reproduce and disseminate the document of best practices			X		
<b>Continuum of Care-Referral Network (IRIS) Component</b>					
Develop terms of reference for the project coordinator			X		
Hire project coordinator			X		
Organize first project partners meeting			X		
Introduce the project to local authorities			X	X	
Strengthen multisectoral collaboration					
Strengthen the capacity of local coordination teams			X	X	
Put into place the referral network			X	X	
Develop a pilot model for palliative care			X	X	
Conduct community mobilization activities to encourage usage and support of the referral network			X	X	

## Program Results

### Outputs

IMPACT/FHI program produced a number of deliverables that are listed under each technical area. Activities have been quantified by using PEPFAR indicators, where relevant.

#### *Strategic information*

- National Strategic M&E Plan for OVC Care and Support for 2004–06
- Preliminary M&E Plan for the Ministry of AIDS for 2005
- Data collection and reporting tools relating to OVC care and support

*Policies, strategies, proposals, and training modules*

IMPACT/Côte d'Ivoire enabled the production of the following policies, guidelines, and manuals, in collaboration with the Government of Côte d'Ivoire:

*OVC*

- Situation Analysis on OVC Care in Côte d'Ivoire within Six Pilot sites: Abengourou, Yopougon, Bondoukou, San Pedro, Abobo, and Yamoussoukro
- National Policy on OVC care in Côte d'Ivoire
- National Guidelines for Services to be Provided to OVC in Côte d'Ivoire
- Training Modules for OVC Care: Trainer's Guide
- Training Modules for OVC Care: Reference Manual
- Training Modules for OVC Care: Participant's Handbook

*PC/HBC*

- Rapid Appraisal of Palliative Care and Home-based care in Abidjan, Côte d'Ivoire
- Dissemination Plan of the National Palliative Care Policy in Côte d'Ivoire
- National Palliative Care Policy in Côte d'Ivoire
- National Strategic Plan for Palliative Care, 2006–2010
- Palliative Care Quality and Norms
- Palliative Care and Home-based Care: Essential drugs and materials list
- Training Modules in Palliative Care for Health Professionals
- Training Modules in Palliative Care for Community Workers

*Workplace/PPP*

- Training Curricula in Behavior Change Communication for the Ministry of National Education's Staff: Reference Manual
- Training Curricula in Behavior Change Communication for the Ministry of National Education's Staff: Participant's handbook
- Training Curricula in Behavior Change Communication for the Ministry of National Education's Staff: Trainer's Guide
- National Policy for HIV/AIDS Alleviation in the Workplace in Côte d'Ivoire
- Public-Private Partnership, Civil Society, a Best Practice to Control HIV/AIDS in the Workplace

*Continuum of Care/Referral Network (IRIS-SP)*

- San Pedro District HIV/AIDS Interventions Strengthening Initiative: Concept Paper
- Situation Analysis on HIV/AIDS Prevention and Care in San Pedro Department
- San Pedro District HIV/AIDS Interventions Strengthening Initiative: Collaboration Framework
- San Pedro District HIV/AIDS Interventions Strengthening Initiative: Description of the Pilot Phase and the Extension Process of IRIS

Many of IMPACT/FHI's programs include a policy component to strengthen current systems in various technical areas. Table 1 lists meetings and workshops at the policy level.

<b>Table 1. Summary PEPFAR Data on Key Indicators over Life of Project</b>	<b>Total</b>
Number of local organizations provided with TA for HIV-related policy development	20
Number of taskforces established	1
Number of meetings organized by the Labour Sector Tripartite Committee	3
Number of meetings the taskforce supported	6
Number of workshops the taskforce supported	1
Number of documents of national policy developed	1

### *Training and Capacity Building*

The cornerstone of IMPACT's strategy to develop effective HIV/AIDS programs is provide trainings that allow essential staff to acquire necessary skills and knowledge to accomplish their work. IMPACT staff conducted several trainings for government and nongovernmental officials (table 2).

<b>Table 2. Individuals Trained by Specific Training Type, 2004–07</b>		
<b>Training type</b>	<b># trained</b>	
Elaboration and implementation of an M&E plan	74	
	male	female
	59	15
Data collection tools use related to OVC services	26	
	m	f
	19	7
Palliative care	23	
	m	f
	18	5
Advocacy for palliative care	26	
	m	f
	20	6
OVC care	45	
	m	f
	22	23
ABC and other prevention in the workplace programs	20	
	m	f
	13	7

### *Service Delivery*

Through subagreements executed with three CBOs, IMPACT delivered OVC services over a period of six months in collaboration with the National OVC Program. Though data by age are not available, table 4 presents information on OVC reached by small grants, categorized by service area and type of support.

<b>Table 3. Results of Subagreements with IAs for OVC work over LOP</b>						
<b>Service Area</b>	<b>Type of Support</b>		<b>Number of OVC Reached</b>			<b>IAs</b>
			<b>Direct</b>	<b>Indirect</b>	<b>Total</b>	
Medical	Physiotherapy		128	825	953	Chigata
		Male	74	440	514	
		Female	54	385	439	
	Assistance for medical consultation fees		75	359	434	Lumière Action
		Male	42	158	200	
		Female	35	201	236	
<b>Table 3. Results of Subagreements with IAs for OVC work over LOP</b>						
<b>Service Area</b>	<b>Type of Support</b>		<b>Number of OVC Reached</b>			<b>IAs</b>
			<b>Direct</b>	<b>Indirect</b>	<b>Total</b>	
Food and Nutrition	Food kits		172	713	885	Chigata/CERAB, RSB
		Male	88	350	438	
		Female	84	363	447	
	School canteens		50	257	307	Chigata/CERAB
		Male	28	144	172	
		Female	22	113	135	
Academic	Refresher training		30	170	200	Chigata/CERAB
		Male	15	91	106	
		Female	15	79	94	
	Payment of school fees		3	81	84	RSB
		Male	2	40	42	
		Female	1	41	42	
	Payment of transportation fees		9	194	203	RSB
		Male	4	104	108	
		Female	5	90	95	
	Payment of school stationary		24	729	753	RSB
	Male	11	361	372		
	Female	13	368	381		
Psycho-social	Psychosocial support		182	1534	1716	Chigata/CERAB, RSB, Lumière Action
		Male	89	782	871	
		Female	93	752	845	
Legal	Legal assistance to produce administrative and legal documents		48	215	263	Lumière Action
		Male	23	105	128	
IEC/CCC	Reached by IEC/CCC		45			N/A

## **Program Outcomes and Impact**

### **1. OVC Component**

Three linked subprojects targeted OVC and their families through assistance to four local NGOs, in collaboration with the PN-OEV. The IAs worked with OVC in Abobo (Abidjan), Yamoussoukro, Abengourou, and Yopougon (Abidjan), and their interventions aimed to give each orphan and his or her family access to educational, nutritional, and psychological support as well as healthcare.

Through TA to develop data collection tools and six months of ongoing training and mentoring in M&E for the CBOs and staff members of the PN-OEV, IMPACT enabled the NGOs to significantly enhance their capacity to plan, manage, implement and monitor projects. In addition, IMPACT's technical support to the MSSSH resulted in the elaboration and validation of a list of OVC indicators that were adopted by PN-OEV. It also resulted in the appointment of a national-level M&E focal point by the CIG, for whom IMPACT helped develop a SOW in order to ensure improved data collection and management within the national M&E system.

In addition, the 2004–06 M&E plan was developed and data collection tools were identified, collected, and standardized. IMPACT shared its M&E experience during workshops organized by PN-OEV that 38 M&E resource people attended. These workshops served as a framework to identify and standardize OVC data collection tools.

In collaboration with the PN/OEV, IMPACT conducted a mapping exercise and an OVC needs assessment in six regions/pilot sites. In the pilot sites, 5,656 OVC were identified. In each site, structures for collaboration were established to mobilize local stakeholders (NGOs and public and private institutions) around OVC care and support. A total of 24 managers of social welfare organizations and 197 care providers and stakeholders were mobilized and trained to set up and implement action plans.

With technical support from IMPACT, the PN-OEV developed a national policy document on OVC care. IMPACT also conducted an assessment of the Institut National de Formation Sociale (INFS or National Social Training Institute) with the goal of integrating OVC issues into its training curricula. Seventeen resource people participated in the assessment process.

### **2. PC/HBC Component**

As a part of the TA provided to the MOH to develop a policy and a national framework for PC/HBC services delivery, IMPACT led a rapid appraisal of PC and community and home base care (CHBC). As a result, IMPACT established a technical taskforce of nine experts in palliative and community-based care to plan responses to the results of the rapid appraisal. Taskforce members' specialties included oncology, chronic diseases, and neurology. They were recognized by the MOH, which issued an official letter to appoint members. Working with a facilitator, they drafted the national PC/HBC policy document. As a follow-on activity, they held a workshop to raise awareness, promote advocacy, and define a national PC policy that was attended by 42 people representing key stakeholders and partners. IMPACT also strengthened the capacities of the taskforce on drug procurement procedures and helped them develop a dissemination plan for

documents produced on PC. The use of a taskforce proved productive, as results were achieved in a timely manner.

### **3. Workplace/PPP Component**

To support HIV/AIDS programs in workplace settings, IMPACT provided support to the Ministère de la Fonction Publique et de l'Emploi (MFPE) to conduct a rapid situational analysis and create an inventory of current best practices in public and private sectors.

In addition, FHI organized a workshop which shared information gathered during the appraisal with 52 people representing key stakeholders and partners from public and private sectors. All aspects of workplace HIV/AIDS programs were discussed, including: care and support provided by the private sector; the protection of workers; funding systems and mechanisms; solidarity funds; supply chain for ARV distribution; and M&E and data management. Participants also inventoried and documented best practices used in workplace settings. The final document on best practices has been elaborated, and will be distributed at national and regional levels through the PSP-One project. One workshop recommendation was the creation of a taskforce to assist the tripartite sectoral committee and elaborate and diffuse national workplace policies and standardized documents on HIV/AIDS prevention and mitigation in the workplace.

FHI also facilitated meetings for the HIV/AIDS workplace programming working groups within the Ministry of Education (MEN) and the Ministry of Health (MOH), which resulted in the formulation of the MOH's strategic plan. FHI also trained 20 MEN officials as trainers in strategic behaviour communication and provided technical assistance to develop training tools. The MEN was responsible for the follow-up and monitoring of activities subsequently conducted by the trainers.

### **4. Continuum of Care/Referral Network (IRIS-SP Pilot Model)**

The IRIS/San Pedro pilot model began functioning in FY 06 and the final evaluation of the pilot model was not conducted under IMPACT; when this report was completed, activities were ongoing under the FHI/CDC bilateral project. For this model, IMPACT finalized a mapping exercise of the HIV/AIDS prevention and care sites in San Pedro. Subsequently, a situational analysis of the HIV/AIDS prevention and care in San Pedro was developed and disseminated. IMPACT also trained health district managers in project planning and management. Finally, IMPACT provided assistance for the development of referrals and counter-referrals tools, as they are the cornerstone of the continuum-of-care process.

### **5. Strategic Information**

The IMPACT's mandate in strategic information was to provide assistance to the MLS and the MSSSH. IMPACT provided TA to the MLS to elaborate a national M&E framework and develop M&E indicators at the community-based level. These indicators were validated and a national M&E plan was developed during workshops attended by 33 stakeholders and partners involved in M&E activities. Given these expressed needs, the 2005 M&E plan was developed to encompass these areas.

### **III. LESSONS LEARNED AND RECOMMENDATIONS**

#### **1. OVC Component**

IMPACT used a coaching approach to strengthen the technical and management capacities of NGOs. This approach enabled Chigata, an NGO with a relatively high capacity, to provide TA in program implementation through a competence transfer system to CERAB, a more nascent NGO. As a result of the coaching approach, the capacities of CERAB were built and the NGO later received funds from IHAA to implement activities benefiting OVC.

Situation analyses conducted in six pilot sites were extremely valuable in improving the national response to the needs of OVC in CI. Such analyses are of paramount importance to the success of OVC activities in identified sites; they sensitized authorities and local stakeholders and helped to inform policy and programming. During the analyses, stakeholders and OVC were asked to state their needs in order of priority. These were registered, contributing to improved orientation of OVC care in the six pilot sites. The analyses also enabled the mobilization and motivation of stakeholders on OVC care and support and led to the involvement of actors and the establishment of platforms for OVC care.

#### **2. PC/HBC Component**

To bring efficient technical support to the MOH for the development of a PC policy, IMPACT initiated in 2005 a technical taskforce of volunteer experts with diverse skills in palliative care in Côte d'Ivoire. With support from the IMPACT palliative care officer, the taskforce provided valuable technical support to the MOH and assisted the development and adoption of tools and protocols. While advocating for a national program for PC, the taskforce assisted the government to respond to PC needs, with the collaboration of other stakeholders.

#### **3. Workplace Component**

To engage the various stakeholders from the workplace to adopt HIV/AIDS-prevention measures and care services at the employer level, it was necessary to rejuvenate inactive AIDS control committees of the various sectors and facilitate and support the establishment of an exchange framework between the government, the employers' organizations, and employees' organizations (labor unions). Organizations were encouraged to join federative structures, such as Coalition des Entreprises Engagées dans la Lutte Contre le SIDA (Coalition of Businesses Involved in the Fight Against HIV/AIDS).

#### **4. Continuum of Care/Referral Network (IRIS-SP Pilot Model) Component**

For the successful implementation of a model of a continuum-of care referral network at the district level, situation analyses of HIV/AIDS prevention and care and the technical and organizational assessment provided by Equipe Cadre de District (San Pedro) were indispensable. These analyses enabled IMPACT to have better visibility and better understand stakeholders, interventions, and the needs of OVC.

Monthly and quarterly meetings enabled all stakeholders to take ownership of the multisectoral vision and better understand their complementary roles in the struggle against AIDS. As a result of those meetings and the clear avenues of communication established, local NGOs realized that

they were not competitors but working in complementary roles. The strengthening of coordination among partners at local and central levels enabled a synergy of actions and interventions. The involvement of PLHA helped to reduce stigma and discrimination and contributed to the sustainability of activities and the strengthening of the network. The involvement of decentralized collectivities (town councils and general councils) also contributed to the long-term sustainability of the model. That the general council of San Pedro allocated funds from their local resources to support a portion of the IRIS model is a great achievement, and highlights the sustainability of program activities.

## **IV. PARTNERS AND IMPLEMENTING AGENCIES**

### **OVC component**

#### *Training documents*

MFAS/PNOEV

CEROS-EV

INFS

JHPIEGO

#### *Minimum package of services and quality assurance*

Alliance HIV/AIDS

RCDC/RETROCI

MEN/DMOSS

CEROS-EV

MLS/Direction des Appuis Techniques (Technical Support Division)

MOH/Programme National de Prise en Charge Médicale des Personnes Vivant avec le HIV/AIDS (PNPEC, National Medical Program to Support PLHA)

PNPEC

UNICEF

Hope WorldWide

ANADER

Care International

Global Fund

RIP+

COSCI

#### *Monitoring and evaluation*

MLS/Direction de la Programmation, Planification, Suivi et Evaluation (DPPS—Programming, Planning, Monitoring, and Evaluation Division),

Measure/Evaluation

CDC/RETROCI

#### *Implementing agencies (subgrantees) for OVC service delivery*

Chigata

CERAB

Lumière Action

Renaissance Santé Bouaké

**HBC/PC Component**

Ministry of Health

National Program for Medical Care of People Living with HIV/AIDS

Ministry of AIDS

National Taskforce

USAID

CDC

PEPFAR

Hope Worldwide CI

CARE International

**Workplace/PPP Component**

Ministry of Labor

Direction of the Work Medicine

Ministry of Health

Ministry of AIDS

Coalition of the Firms Engaged in AIDS Control

**Continuum of Care/Referral Network Component**

*International development partners*

EGPAF

JHU/CCP

JSI/IS/M&E

FHI (coordination support at central level)

*National government (CI) partners*

MLS/DMS/DPPSE

MOH/PNPEC

ANADER/PSI/ REPMASCI

MFAS/PNOEV

MEN/DMOSS

National networks: ARSIP, COSCI, RIP+

Alliance Nationale de Lutte contre le SIDA (ANS-CI)

*Local coordination*

Regional and Departmental AIDS Committee [CRLS/CDLS] comprising FHI IRIS coordinator, regional/departmental health division, regional/departmental social and family affairs division, regional/departmental national education division, regional agricultural division (ANADER area), NGOs/CBOs, associations and networks (COSCI, RIP+, and ARSIP), Association of Traditional Healers, San Pedro General Council, Town Council

## Subagreement Highlights

Subproject Title	IA Name	Period of Performance	LOP Subag. Budget	Location
Psychosocial and legal support to OVC	Lumière Action	RRF: 3/1/05–3/15/05 Subag: 3/16/05–8/31/05	\$5,187	Abidjan, Abobo
Care and support to OVC in Yamoussoukro	RSB	RRF: 3/1/05–3/15/05 Subag: 3/16/05–8/31/05	\$8,212	Yamoussoukro
Sanitary action and academic support to 100 OVC	Chigata and CERAB	RRF: 3/1/05–3/15/05 Subag: 3/16/05–8/31/05	\$16,607	Abidjan and Abengourou

- Renaissance Santé Bouaké (RSB) is an NGO with a team of medical doctors, social assistants, and nurses that was formed on June 29, 1993, at CHR Bouaké.
- Lumière Action is a community-based association of PLHA and people affected by HIV/AIDS established in 1994. It was the first association created by PLHA in Côte d'Ivoire, and is affiliated with RIP+ (Réseau Ivoirien des PVVIH) and COSCI (Collectif des ONG de Lutte Contre le SIDA en CI). It implements psychosocial, nutritional, legal, economic support, and prevention activities.
  - Chigata, which means “as long as there is life” in the local language, is a NGO that supports children infected and affected by AIDS and their families. Established November 17, 2001, Chigata has a reception centre at its headquarters and ensures psychosocial, medical and nutritional support to OVC. Chigata received funds from Solidarité SIDA and the Global Fund and \$100,000 from AWARE HIV/AIDS Project (West African Ambassadors' Fund) to implement OVC activities.
  - CERAB (Club Espoir d'Abengourou) is an association of women living with AIDS that provides psychosocial, nutritional, and academic support to OVC.

## V. ATTACHMENTS

### Appendix A. Country Program Financial Summary

IMPACT Funds	LOP Obligations	LOP Expenditures	Remaining Balance
Côte d'Ivoire PEPFAR (GH/OHA)	\$350,000	\$350,000	0
Côte d'Ivoire COP 05	\$900,000	\$895,213	\$4,787
Total	\$1,250,000	\$1,245,212	\$4,787

### Appendix B. Publications

Print copies are available in French through FHI.

#### 1. OVC

- *Analyse de la situation des orphelins et autres enfants vulnérables du fait du VIH/SIDA (OEV) en Côte d'Ivoire dans six sites pilotes : Abengourou, Yopougon, Bondoukou, San Pedro, Abobo, et Yamoussoukro.* This document describes the situation of OVC in six pilot sites and the response needed to develop a better policy for OVC care in Côte d'Ivoire.
- *Document de Politique Nationale pour la Prise en Charge des Orphelins et autres Enfants Vulnérables du fait du VIH/SIDA en Côte d'Ivoire.* This document constitutes a basis of the national policy for OVC care. It defines the objectives, strategies and activities conducted by all stakeholders for OVC care in Côte d'Ivoire.
- *Directives nationales des services à offrir aux OEV du fait du VIH/SIDA en Côte d'Ivoire*
- *Document de politique nationale pour la prise en charge des orphelins et autres enfants vulnérables du fait du VIH/SIDA en Côte d'Ivoire*
- *Modules de formation en prise en charge des OEV : Guide du formateur.* This tool contains answers to questionnaires and detailed information on conducting the training sessions.
- *Module de formation en prise en charge des OEV : Manuel de référence.* This manual contains key and practical information on OVC care.
- *Module de formation en prise en charge des OEV: Cahier du participant.* This tool contains questionnaires, learning forms, and a verification list that describes key steps and levels of proficiency for the activity.

#### 2. PC/HBC

- *Evaluation rapide des soins palliatifs et soins communautaires et à domicile à Abidjan, Côte d'Ivoire*
- *Plan de dissémination de la politique de soins palliatifs en Côte d'Ivoire*
- *Politique des soins palliatifs en Côte d'Ivoire*
- *Plan Stratégique National des Soins Palliatifs, 2006–2010*
- *Norme de qualité de soins palliatifs*

- *Soins palliatifs et soins à domicile: Liste des médicaments et matériels essentiels*
- *Modules de formation en soins palliatifs pour les professionnelles de la santé*
- *Modules de formation en soins palliatifs pour les travailleurs communautaires*

### **3. Workplace/PPP**

- *Curricula de formation en communication pour le changement de comportement pour les personnels du Ministère de l'Éducation Nationale: Manuel de référence*
- *Module de formation en communication pour le changement de comportement pour les personnels du Ministère de l'Éducation Nationale: Cahier du participant*
- *Module de formation en communication pour le changement de comportement pour les personnels du ministère de l'Éducation Nationale: Guide du formateur*
- *Politique nationale de lutte contre le VIH/SIDA en milieu du travail en Côte d'Ivoire*
- *Partenariat public-privé, société civile, une bonne pratique pour la lutte contre le VIH/SIDA dans le monde du travail en Côte d'Ivoire*

### **4. Continuum of Care/Referral Network (IRIS-SP Pilot Model)**

- *Initiative pour le Renforcement des interventions de lutte contre le VIH/SIDA dans le Département de San Pedro: Document conceptuel*
- *Analyse situationnelle de la prévention et de la prise en charge du VIH/SIDA dans le Département de San Pedro*
- *Initiative pour le renforcement des interventions de lutte contre le VIH/SIDA dans le Département de San Pedro: Cadre de collaboration*
- *Initiative pour le renforcement des interventions de lutte contre le VIH/SIDA dans le Département de San Pedro: Description de la phase et pilote du processus d'extension de l'IRIS*

### **5. Strategic Information**

- *Elaboration du plan de suivi et évaluation du plan stratégique national 2004–2006 de la prise en charge des OEV*
- *Elaboration du plan de suivi et évaluation du plan intérimaire 2005 du Ministère de la Lutte contre le Sida*
- *Elaboration des outils de collecte de données relatives à la prise en charge des OEV*