



PRIVATE SECTOR HEALTH PROJECT COTE D'IVOIRE WORKPLAN

January 1, 2016-September 30, 2016

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In collaboration with:
Association of Private Clinics of Cote d'Ivoire (ACPCI)

ACRONYM LIST

AA	Associate Award
ACPCI	Association of Private Clinics of Cote d'Ivoire
AGIR-PF	<i>Agir pour la planification familiale</i>
AIBEF	<i>Association Ivoirienne pour le Bien-Etre Familiale</i>
AIDS	Acquired immunodeficiency syndrome
AIMAS	<i>Agence Ivoirienne de Marketing Social</i>
ART	Antiretroviral therapy
COP	Chief of party
CP	<i>Commission Paritaire</i>
DEPS	<i>Direction des Etablissements et des Professions Sanitaires</i>
FOG	Fixed Obligation Grant
FP	Family planning
HFG	Health Financing and Governance Project
HIV	Human immunodeficiency virus
HO	Home Office (Abt Associates)
IUD	Intrauterine device
M&E	Monitoring & evaluation
MSHP	<i>Ministère de santé et de l'hygiène publique</i>
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PNPEC	<i>Programme National de Prise en Charge Médicale des personnes vivant avec le VIH/Sida</i>
PNSME	<i>Programme National de Santé de la Mère et de l'Enfant</i>
PSHP	Private Sector Health Project
QA	Quality assurance
RFQ	Request for Quotation
RH	Reproductive health
SHOPS	Strengthening Health Outcomes through the Private Sector
SIMS	Site Improvement Monitoring System
STTA	Short-term technical assistance
TWG	Technical Working Group
USAID	United States Agency for International Development

1.0 BACKGROUND & INTRODUCTION

Background:

The United States Agency for International Development (USAID) Strengthening Health Outcomes through the Private Sector (SHOPS) project is a five-year \$94.9 million project through Cooperative Agreement No. GPO-A-00-09-00007-00. SHOPS, a global Leader with Associates Award mechanism, was awarded to a team led by Abt Associates in September 2009. Abt implemented the SHOPS Cote d'Ivoire project from inception in 2012 to project closing on January 29, 2016.

In September 2012, PEPFAR commissioned a private sector assessment (PSA) through the SHOPS project with the goal of helping guide the Government of Côte d'Ivoire's and PEPFAR's strategy and future investments in the country. Activities of the SHOPS Cote d'Ivoire project, which were a direct outgrowth of the PSA, included: 1) piloting a private provider network to expand HIV and AIDS products and services, and 2) strengthening the government's capacity to engage the private sector.

Based on a provider survey and workshop to gauge antiretroviral therapy (ART) readiness in the private sector, SHOPS and USAID identified the *Association of Private Clinics of Cote d'Ivoire* (ACPCI) as the best local organization to lead a private sector network offering HIV care and treatment. ACPCI and SHOPS developed a package of services that the Association could offer member clinics including training in accordance with government standards, coaching, ART commodity provision and logistics, monitoring and reporting. Starting in 2014, fifteen private clinics (all ACPCI members) were selected to provide free ART to patients through an agreement with the *Ministère de santé et de l'hygiène publique* (MSHP). From August 2014 to December 2015, the network tested nearly 8,000 men, women, and children, of whom 516 were found to be positive. Of the 516 positive patients, 296 were initiated and retained in treatment.

In August 2015, SHOPS signed Memoranda of Understanding with 18 additional ACPCI member clinics, enabling them to benefit from the same SHOPS package of trainings and technical support provided to the original 15 network clinics. Trainings and other private provider activities were complemented by demand generation activities, including interpersonal communication campaigns, mass media and an anonymous, free hotline.

SHOPS convened a Steering Committee comprised of high level government officials, PEPFAR implementing partners, network clinics, and the network manager to guide program implementation. With support from the Steering Committee, SHOPS offered ACPCI member clinics trainings in accordance with government standards, coaching, commodity provision and logistics, monitoring and reporting.

SHOPS also supported extensive public-private dialogue initiatives at the national and district levels in Côte d'Ivoire, allowing for better linkages and improved collaboration between policy makers and practitioners, both of whom have an important role to play in increasing access to service delivery, particularly in the area of HIV and AIDS.

Additional funding received in April 2015 through USAID's Office of Population in Washington provided SHOPS with an opportunity to implement FP/HIV integration activities in Côte d'Ivoire, leveraging the work that was already being done through the private sector network on HIV/AIDS prevention, care and treatment. SHOPS conducted a rapid field assessment of potential FP/HIV integration activities and trained network providers and data managers to government standards.

Based on the success of the SHOPS Cote d'Ivoire project, in September 2015, USAID Cote d'Ivoire solicited an Associate Award (AA) through the SHOPS mechanism. The scope was to increase the reach and capacity of the private provider network, piloted under SHOPS in Cote d'Ivoire, by scaling up to more clinics and more high prevalence HIV areas in the country, and to expand service provision to include FP/HIV integration. Abt submitted a proposal at the end of September 2015. The SHOPS Cote d'Ivoire Associate Award (AA) – called the Private Sector Health Project (PSHP) in Cote d'Ivoire and funded through Cooperative Agreement No. AID-624-LA-16-00002 – was signed on December 7, 2015.

This workplan is for Year One of PSHP, covering the period of January through September 2016.

Introduction:

The goal of PSHP is to expand access to and to ensure the provision of high quality, integrated HIV and FP services in the private sector by supporting local ownership and oversight, strengthening the enabling environment at both the national and district levels, and ensuring linkages to support services. In Year One of the project, PSHP will work with ACPCI and the 33 private clinics currently participating in the HIV network, which represent the highest HIV prevalence areas in Abidjan and Yamoussoukro. PSHP and ACPCI will partner in scaling up the training, accreditation, supervision, coaching, logistics and monitoring assistance piloted under SHOPS. PSHP will conduct an analysis to select 11 additional clinics in San Pedro and Abidjan to join the HIV network to further expand access to services in other high HIV prevalence areas in the country. PSHP will also work to strengthen the capacity of ACPCI to manage and sustain the provider network. The geographic focus of PSHP corresponds with PEPFAR's new scale-up and maintenance focus following the Country Operational Plan 15 meeting held in Frankfurt.

Building on relationships begun under SHOPS, PSHP will collaborate with a host of local partners and USAID/PEPFAR implementing partners to leverage resources and limit duplication of services. PSHP will collaborate with several different divisions within the MSHP, including the *Direction de l'Information, de la Planification et de l'Evaluation* (DEPS) and *Programme National de Prise en Charge Médicale des personnes vivant avec le VIH/Sida* (PNPEC).

Below we provide details on the specific activities by project component to be carried out in Year One of PSHP, including project start-up activities. Information about the PSHP Team is found in Section Three. In Section Four we provide an estimated cost

breakdown by major line item. In Section Five we provide a table containing our envisioned short-term technical assistance in Y1. A detailed implementation plan showing activities by quarter is found in Annex A.

2.0 PSHP PROGRAM ACTIVITIES

Project Component 1: Scale up the model for provision of essential and comprehensive prevention, care and treatment services for those seeking HIV and AIDS services in the private for-profit sector

PSHP will support the 33 HIV network clinics in Abidjan and Yamoussoukro with training, on-site and in-service mentoring and monitoring for continuous quality improvement, and the provision of commodities and logistics. In addition, PSHP will conduct a situational analysis to select 11 new network clinics to be added in San Pedro and Abidjan by the end of Year One. PSHP will continue to build the capacity of ACPCI to function as the network manager both to ensure enhanced private sector delivery and to support advocacy and policy reform for the private sector. Key activities under Project Component 1 include:

- **Activity 1: develop MOU with ACPCI.** PSHP will finalize a Memorandum of Understanding (MOU) with ACPCI under the new project in the first quarter of Year One stating the roles and responsibilities of the two organizations and highlighting objectives of the partnership.
- **Activity 2: develop FOG award with ACPCI.** By the end of PSHP, the goal is for ACPCI to assume the role of Implementing Partner and therefore to be both technically and financially capable of receiving direct funding from USAID. In order to build the capacity of ACPCI to manage the private HIV network, PSHP will develop a fixed obligation grant (FOG) with deliverables tied to specific milestones. The FOG award process will begin in late January; associated grant documents will be finalized and submitted to USAID for review by the end of the second quarter. Payments under the FOG will be made against specific milestones that are provided in a detailed work plan to be prepared by ACPCI. Examples of milestones include establishing internal systems and finalizing written manuals governing accounting, internal controls, procurement, human resources and supervision and governance of the organization. **In the first six months of PSHP, ACPCI staff will be hired as consultants** by Abt Associates; starting in July, it is envisioned that ACPCI will hire them directly as full-time employees. The PSHP Team in Abidjan and Bethesda will provide a series of trainings to ACPCI staff so that ACPCI fully understands the requirements of a USAID-funded FOG award. The ACPCI Accountant will also receive a specific training covering the requirements for financial and technical reporting, tracking, budgeting and procurement under the FOG.

- **Activity 3: organize ACPCI network provider trainings.** In coordination with the MSHP and ACPCI, PSHP will coordinate the following trainings:
 - A refresher training for all 33 network clinics that have already received HIV certification covering HIV data management and reporting, prescription of ART and ARV and reagents management.
A one-week training course covering the new guidelines on Prevention of Mother to Child Transmission (PMTCT), care and treatment and task shifting to be offered to all 33 network clinics.
- **Activity 4: provide on-site and in-service mentoring for ACPCI network clinics.** PSHP will continue the on-site and in-service mentoring begun under SHOPS to support quality improvement and ensure best practices across the network. This includes conducting ongoing reviews of the clinics' performance throughout the year such as quality assessments, coaching reports, and progress towards targets. Quarterly, PSHP will co-host a network peer-learning workshop to highlight clinical results and progress towards achieving targets across the clinical cascade. In addition, PSHP will conduct a situational analysis to identify strengths and weaknesses across the clinic network and select the additional 11 clinics in San Pedro and in Abidjan which will join the network.
- **Activity 5: convene quarterly meetings of network Steering Committee.** PSHP will continue to convene the independent Steering Committee established under SHOPS on a quarterly basis, so that they can continue to provide guidance and oversight to the network and help resolve bottlenecks as they arise.
- **Activity 6: provide HIV commodities and laboratory logistics.** PSHP will contract a local courier service to provide safe and reliable transport of blood samples between all network sites and laboratories. PSHP will ensure network clinics are able to retrieve ART and other commodities and supplies from the district warehouses on a routine basis. As part of this process, PSHP will work with network providers to improve the forecasting and management of clinic needs for commodities to ensure a predictable supply.
- **Activity 7: provide monitoring and data management support.** PSHP will support data managers at all 33 network clinics to ensure the quality and accuracy of data being reported at each clinic site. Results will be shared at quarterly meetings to validate data with the network clinics and with district health offices, identify and troubleshoot problems and propose solutions. PSHP will also organize and facilitate quarterly Technical Working Group (TWG) meetings to review, discuss and address issues as they arise. TWG participants include the Senior Technical Advisor, Clinical Advisor, Monitoring and Evaluation (M&E) Coordinators, clinic data managers and health district data managers. To ensure data management for network clinics follows PEPFAR regulations, the PSHP team will participate in PEPFAR-organized activities for PEPFAR's Site

Improvement Monitoring System (SIMS) New PEPFAR information and feedback will be routed regularly to the network for continuous learning and improvement.

- **Activity 8: hire capacity building consultant to support ACPCI.** PSHP will conduct an open recruitment process to identify a capacity building consultant who will provide expertise in the area of management and organizational development to ACPCI. The consultant will support ACPCI in the development of institutional systems, finalizing manuals, protocols and procedures for the association in Year One. The consultant will also develop and deliver a management training for senior ACPCI staff to build their capacity.
- **Activity 9: support open recruitment process for vacant positions on the ACPCI team.** PSHP will support an open recruitment process including posting of ads, scheduling of interviews, selection of finalists and hiring of additional ACPCI staff needed to support key activities in Year One (Accountant and M&E Coordinator for Yamoussoukro).
- **Activity 10: support ACPCI in the identification of independent office space.** PSHP will support ACPCI in their search for new office space and will review and finalize the lease by the end of Quarter Two in Year One.
- **Activity 11: support ACPCI in the procurement of computer equipment and office furniture for each of the new ACPCI network clinics.** PSHP will procure and purchase computer equipment (1 laptop, printer, screen and software) and office furniture (one desk and one chair) for each of the new 18 network clinics.

Project Component 2: Create an enabling environment for optimized HIV prevention, care and treatment by building the capacity of public-private platforms/fora to help advocate for, support and sustain quality, public health policies, programs and systems for health areas including HIV/AIDS and family planning

PSHP will work to continue improving the enabling environment for the provision of HIV, family planning (FP), and other health services in the private sector through advocacy and support to the *Commission Paritaire* and to public-private platforms in districts with clinics participating in the network. Key activities under Project Component 2 include:

- **Activity 1: provide advocacy and support to the national-level public-private dialogue through the Commission Paritaire (CP).** PSHP will continue to provide technical assistance to the CP through strategy development and priority interventions during quarterly meetings of the CP. PSHP will consult with civil society groups such as *Coalition des Entreprises de Côte d'Ivoire Contre le Sida* and *L'Alliance des Religieux contre le VIH/SIDA et les autres pandémies en Côte d'Ivoire* and collaborate with implementing partners such as *Agir pour la planification familiale* (AGIR-PF) to include their voice in the advocacy dialogue.
- **Activity 2: formalize the MSHP's stewardship of the CP and solidify its role as the national-level public-private dialogue forum.** PSHP will provide

technical support to the CP to advocate for engagement of the private sector in health decisions, expanding the focus to include FP and other health issues and to lead discussions around national-level strategies and regulatory reform. PSHP will facilitate dissemination of private sector protocols and policies established under SHOPS in conjunction with the DEPS.

- **Activity 3: provide advocacy and support to district-level public-private dialogue platforms and promote health partnerships.** SHOPS facilitated the official launch and support of eight public-private dialogue platforms in Abidjan and Yamoussoukro which contain clinics participating in the private provider network. PSHP will provide continued advocacy, support and coaching to the seven district-level platforms in Abidjan and the Yamoussoukro district-level platform through quarterly meetings. Topics of discussion will include HIV, FP, emerging diseases and on gender-related considerations and barriers to accessing HIV services in the private sector.

Project Component 3: Conduct demand creation activities to increase use of private sector HIV, FP and other health services and improve health preparedness for emerging disease threats

PSHP will work to raise awareness of HIV and FP services in the private sector in populations that are likely to use those services and to improve interpersonal communication skills among network providers to enhance quality of care and increase patient retention in care. The PSHP team will design interpersonal communication materials and will conduct other demand generation activities, with a focus on mitigating gender-associated behaviors and attitudes that might limit use of HIV services and products. PSHP will apply evidence-based approaches and innovations to increase demand for HIV and FP services. Key activities under Project Component 3 include:

- **Activity 1: conduct health promotion activities.** Outreach channels include local TV and radio featuring interactive dialogue through talk shows and call-in programs. These promotional activities will be organized alongside Health Day events will be organized in select catchment areas around the ACPCI network clinics in Abidjan and Yamoussoukro. Health Days will feature network providers and health communicators. They will offer a range of targeted counseling and testing services, including FP, HIV, vaccination, malaria, and Ebola, as well as general health preventative services, such as blood pressure and blood sugar testing.
- **Activity 2: update outreach materials.** In coordination with *Association Ivoirienne pour le Bien-Etre (AIBEF)*, *Agence Ivoirienne de Marketing Social (AIMAS)* and *AGIR-PF*, PSHP will review existing materials on HIV and FP services, then update, produce and display outreach materials (posters, billboards, pamphlets and outdoor advertising) in the catchment areas around all 33 network clinics.

Project Component 4: Strengthen capacity for private sector family planning service delivery

Similar to activities under Project Component 1, PSHP will provide on-site and in-service mentoring specifically on FP issues to providers in the network. PSHP will also work to integrate FP service provision into the HIV network by linking network providers to commodity suppliers, focusing specifically on long acting methods (such as injectables, implants and intrauterine devices, or IUDs). PSHP will advocate for and support key health policy reforms such as the adoption of the Reproductive Health Law which is critical for the private sector to be able to provide FP/HIV services. Key activities under Project Component 4 include:

- **Activity 1: advocate for policy and legislative reforms.** In collaboration with the *Programme National de Santé de la Mère et de l'Enfant (PNSME)*, PSHP will convene a one-day stakeholder meeting with public and private sector participants to advocate for the adoption of the Reproductive Health Law as well as its impact on the availability and use of FP/RH services. PSHP will then set up a TWG to finalize the draft text and will organize a validation workshop to finalize the proposed text for the law. PSHP will also promote dialogue with national-level religious leaders on the benefits of FP. At the district level, PSHP will support ACPCI and local leadership in network districts to advocate for FP. Finally, PSHP will coordinate quarterly meetings of key FP stakeholders in Cote d'Ivoire including AGIR PF, AIMAS, AIBEF, ACPCI, health districts, private laboratories, wholesalers and distributors, to better coordinate FP efforts on issues affecting the provision of FP in the country.
- **Activity 2: provide on-site and in-service mentoring for ACPCI Network Clinics.** PSHP will provide ongoing technical oversight and support and in-service mentoring to network providers in all ACPCI clinics. In addition, PSHP will conduct coaching with providers in the ACPCI network to address myths and misunderstandings about FP with clients, mentor network providers to screen clients at regular intervals to help determine fertility desires and current contraceptive use and coach providers on how to address myths and misunderstanding about FP with clients.
- **Activity 3: follow-up to SHOPS Rapid Field Assessment.** The SHOPS rapid field assessment, conducted in August 2015, showed which pilot network clinics offer FP products and services and their interest in doing so. PSHP will use the same rapid field assessment on all new network clinics as a first step to developing a clinic-specific FP plan.
- **Activity 4: improve clinic linkages to FP commodities.** PSHP will work closely with local FP partners including AIMAS and AIBEF to refer private clinic clients desiring oral contraceptives or condoms to pharmacies. PSHP will also explore collaboration with pharmaceutical laboratories that distribute contraceptives such as Bayer, Pfizer and Organon on FP promotion campaigns and how to increase access in private clinics using pharmaceutical detailers.

- **Activity 5: conduct demand creation activities for FP services.** PSHP will work with AIMAS and AIBEF with key USAID initiatives in the region, including the AGIR-PF program to share costs on FP marketing campaigns and to share FP demand creation tools and materials. PSHP will improve availability of easy-to-use information on FP as both job aids and counseling tools such as *the Balanced Counseling Strategy*.
- **Activity 6: hire FP consultant to support FP/HIV integration activities.** PSHP will conduct an open recruitment process to identify a FP consultant with expertise in trainings, demand creation and technical capacity building. The consultant will support activities 2, 3, 4 and 5 described above.

Project start-up

During the first quarter of PSHP, several key deliverables will be submitted to USAID in accordance with the project's Cooperative Agreement. Also, several key activities related to project start-up will be implemented as summarized below:

- **Work Planning:** this Year One Work Plan has been submitted to USAID within 45 days of the Associate Award signing for approval.
- **Performance Monitoring Plan (PMP):** the project PMP will be validated with key members of the PSHP team and submitted to USAID within 60 days of project award.
- **Project Launch Event:** PSHP will convene a project launch event with approximately 100 stakeholders including those in the public and private sectors, USAID and other USAID implementing partners in Abidjan, in the next few months. Bettina Brunner, the SHOPS Regional Manager for Francophone Countries, will attend the event on behalf of the Abt home office.
- **Staffing/Recruitment:** the PSHP team will place an advertisement in the local newspaper for the Senior Technical Advisor position and will conduct an open recruitment process to identify final candidates by the end of the first quarter. PSHP will submit the CV for the Senior Technical Advisor candidate to USAID for approval of the third Key Personnel staff member. The project will onboard all other project staff by the end of the first quarter.
- **Other:** in the first quarter, the PSHP team will conduct an office search in Abidjan to identify a new office space to house the PSHP and Health Financing and Governance (HFG) project teams. Additional furniture or equipment required will be procured following a request for quotation process. A PSHP bank account will be opened by the end of January to ensure smooth project start-up.

3.0 PSHP PROGRAM MANAGEMENT

A. PSHP Team

Field Office, Abidjan

Dr. Alphonse Kouakou, the PSHP COP, will provide technical leadership and strategic direction to all project components and will directly oversee Project Components 2 and 3. He will have overall managerial and reporting responsibilities, and oversight of the FOG to ACPCI. Dr. Kouakou reports to Abt's Home Office (HO) SHOPS Regional Manager for Francophone Countries, Bettina Brunner.

The Senior Technical Advisor (TBD) is responsible for all service delivery aspects (Project Components 1 and 4) including quality assurance and supervision activities for the network clinics. S/he reports to Dr. Kouakou.

Diane Ake will serve as the Head of Operations of Abt's Common Operations and Management Unit in Côte d'Ivoire. Ms. Ake will split her time between HFG and PSHP. Ms. Ake will supervise one full time SHOPS accounting assistant and one shared staff member, all of whom are current Abt employees; she will report directly to Dr. Kouakou.

The ACPCI team of consultants will be led by Network Director Armand Dakouri, who will report to Dr. Kouakou. Mr. Dakouri will manage and coordinate the implementation of ACPCI's day-to-day activities and operations in conjunction with ACPCI's Steering Committee. He will supervise the Clinical Advisor, Dr. Jonas Manhan and three support staff (Accountant, Secretary and Driver). The Clinical Advisor will provide technical leadership and strategic direction for all clinics involved in the network, including troubleshooting to anticipate and resolve potential problems in the network, and will review network outputs for quality control. The M&E Coordinators located in Abidjan and Yamoussoukro will interface with all stakeholders of the network and oversee ACPCI's M&E activities in network clinics in each site location. They report to the ACPCI Clinical Advisor.

In addition to the ACPCI consultants, PSHP will seek the services of a capacity building consultant for ACPCI and an FP/HIV integration consultant to complete Year 1 activities. The following table summarizes PSHP short-term technical assistance in Year 1.

PSHP Short-Term Technical Assistance in Year One

Name and Title	Proposed Duration
TBD, capacity building consultant	Q2
Clementine Oulibly, FP/HIV integration consultant	Q1, Q2
Armand Dakouri, ACPCI Network Director	All quarters
Kemetehi Jonas Manhan, ACPCI Clinical Advisor	All quarters
Datolo Kone, ACPCI M&E Coordinator, Abidjan	All quarters

TBD, ACPCI M&E Coordinator, Yamoussoukro	Q2, Q3
Brigitte Gneba, ACPCI Secretary	All quarters
Marie Edwige, ACPCI Accountant	Q2, Q3

Home Office, Bethesda

The Abidjan PSHP team will be supported by a three-person team providing part-time technical, financial and administrative support from the Abt Associates HO in Bethesda, MD. Bettina Brunner will provide QA for the technical work of PSHP and will ensure contractual and regulatory compliance. She will oversee the day-to-day work of Erin Mohebbi, Technical Project Officer and Leandre Koumba, Finance and Contracts Analyst. Abt's HO Departments such as the Subcontracts and International Accounting Departments, will be engaged on an as-needed basis and at no additional cost. Additional short-term technical assistance (STTA) will be targeted and limited to providing technical guidance in the areas of HIV, FP, private sector health, qualitative/formative research, demand creation and M&E.

B. USAID

PSHP will collaborate closely with USAID/PEPFAR Côte d'Ivoire, USAID Mission bilateral health projects, and other bilateral mechanisms working in areas requiring collaboration to ensure project activities support and complement overall USAID health and development assistance.

4.0 RESOURCES REQUIRED

LABOR	\$180,165
FRINGE BENEFITS	\$80,714
OVERHEAD	\$70,651
CONSULTANTS - FEES/TRAVEL/ODC's	\$77,393
TRAVEL AND PER DIEM	\$66,115
ALLOWANCES	\$0
OTHER DIRECT COSTS	\$483,219
EQUIPMENT	\$225,405
GRANTS	\$120,000
SUBAGREEMENTS	\$64,350
OTHER INDIRECT COSTS	\$180,118
TOTAL ESTIMATED COSTS	\$1,548,130

ANNEX A: PSHP DETAILED IMPLEMENTATION PLAN

Program component	Description of activity or activities	Quarter			
		1	2	3	4
Program component 1: Scale up the model for the provision of essential and comprehensive prevention, care and treatment services for those seeking HIV and AIDS services in the private for-profit sector					
Develop MOU with ACPCI	Draft, finalize and sign Memorandum of Understanding (MOU) with ACPCI	x			
Develop FOG Award with ACPCI	Draft grants manual and supporting materials including milestones, deadlines and deliverables for Year One Fixed Obligation Grant for ACPCI, orient ACPCI team members, finalize and share with USAID for approval	x	x		
	Prepare training materials and conduct trainings in Abidjan with ACPCI team members on USAID rules and regulations for grantees receiving USAID funding under a FOG	x	x		
	Draft training materials and conduct training for ACPCI Accountant on USAID rules and regulations for financial reporting, tracking, budgeting, procurement, etc.	x	x		
	Formalize Finance and Accounting/Operations manual for ACPCI, including associated forms/documents			x	
	Formalize human resource policies, systems and procedures including HR/Personnel Manual for ACPCI, associated forms/documents			x	
Organize ACPCI network provider trainings	Working closely with MSHP, make any necessary updates to curricula covering the following topics: management logistics, health data logistics, HIV infection prevention certification, on the new guidelines (PMTCT, Care and Treatment) and task shifting	x	x		
	Hold three refresher trainings for all 33 network sites (with staff who participated in the original trainings under SHOPS) covering the following topics: management logistics, health data logistics, HIV infection prevention			x	
	Hold one training course for all 33 ACPCI network clinics (2 participants per site) on the new guidelines (PMTCT, Care and Treatment) and task shifting			x	
Provide on-site and in-service mentoring for ACPCI network clinics	Provide technical oversight and support and in-service mentoring and coaching to service providers at all 33 ACPCI network clinic sites to ensure quality and make improvements		x	x	x
	Conduct a situation analysis to identify the 11 new clinics (4 in San Pedro and 7 in Abidjan) who will join the network		x		
	Organize, convene and facilitate quarterly peer-learning one-day workshops for providers at all 33 ACPCI clinics, highlighting clinical results, discussing progress/barriers towards achieving targets and identifying solutions	x	x	x	x
	Organize, convene and facilitate quarterly meetings with ACPCI Steering Committee to address bottlenecks, resolve issues and ensure quality across the ACPCI network of clinics	x	x	x	x
Provide HIV commodities and laboratory logistics	Release RFQ, review quotes submitted, select finalist and contract local courier service to provide the safe and reliable transport of blood samples between network sites and laboratories in the district private hospitals	x	x		

	Coordinate and oversee the provision of essential commodities and supplies including ART, lab reagents, and samples for DC4 and viral load testing to all 33 ACPCI clinic sites		x	x	x
Provide monitoring and data management support	Oversee and support monthly data reporting as required by PEPFAR to ensure quality and accuracy of data being reported at each clinic site including provision of technical assistance to all 33 ACPCI clinic data managers	x	x	x	x
	Organize, convene and facilitate regular Technical Working Group (TWG) meetings with health professionals to identify and troubleshoot problems and propose solutions	x	x	x	x
	Organize, convene and facilitate quarterly meetings with the ACPCI Steering Committee to address and resolve network issues as they arise	x	x	x	x
	Participate in PEPFAR-organized activities for SIMS	x	x	x	x
Conduct capacity building activities for ACPCI	Conduct open recruitment process: post ads for a capacity building consultant, interview candidates, select finalists, and hire to support ACPCI in development of institutional systems, procedures and protocols		x		
	Conduct open recruitment process: post ads for open positions on the ACPCI team (Accountant, M&E Coordinator for Yamoussoukro), interview candidates, select finalists, and hire staff to support Year One activities	x			
	Conduct management training for senior ACPCI staff		x		
	Support ACPCI in search for new office space, review, finalize and sign lease (in ACPCI's name)	x	x		
	Facilitate purchase of computer equipment (laptop, printer, screen and software) and office furniture (one desk and one chair) for each of the new ACPCI network clinics to support ongoing monitoring and reporting	x	x		
Project component 2: Create an enabling environment for optimized HIV prevention, care and treatment by building the capacity of public-private platforms/fora to help advocate for, support and sustain quality, public health policies, programs and systems for health areas including HIV/AIDS and family planning					
Provide advocacy and support to the Commission Paritaire (CP)	Organize, convene and facilitate quarterly meetings of the CP, ensuring collaboration with civil society groups and other implementing partners	x	x	x	x
Solidify CP's role as the national-level public-private dialogue forum	Provide technical support and ongoing coordination to strategy development and priority interventions such as regulatory reform roadmap and other priorities identified at the recent <i>Revision de Textes Atelier</i> in Abidjan		x	x	x
Provide advocacy and support to district-level public-private dialogue and promote health partnerships	Organize, convene and facilitate quarterly meetings of the eight dialogue platforms launched in Abidjan and Yamoussoukro under SHOPS and provide technical support and ongoing coordination to advance policy agenda, expanding the scope from HIV to FP, TB, and emerging diseases	x	x	x	x
Project component 3: Conduct demand creation activities to increase use of private sector HIV and other health services and improve health preparedness for emerging disease threats					
Conduct health promotion activities	Design, validate and produce complementary promotional messages (alongside Health Days) to be disseminated through, TV, local radio stations including interactive dialogue in Abidjan and Yamoussoukro	x	x	x	x

	Organize and launch one day-long Health Days activity in select catchment areas around the 18 recently added network clinics in collaboration with private sector sponsors, partners and featuring selected network providers and health communicators			X	X
Update outreach materials	Validate, produce and display outreach materials (posters, billboards, pamphlets and outdoor advertising) in the catchment areas of ACPCI clinics in collaboration with AIMAS, AIBEF and AGIR-PF		X	X	X
Project component 4: Strengthen capacity for private sector family planning service delivery					
Advocate for policy and legislative reforms	Organize, convene and facilitate a meeting with PNSME and Commission Paritaire to advocate for the adoption of the Reproductive Health Law		X	X	
	Establish a TWG to finalize the draft text for the Reproductive Health Law			X	
	Organize, convene and facilitate a workshop with approximately 40 stakeholders from the public and private sectors to finalize the Reproductive Health Law				X
	Organize, convene and facilitate meetings with MSHP and other public and private stakeholders; provide technical support around other priority health policy reforms related to FP and FP/HIV integration		X	X	X
	Organize, convene and facilitate quarterly meetings of key FP stakeholders in Cote d'Ivoire including AGIR PF, AIMAS, AIBEF, ACPCI, health districts, private laboratories, wholesalers and distributors, to better coordinate FP efforts on issues affecting the provision of FP in the country	X	X	X	X
Provide on-site and in-service mentoring for ACPCI network clinics	Provide technical oversight and support and in-service mentoring to service providers at all 33 ACPCI network clinic sites on screening clients at regular intervals to determine fertility desires and current contraceptive use among HIV clients	X	X	X	X
	Develop content for, test materials/content and conduct coachings with service providers to address myths and misunderstanding about FP with clients		X	X	
Follow-up to rapid field assessment	Conduct a FP/HIV rapid field assessment on all new network clinics to develop a clinic-specific FP plan		X		
Improve clinic linkages to commodities	Coordinate across all 33 ACPCI clinics and with local FP partners (AIMAS, AIBEF) to refer private clinic clients desiring OC's, injectables and condoms to nearby pharmacies	X	X	X	X
	Collaborate with local pharmaceutical companies distributing contraceptives (Bayer, Pfizer, Organon) on FP promotion campaigns and how to increase access in private clinics using their detailers		X	X	X
Conduct demand creation activities for FP services	Collaborate with local FP partners (AIMAS, AIBEF) and other key initiatives and projects (AGIR-PF, PSI) to develop and test messages, and share costs on FP marketing campaigns		X	X	X
Support FP/HIV integration activities	Conduct open recruitment process: post ads for Family Planning consultant, interview candidates, select finalist, and hire consultant to support FP/HIV integration activities	X			
Project start-up					
Submit deliverables	Submit Year One Work Plan to USAID for approval (due within 45 days of award of AA)	X			
	Submit PMP to USAID for approval (due within 60 days of award of AA)	X			
	Submit quarterly technical project reports and quarterly financial reports to USAID using templates provided by USAID	X	X	X	X

Organize project launch event	Develop and finalize agenda and other materials for distribution, invite participants, book venue and hold a one-day lessons project launch event in Abidjan with approximately 100 stakeholders	x			
Finalize staffing/ recruitment	Conduct open recruitment process: post ads for any open positions on the Abt team, interview candidates, select finalists, and hire staff to support Year One activities	x	x		
	Prepare and distribute offer letters; onboard current project staff to transition over to AA	x			
	Seek approval for third Key Personnel staff member (Senior Technical Advisor) once finalist is identified, from USAID	x			
Other activities	Prepare necessary financial and administrative documentation, obtain signatures, submit to bank and set up SHOPS CDI AA bank account in Cote d'Ivoire	x			
	Conduct office search in Abidjan to identify new office space for all Abt staff		x		
	Release RFQs, obtain and review quotes, select vendors for procurement of any additional office furniture, IT equipment, other office equipment needed for Abt project team and Abt office		x		