Investissons dans notre avenir
Le Fonds mondial
De lutte contre le SIDA, la tuberculose et le paludisme

PROPOSAL FORM

FIFTH CALL FOR PROPOSALS

The Global Fund to Fight AIDS, Tuberculosis and Malaria is issuing its Fifth Call for Proposals for grant funding. This proposal form should be used to submit proposals to the Global Fund. Please read the accompanying Guidelines for Proposals carefully, before filling out the proposal form.

Timetable: Fifth Round

Deadline for submission of proposals	**June 10, 2005**
Board consideration of recommended proposals	**September 28 – 30, 2005**

Resources available: Fifth Round

As of the date of the Fifth Call for Proposals, US$ 300 million is available for commitment for the Fifth Call for Proposals. It is anticipated that additional resources will become available prior to the Board consideration of proposals. The amount available will be updated regularly on the Global Fund's website. Any information submitted to the Global Fund may be made publicly available.

Geneva, 17 March 2005

Notes:

How to use this form:

1 Ensure that you have all the documents that accompany this form—the Guidelines for Proposals, and Annexes A and B to this proposal form).

2 Please read ALL questions carefully. Specific instructions for answering the questions are provided.

3 Where appropriate, indications are given as to the approximate length of the answer to be provided. Please try to respect these indications.

4 To tick any of the boxes in the form, move the cursor to the text box, right click and choose *'properties'*, then *'default value' 'checked'*.

5 To avoid duplication of effort, we urge you to make maximum use of existing information (e.g., program documents written for other donors/funding agencies).

6 Instructions and guidelines are printed in blue.

Annexes:

Annex A: Impact and Coverage Indicators (incl. glossary of terms)
Annex B: Green Light Committee Applications

1 Eligibility

Proposal title	Prevention and management of HIV/AIDS in a conflict situation
Name of applicant	CARE France
Country	Côte d'Ivoire

Type of application:

- ☒ National Country Coordinating Mechanism
- ☐ Sub-National Country Coordinating Mechanism
- ☐ Regional Coordinating Mechanism (including Small Island Developing States)
- ☐ Regional Organisation
- ☐ Non-Country Coordinating Mechanism

[Please tick the appropriate box or boxes for your proposal target; refer to Guidelines for Proposals, section II, paragraphs C1 to C4.]

Proposal components

- ☒ HIV/AIDS[1]
- ☐ Tuberculosis[2]
- ☐ Malaria
- ☐ Health system strengthening

[Please tick the appropriate box or boxes for your proposal target; refer to Guidelines for Proposals, section III, A.]

Currency in which the Proposal is submitted

- ☐ US$
- ☒ Euro

[Please tick the appropriate box. Please note that all financial amounts appearing in the proposal should be denominated in the selected currency only.]

[Countries classified as "lower-middle-income" or "upper-middle-income" by the World Bank are eligible to apply only if they meet additional requirements (see the Guidelines for Proposals, section II. A).]

[1] In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

[2] In contexts where HIV/AIDS is driving the tuberculosis epidemic, tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

1 Eligibility

Country	Côte d'Ivoire

☒ Low-income
☐ Lower-middle-income [see paragraph 1.1 below]
☐ Upper-middle-income [see paragraph 1.1 below]

[See the Guidelines for Proposals, Annex 1. For proposals from multiple countries, complete the above referenced information separately for each country.]

1.1 Lower-middle-income and upper-middle-income country

[Sections 1.1.1 and 1.1.2 must be filled out for these two categories; without this information, this proposal will not be considered for financing.]

1.1.1 Counterpart Financing and Greater Reliance on Domestic Resources

[For definitions and details of counterpart financing requirements, see the Guidelines for Proposals, section II.A. The field "Total requested from the Global Fund" in the table below should match the request in sections 5.1]

Table 1.1.1 – Counterpart Financing and Greater Reliance on Domestic Resources

Financing sources	In EUR				
	Year 1	Year 2	Year 3 estimate	Year 4 estimate	Year 5 estimate
Total requested from the Global Fund (A) [from Table 5.1]	1,583,255	1,336,515			
Counterpart financing (B) [linked to the interventions for which funds are requested under A]					
Counterpart financing as a percentage of: B/A x 100 = %					

1.1.2 Poor or vulnerable populations

Describe how these populations have been identified, and how they will be involved in planning and implementing the proposal (2–3 paragraphs).

- Initial evaluation in April 2004

During the 1st financed by the Global Fund and before activities began, CARE and their partners conducted an evaluation of the North and West areas of the Ivory Coast, monitored by the Forces Nouvelles, which allowed them to identify, on the one hand, those segments of the population which were more vulnerable to AIDS and, on the other, the sites where there was little or no active prevention. The Ministry of Public Health (MSP) and the Ministry for the Fight Against AIDS (MLS) actively participated in this evaluation, as did the NGO Forum for the Fight against AIDS (COSCI) The objectives of this initial evaluation were to obtain basic data for later evaluation and to evaluate the impact of the crisis by comparing the situation before the crisis to the present situation. 24 sites were selected to participate in the next phase, which is the aim of this proposal. The rational for retaining these sites are the following: other than the cities of Bouaké, Korhogo and Man, who had, in the past, before the crisis, taken advantage of prevention programs, the NGO/CBOs of the other sites, smaller cities with a population of from 50 to 150,000, had almost never done prevention or awareness in developing an ongoing response; the uncertain political situation and the risk of participating in a better scenario (the return of peace), to a multitude of poorly coordinated financing and intervention projects concentrated on a few urban centres; the

needs of the populations of those areas which are economically and socially vulnerable and who have not benefited from an overall response to the fight against AIDS.

- Identification and actualisation of target groups: role of the Pilot Committees

In each of the 24 sites, since April 2004, CARE has held several meetings with association representatives, community and religious leaders, administrative and sanitary supervisors to identify target groups and activities to be undertaken. Throughout the initiation of phase 1 of the project, CARE has helped in setting up 24 Pilot Committees (one per site) which are made up of the Health Ministry and the Education Ministry These Pilot Committees are responsible for identifying target groups, defining activities to be undertaken and supervising these activities. Monthly action plans are developed by the Pilot Committees which include prevention activities conducted by local teachers. CARE facilitates the process and finances the costs of the activities.

- Proposed evolution for the next phase

CARE proposes to retain the same approach with the following changes:

- Expand the Pilot Committees to include the NGOs and CBOs , particularly those who work in the medical and psycho social supervision of PLWHA
- Progressively relate these Pilot Committees to the Decentralized national committees for the fight against AIDS who, in the future, will be re-established in each department by the Ministry for the Fight Against AIDS across the country. The objective which is being discussed with the Ministry is that the Pilot Committees handle a significant and coordinated representation with private sector organisations and the Decentralized Committees, which are much broader (all decentralized departments of the Ministries, General Councils, Municipalities...).
- Progressively reinforce the abilities of NGO networks like COSCI so that they can eventually support the Pilot Committees and the NGO/CBO members.
- Guarantees complementarity in the future interventions with other players like the Health Ministry through a community response. For example, the setting up of CDVs requires an awareness campaign, post- and pre-counselling, psycho social support and focussing of NGO/CBOs the use of ARV and treating opportunistic infections require interventions by NGO/CBOs in home care, family support and nutritional support.
- During the transition period and before the use of health special STIs (absent in 70% of cases according the Health Ministry statistics in May 2005) reinforce the ability of NGO to handle PLWHA when it comes to diagnosis, treatments of STI and opportunistic infections, home care, follow-up of patients receiving ARV treatment for better observation.

2 Executive Summary

1.2 CCM functioning - eligibility criteria

[*To be eligible for funding National/Sub-National/Regional (C)CM applications have to meet the requirements outlined in 1.2.1 to 1.2.3.*][*Question not applicable for Non-CCM applications]*

1.2.1	Demonstrate CCM membership of people living with and /or affected by the diseases. [This may be done by demonstrating corresponding CCM membership composition in section 3.6.3 'Membership Information.']

1.2.2	Provide evidence that CCM members representing the non-governmental sectors have been selected by their own sector(s) based on a documented, transparent process developed within each sector. *[Please summarize the process and attach documentation as an annex.]*

1.2.3	Describe and provide evidence of a documented and transparent process to:
a)	Solicit submissions for possible integration into the proposal *[please summarize and attach documentation as an annex]*
b)	Review submissions for possible integration into the proposal *[please summarize and attach documentation as an annex]*
c)	Nominate (the) Principal Recipient(s) and oversee program implementation *[please summarize and attach documentation as an annex]*

2 Executive Summary

2.1 Executive Summary

(Please include quantitative information, where possible (4–6 paragraphs total)]:

2.1.1. Briefly describe the (national) disease context, existing control strategies and programs as well as program and funding gaps. Explain how the proposed interventions complement existing strategies and programs, particularly where funding from the Global Fund has been received or approved.

The proposal presented here is a 2nd phase which results from the emergency project financed by the Global Fund following the September 2002 crisis.

The Ivory Coast, with an incidence of seroprevalence of 9.7% (MLS data from September 2004) is one of the six African countries most affected by the epidemic and is the West African country with the highest levels. Recent statistical studies, which take rural statistics in to consideration which have not yet been confirmed at the national level, indicate an over all seroprevalence of 7% (UNAIDS, Retro-CI).

The Ivory Coast has, since mid September 2002 experienced a serious military-political crisis in which nearly 60% of its territory is under the control of the Forces Nouvelles. This situation has had severe consequences in the health sector. It is estimated that nearly 68% of health facilities no longer operate (MSP May 2005) and 70 % of health agents have moved to the South. The existing socio-political situation remains uncertain and is not favourable to the resumption of activities, particularly sanitary conditions. the recent events of November 2004 and February of 2005 are not propitious to the return of calm nor the repatriation of health workers. It is feared that a return to normal may not take place, in the best of conditions, before one or even two years.

At the same time, the war, with its violence, displacing of populations and increased risk leads to the fear that the incidence of HIV/AIDS will increase significantly. The economic situation in this area has degraded over the last two years with a significant increase in poverty levels, greater than 40% according to preliminary estimates by UNDP This soaring pauperisation is a major factor in social destruction and the spreading of HIV. We notice a visible increase in prostitution, particularly among young girls near the young soldiers recruited by the rebels. Access to the condom has improved thanks to the 1st proposal of the Global Fund carried out by CARE International but remains limited for reasons of economics; it is therefore reasonable to think that most occasional sexual encounters remain unprotected.

The 1st proposal of CARE International financed by the Global Fund for an emergency HIV/AIDS intervention was aimer primarily at reducing the extension and the effects of the epidemic in areas under the control of the Forces Nouvelles where the services offered by the National Program could no longer be offered. They attempted to allow for at least a minimum of emergency HIV prevention activities and succeeded in restoring prevention activities targeted to youths, women, fighting men and to the general population. to create or reanimate a network on NGOs and CBOs in the fight against AIDS; to train available health personnel in handling STIs and opportunistic infections caused by AIDS. The early results were judged pertinent by all those involved and the project was considered one of the 22 best by the Global Fund Secretariat during its latest evaluation of the projects they financed.

This first emergency action was limited to prevention and the management of STIs and did not take into account all of the actions required in overall HIV/AIDS management, in particular voluntary diagnosis, adequate management of PLWHA, community mobilisation and access to diagnostic and care facilities, counselling and psycho-social guidance. The interest of this proposal is to consolidate the existing situation and complete the interventions of the first proposal by introducing the CDV and PEC to PLWHA in their community aspects in cooperation with the PNPEC and their key partners in areas where the PNPEC has problems working.

The Ivory Coast government has not controlled the area occupied by the Forces Nouvelles

for more than 30 months and we propose to continue to fight against the emergency situation in the HIV/AIDS epidemic through an international NGO (CARE International who has an office in Abidjan and branches in Bouaké, Korhogo and Man) who will continue to be the Principal Recipient and who will act in cooperation with the Health Ministry (MSP) and the Ministry for the Fight Against AIDS (MLS) and through local NGOs.

It is important to note that this project was approved by the Health Minister (MSP) and the Minister for the Fight Against AIDS (MLS) as well as the Global Fund JAC of which the resident representative of CARE International is a member. The broad strategic lines of the proposal were presented to the JAC during the meeting held April 21 2005 and were accepted by the board of directors (see attached report). The problem is in complement to the national CCM proposal in its geographic and programmatic areas.

2.1.2. Describe the overall strategy by referring to the goals, objectives and service delivery areas for each component, including expected results and associated timeframes. Specify for each component the beneficiaries and expected benefits (including target populations and their estimated number).

The proposal also concurs with the overall goals of the Ivory Coast government: to reduce the prevalence, morbidity and mortality related to HIV/AIDS.

Proposed evolution for the next phase: (1) to consolidate the gains made by phase one (2) to complete the interventions of the 1st proposal in extending the areas of services offered to the Voluntary Diagnosis Counsel and responsibility for the medical and psycho-social management of PLWHA, particularly on a community level.

The strategic lines can be summarized as follows:
1. An overall response which is coordinated and complimentary to the national plan. Complementary to other players is both programmatic and geographic.
- On the program level, it takes into consideration the essential aspects in the fight against AIDS which are not covered by the national program, essentially all aspects of community mobilisation and responsibility. encourage the use of diagnostic services, community medical and psychosocial PEC, combating stigmatism, consideration of nutritional problems related to HIV/AIDS and the extreme pauperisation of the region, follow-up and home care of PLWHA through the implication of PLWHA NGOs, PEC of affected families including OVC
- Geographically the project takes place in areas controlled by the Forces Nouvelles which are difficult for national structures to access.
2. Community mobilisation for infection prevention and the use of diagnostic and care services.
3. Reinforcement of NGOs and CBOs who are active in the fight against AIDS and close participants in community care and support for their coordination through local pilot committees.
4. Consideration of the pauperisation of the population and more specially nutritional problems of OVCs.

The two major objectives are related to 1) the increase in the number of persons who will adopt behaviour which reduces HIV transmission and
2) the 39% increase over two years in the number of persons who have access to complete HVI/AIDS care.

To reach these objectives, CARE and their local partners will intervene in the following areas:

For objective 1), in partnership with 6 NGOs, 24 pilot committees and the COSCI:
- Communication for the modification of behaviour through activities and multimedia campaigns.
- Awareness/Education of uneducated youths, boys and girls
- Availability of male and female condoms
- Partnership and support of Civil society Organisations which are active I the fight against AIDS, through the assistance brought to NGOs and the pilot committees

- Completion of 12,000 voluntary screenings, community mobilisation in carrying out the testing and pre and post test counselling.
- Prevention and care of 4,800 STI cases.

For objective 2, in partnership with 6 PLWHA NGOs with care facilities and medical personnel and with national reference structures:

- Treatment and prophylaxis of opportunistic infections with outpatient hospitalisation, if necessary.
- Close follow-up of 1,000 ARV treated patients to insure observation
- Psycho-social and home care follow-up of 1,800 patients.
- Care and support for 1,200 chronic patients and families affected by HIV/AIDS
- Care and support of 1,200 orphans and vulnerable children
- Partnership and support of 6 PLWHA NGOs with experience in medical and psycho-social care of HIV/AIDS, screening, out patient hospitalisation and home care follow-up.

The main recipients are the PLWHA, families and children affected by HIV/AIDS, youths from 15 to 24, and particularly uneducated youths, young girls and young women.
Objective 1 will allow us to contact 288,000 people in two years, including 115,200 young girls and women (40%, from CARE activity reports of participants to the sessions, 132,000 young boys and girls from 15 to 24 (46%), 100,800 young uneducated boys and girls (35%), and 600,000 people through mass awareness campaigns.
12,000 people will have screening tests and 4,800 STI will be cared for.

Objective 2 will allow us to carry out, over two years, 13,200 consultations, 20% of which will be out patients, 1,800 home care patients, 1,000 patients under ARV treatment with follow-up to insure compliance and to offer psycho social, material and nutritional support to 1,200 chronic patients and their families and 1,200 OVCs.

Location of the project: (1)in care giving, the 3 main sites are under the control of the Forces Nouvelles which the national program has difficulty reaching, Man, Bouaké and Korhogo. (2) for the continuation of the 1st proposal, the same 24 sites are already covered and correspond to the urban centres under Forces Nouvelle control. In the Bouaké area these are the cities of Tiébissou, Sakassou, Béoumi, Botro, Diabo, Bouaké, Brobo, M'Bahiakro, Katiola, Dabakala; for the Man area, the cities of Bangolo, Zouan Hounien, Danané, Man, Biankouman, Touba, Séguéla, Vavoua, Odienné; for the Korhogo area, the cities of Oungolodougou, Korhogo, Ferkéssédougou, Boundiali, Niakaramandougou.

2.1.3. If there are several components, describe any synergies expected from the combination of different components—for example, TB/HIV collaborative activities (by synergies, we mean the added value that the different components bring to each other, or how the combination of these components may have broader impact).

NA

2.1.4. Indicate whether the proposal is to scale up existing efforts or initiate new activities. Explain how lessons learned and best practices have been reflected in this proposal and describe innovative aspects to the proposal.

This proposal is the second phase and, as mentioned previously, is aimed at consolidating accomplishments and expanding services because it is unfortunately obvious that a return to normal would not take place before one or even two years.

The lessons learned in the first phase, which cover the strategic and operational choices of the proposal, are the following:

1) In order to have an impact on HIV transmission, an anti-AIDS program must adopt an overall approach. Because of the political situation, it was not possible to do so during phase 1 and CARE based its interventions on prevention, making the condom available and caring for STIs. The expectations of the population for the

other services such as screening, treatment of opportunistic infections and medical and psycho social care are immense. It is therefore crucial that the next phase offer these services to the population, which has been isolated for almost 3 years.

2) Private sector organisations and more specifically the NGOs have limited abilities particularly in strategic planning, initiating and evaluation. Also, a lack of an overseeing body able to strengthen coordination, facilitate strategic thinking and improve the representation, credibility and governance of the NGOs, explains, in part, their weakness and the lack of impact of their actions. The strengthening of these structures should contribute to the progressive approval of their local partners of prevention activities and a broadening of services.

3) In the context of the conflict, insecurity and pauperisation, AIDS is obviously not a priority for the majority of the population. The availability of water, food, an education for their children and security have been the most urgent and immediate needs of the Northern population. Based on this observation and the possibility of the return to peace, it is pertinent to include interventions for the fight against HIV/AIDS in the rehabilitation/reconciliation programs that CARE will conduct in Korhogo, Bouaké and Man with the EDF, the World Bank and the US government.

4) Population movements make the implementation of prevention programs impossible in the medium term and at the same time, increase the risk of contamination in certain groups such as young girls, young unemployed and young soldiers. We must therefore encourage targeting these groups in the large public campaigns.

2.2. Component and Funding Summary

Table 2.2 – Total Funding Summary

	Total funds requested in EUR					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
HIV/AIDS	**1,583,255**	**1,336,515**				**2,919,771**
Tuberculosis						
Malaria						
Health system strengthening						
Total	**1,583,255**	**1,336,515**				**2,919,771**

3 Type of Application

Table 3 – Type of Application

Type of application:	
☒ National Country Coordinating Mechanism	➔*go to section 3.1*
☐ Sub-National Country Coordinating Mechanism	➔*go to section 3.2*
☐ Regional Coordinating Mechanism (including Small Island States)	➔*go to section 3.3*
☐ Regional Organisation	➔*go to section 3.4*
☐ Non-Country Coordinating Mechanism	➔*go to section 3.5*

[Complete section 3 as appropriate. Please note that - without these details and in particular the information requested in section 3.6 the proposal cannot be reviewed.]

3.1 National Country Coordinating Mechanism

Table 3.1 – National CCM: Basic Information

Name of National CCM	Date of Composition

3.1.1 Describe how the National CCM operates—in particular, the extent to which the CCM acts as a partnership between government and other actors in civil society, including non-governmental organisations, the private sector and academic institutions, and how it coordinates its activities with other national structures (such as National AIDS Councils) (2 paragraphs). *[For example, decision-making mechanisms, constituency consultation processes, structure of subcommittees, frequency of meetings, implementation oversight, etc. Provide statutes of the organisation, organisational diagram and terms of reference as attachments.]*

The CCM is composed of 33 members from public institutions (7), private institutions (4), civil society (13) and development partners (9). It also comprises observers and co-opted members who do not vote. The CCM has four bodies:

- General Assembly
- CCM Executive
- Technical Group for Examining Submissions
- The Primary Recipients(s)

The General Meeting is the CCM's deliberative body. It meets regularly once a quarter, and in extraordinary session when necessary. Its quorum is an absolute majority of full members. If this quorum is not met, the Chairperson of the CCM convenes another General Meeting within the next two weeks at most; that Meeting may take decisions whatever the number of members present. All decisions of the General Meeting are approved by majority of votes cast. Each institution or organisation represented has just one vote. Proxies are not allowed.
Official General Meeting records (reports, minutes, etc.) are drawn up by the CCM Secretariat.

3 Type of Application

3.2 Sub-National Coordinating Mechanism

Table 3.2 – Sub-National CCM: Basic Information

Name of Sub-National CCM	Date of Composition

3.2.1	Describe how the Sub-National CCM operates—in particular, the extent to which the CCM acts as a partnership between government and other actors in civil society, including NGOs, the private sector and academic institutions, and how it coordinates its activities with other national structures (e.g., National AIDS Councils) *(2 paragraphs). [For example, decision-making mechanisms, constituency consultation processes, structure of subcommittees, frequency of meetings, implementation oversight, etc. Provide statutes of the organisation and organisational diagram as attachments.]*

3.2.2	Explain why a Sub-National CCM has been chosen *[1 paragraph].*

3.2.3	Describe how this proposal is consistent with and complements national strategies and/or the National CCM plans *[1 paragraph].*

3.3 Regional Coordinating Mechanism (including Small Island Developing States)

Table 3.3 – Regional Coordinating Mechanism: Basic Information

Name of Regional CM	Date of Composition

3.3.1	Explain why a Sub-National CCM has been chosen *[1 paragraph].*

3.3.2	Describe how this proposal is consistent with and complements national strategies and/or the Regional Coordinating Mechanism plans. Provide details of how it would achieve outcomes that would not be possible with only national approaches *[1 paragraph].*

3 Type of Application

3.4 Regional Organisations

Table 3.4 – Regional Organisation: Basic Information

Name of Regional Organisation

3.4.1 Rationale
Describe how this regional proposal complements the national plans of each country involved and how it would achieve outcomes that would not be possible with only national approaches.

3.5 Non-Country Coordinating Mechanism

Table 3.5 – Non-CCM Applicant: Basic Information

Name of Non-CCM applicant
CARE International

3.5.1 Indicate the type of your sector (tick appropriate box):

- ☐ Academic/educational sector
- ☐ Government
- ☒ NGOs/community-based organisations
- ☐ People living with HIV/AIDS, tuberculosis and/or malaria
- ☐ Private sector
- ☐ Religious/faith-based organisation
- ☐ Multilateral and bi-lateral development partners in country
- ☐ Other (please specify):

3.5.2 Rationale for applying outside an existing CCM

Non-CCM proposals are not eligible unless they satisfactorily explain that they originate from one of the following:

1. *Countries without legitimate governments;*
2. *Countries in conflict, facing natural disasters, or in complex emergency situations (which will be identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs [OCHA]); or*
3. *Countries that suppress or have not established partnerships with civil society and NGOs.*

3.5.2.1 *Describe which of the above conditions apply to this proposal (3–4 paragraphs*.

3.5.2.2 Describe any attempts to contact the CCM and provide documentary evidence as an annex

3 Type of Application

3.5.3 Non-CCM proposals from countries in which no CCM exists
[Describe how the proposal is consistent with, and complements, national policies and strategies (or, if appropriate, why this proposal is not consistent with national policy) (3–4 paragraphs). Provide evidence (e.g., letters of support) from relevant national authorities in an annex.]

3.5.4 All non-CCM proposals should include as annexes additional documentation describing the organisation, such as:

- Statutes of organisation (official registration papers);
- a summary of the organisation, including background and history, scope of work, past and current activities;
- reference letters; ONUSIDA, MSP, CCM, MLS, PNUD;
- Main sources of funding.

3.6 Proposal endorsement and membership section

3.6.1 Representation

Table 3.6.1 – National/Sub-National/Regional (C)CM Leadership Information
(not applicable to Non-CCM and Regional Organisation applications)

	Chairperson	Vice Chairperson
Name	Albert TOIKEUSSE MABRI	Thomas SANOU
Title	Government Minister, Ministry of Health and Population	WHO Inter-country Subregional Advisor
Mailing address	BP V 4 Abidjan	01 BP 2494 Abidjan 01
Telephone	+22520210871	+22522517200/+22505310294
Fax	+22520222220	+22522517232
E-mail address	atmabri@hotmail.com	sanout@ci.afro.who.int

3.6.2 Contact person

[Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication.]

Table 3.6.2 – Non-CCM Applicants and Regional Organisations: contact information
(not applicable to National/Sub-National/Regional (C)CM applications)

	Primary contact	Secondary contact
Name	David BRIDIER	Guillaume AGUETTANT
Title	Those responsible for the Africa program	Name of representative
Organisation	CARE France	CARE International in the Ivory Coast
Mailing address	13 rue Georges Auric 75019 Paris	05 BP 3141 Abidjan 05

3 Type of Application

Telephone	00 33 (0) 1 53 19 89 89	(225) 22 41 97 25 to 29
Fax	00 33 (0) 1 53 19 89 90	(225) 22 41 25 16
E-mail address	Bridier@carefrance.org	careci@aviso.ci

3.6.3 Membership information

[Applicable to submissions from National/Sub-National/Regional (C)CMs. Not applicable to Non-CCM Applicants and Regional Organisation applications. One of the tables below must be completed for each national/Sub-National/Regional (C)CM member.]
[To be eligible for funding National/Sub-National/Regional (C)CMs must demonstrate evidence of membership of people living with and /or affected by the diseases.]

Table 3.6.3 – National/Sub-National/Regional (C)CM Member Information

National/Sub-National/Regional (C)CM member details			
Member 1			
Agency/organisation	Office of the President of the Republic	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	government	Sector represented	Public
Name of representative	Dr Agnès AMESSAN	CCM member since	2003
Title in agency	Technical Advisor, Social Security	Fax	+22520314824
E-mail address		Telephone	+22520314818
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 2			
Agency/organisation	Government Ministry: Ministry of Health and Population	Website	
Type *(academic/educational sector; government;*	Government	Sector represented	Public

3 Type of Application

nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)			
Name of representative	Albert TOIKEUSSE MABRI	CCM member since	2002
Title in agency	Government Minister	Fax	+22520222220
E-mail address		Telephone	+22520210871
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Chairperson of the CCM General Co-ordinator	Mailing address	BP V 4 Abidjan
Member 3			
Agency/organisation	Ministry to Fight AIDS	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Government	Sector represented	Public
Name of representative	Adjobi NEBOUT	CCM member since	2002
Title in agency	Minister	Fax	+22520210834
E-mail address	minsida@aviso.ci	Telephone	+22520210728
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	

3 Type of Application

Member 4			
Agency/organisation	Ministry of Solidarity, Social Security and the Disabled	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Government	Sector represented	Public
Name of representative	Georges Armand OUEGNIN	CCM member since	2003
Title in agency		Fax	
E-mail address		Telephone	+22520334238
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member	Mailing address	

Member 5			
Agency/organisation	Government Ministry: Ministry of the Economy and Finance	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Government	Sector represented	Public
Name of representative	Assata SOUMAHORO	CCM member since	2003
Title in agency	Research Officer	Fax	
E-mail address	Astou13082000@yahoo.fr	Telephone	+22520212347 +22507096851
Main role in the Coordinating Mechanism and the proposal	Full Member Examination of the proposal	Mailing address	

3 Type of Application

development *(proposal preparation, technical input, component coordinator, financial input, review, other)*			
Member 6			
Agency/organisation	Ministry of National Education	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Government	Sector represented	Public
Name of representative	GHEHI Lasso Filbert	CCM member since	2003
Title in agency	Primary schoolteacher on secondment, with responsibility for AIDS projects member	Fax	
E-mail address	guehifilbert@yahoo.fr	Telephone	+22520211550 +22520215176 +22505177828
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 7			
Agency/organisation	Government Ministry: Ministry of Agriculture	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Government	Sector represented	Public
Name of representative	AYEMOU Kouadio Séraphin	CCM member	2003

3 Type of Application

		since	
Title in agency	Research Officer	Fax	
E-mail address	Ayemou_kouadio@yahoo.fr	Telephone	+22520210833 +22507914782
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Member Examination of the proposal	Mailing address	BP V 7 Abidjan 04 BP 2843 Abidjan 04
Member 8			
Agency/organisation	Côte d'Ivoire National Employers' Council (CNPI)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Private sector	Sector represented	Private
Name of representative	LOBA N'guessan	CCM member since	2002
Title in agency	Chairperson of the AIDS Working Party	Fax	
E-mail address	cnpi@aviso.ci	Telephone	+22520225009 +22505610432
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	3rd Vice Chairperson Preparation and Examination of the proposal	Mailing address	01 BP 8666 Abidjan 01
Member 9			
Agency/organisation	Chamber of Commerce and Industry	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people*	Private sector	Sector represented	Private

3 Type of Application

living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)			
Name of representative	EHOUSSOU Narcisse	CCM member since	2003
Title in agency	Vice Chairperson for Teaching and Training	Fax	+22520331414
E-mail address	narcehoussou@yahoo.fr	Telephone	+22521252171 +22521243454 +22507074329
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 10			
Agency/organisation	Chamber of Agriculture	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Private sector	Sector represented	Private
Name of representative	LAVRY Martin	CCM member since	2003
Title in agency		Fax	+22520329213
E-mail address	chambagri@africaonline.co.ci	Telephone	+22520333000 +22507831231
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	

3 Type of Application

Member 11			
Agency/organisation	Chamber of Professions	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Private sector	Sector represented	Private
Name of representative	KOUASSI Mathurin	CCM member since	2003
Title in agency	Computer scientist	Fax	+22520214777
E-mail address	Kouassikm2003@yahoo.fr	Telephone	+22520227016 +22507904308
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	01 BP 8613 Abidjan 01

Member 12			
Agency/organisation	Côte d'Ivoire Network of People Living with HIV (RIP+)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	People living with HIV/AIDS	Sector represented	Civil Society
Name of representative	SEMI Lou Bertine	CCM member since	2004
Title in agency	Chairperson	Fax	
E-mail address	Rap2002@aviso.ci	Telephone	+22505701869
Main role in the Coordinating Mechanism and the proposal development	2nd Vice Chairperson Preparation and Examination of the proposal	Mailing address	03 BP 1916 Abidjan 03

3 Type of Application

(proposal preparation, technical input, component coordinator, financial input, review, other)			
Member 13			
Agency/organisation	Federation of NGOs fighting AIDS in Côte d'Ivoire (COSCI)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Non-governmental organisation	Sector represented	Civil Society
Name of representative	BOA II Louis	CCM member since	2002
Title in agency	Chairperson	Fax	
E-mail address	carisida@aviso.ci cos_ci@yahoo.fr	Telephone	+22522420684 +22507082863
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 14			
Agency/organisation	National Antituberculosis Committee of Côte d'Ivoire (CNACI)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Non-Governmental Organisation fighting TB	Sector represented	Civil Society
Name of representative	COULIBALY Malick	CCM member since	2003
Title in agency	General Secretary	Fax	+22521262993

3 Type of Application

E-mail address	malickcoulibaly@yahoo.com	Telephone	+22521262985
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 15			
Agency/organisation	Forum of Churches	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Religious/faith-based organisation	Sector represented	Civil Society
Name of representative	Imam DOSSO Mamadou	CCM member since	2002
Title in agency	Spokesperson for the Executive Committee	Fax	
E-mail address	forumreligion@yahoo.fr	Telephone	+22520223256 +22507836373
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 16			
Agency/organisation	Mayors' Alliance against AIDS	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Non-governmental organisation	Sector represented	Civil Society

3 Type of Application

Name of representative	AKICHI AHOUANA Michel	CCM member since	2003
Title in agency	1st Vice – Governor, Abidjan District	Fax	
E-mail address		Telephone	+22520223916 +22520322903
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 17			
Agency/organisation	Trade Union Centres	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Trade Unions	Sector represented	Civil Society
Name of representative	KAH Mléi Théodore	CCM member since	2002
Title in agency	Executive Secretary	Fax	
E-mail address	kahmtheod@hotmail.com	Telephone	+22521240883 +22505016042
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 18			
Agency/organisation	Parliamentary Network to fight AIDS	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people*	Community organisation	Sector represented	Civil Society

3 Type of Application

living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)			
Name of representative	KATA Kéké Joseph	CCM member since	2003
Title in agency	Member of Parliament National Network Co-ordinator	Fax	+22520227043
E-mail address		Telephone	+22520208293
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 19			
Agency/organisation	Côte d'Ivoire Network of the Women's Organisations	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Non-governmental organisation	Sector represented	Civil Society
Name of representative	DJEDJI Cathérine	CCM member since	2003
Title in agency	Chairperson	Fax	
E-mail address	bomohebah@yahoo.fr	Telephone	+22522486455 +22508101554
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 20			
Agency/organisation	Researchers	Website	

3 Type of Application

Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Academic/educational	Sector represented	Civil Society
Name of representative	N'DRI-YOMAN Thérèse	CCM member since	2003
Title in agency	Professor	Fax	+22522431336
E-mail address	ndriy@ci.refer.org	Telephone	+22522444216
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 21			
Agency/organisation	Côte d'Ivoire Federation of Youth and Children's Movements and Associations (FEMAJECI)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Community organisation	Sector represented	Civil Society
Name of representative	ATTRO Nicole	CCM member since	2003
Title in agency	Manager	Fax	
E-mail address	femajeci@yahoo.fr	Telephone	+22520321335 +22520321335
Main role in the Coordinating Mechanism and the proposal	Full Member Examination of the proposal	Mailing address	

3 Type of Application

development *(proposal preparation, technical input, component coordinator, financial input, review, other)*			
Member 22			
Agency/organisation	National Association of Kings and Traditional Chiefs of Côte d'Ivoire	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Community organisation	Sector represented	Civil Society
Name of representative	DODO NDEPO	CCM member since	2002
Title in agency	General Secretary Spokesperson	Fax	
E-mail address		Telephone	+22524390546 +22505748822 +22507852027
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 23			
Agency/organisation	Assembly of the Districts and Administrative Areas of Côte d'Ivoire	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Community organisation	Sector represented	Civil Society
Name of representative	KOUAKOU Virginie	CCM member	2003

3 Type of Application

		since	
Title in agency	Vice Chairperson	Fax	
E-mail address	virginieattidan@yahoo.fr	Telephone	+22520220540 +22507905233
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 24			
Agency/organisation	Network of Media & Arts Professionals against AIDS and other Pandemics in Côte d'Ivoire (REPMASCI)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Non-governmental organisation	Sector represented	Civil Society
Name of representative	BAMBA Youssouf	CCM member since	2003
Title in agency	Executive Chairperson	Fax	
E-mail address	repmasci@yahoo.fr	Telephone	+22507812988
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 25			
Agency/organisation	European Commission	Website	
Type *(academic/educational sector; government; nongovernmental and community-based*	Multilateral partner	Sector represented	Development Partner

3 Type of Application

organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)			
Name of representative	FECI-TIBALDESCHI	CCM member since	2002
Title in agency	Social affairs officer	Fax	+22520214089
E-mail address		Telephone	+22520318350
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 26			
Agency/organisation	American Cooperation (RETRO-CI)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Bilateral partner	Sector represented	Development Partner
Name of representative	Monica NOLAN	CCM member since	2003
Title in agency	Director	Fax	
E-mail address	mgn1@cdc.org	Telephone	+22521214252 +22521214254 +22505063736
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	

3 Type of Application

Member 27			
Agency/organisation	Belgian Technical Cooperation	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Multilateral partner	Sector represented	Development Partner
Name of representative	Ernesto PAPA	CCM member since	2003
Title in agency	Public Health Expert	Fax	+22520303527
E-mail address	Ctb.ivo@afnet.net	Telephone	+22520303525
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	

Member 28			
Agency/organisation	French Cooperation	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Bilateral partner	Sector represented	Development Partner
Name of representative	Xavier GARDE	CCM member since	2004
Title in agency	Regional Health Advisor	Fax	
E-mail address	xavier.garde@diplomatie.gouv.fr	Telephone	+22520300230
Main role in the Coordinating Mechanism and the proposal	Full Member	Mailing address	

3 Type of Application

development *(proposal preparation, technical input, component coordinator, financial input, review, other)*			
Member 29			
Agency/organisation	Canadian Cooperation	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Bilateral partner	Sector represented	Development Partner
Name of representative	Adama BERTHE	CCM member since	2002
Title in agency	National Co-ordinator, AIDS Project 3	Fax	
E-mail address	berthe.adama@aviso.ci	Telephone	+22520310710
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	
Member 30			
Agency/organisation	World Health Organisation	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Multilateral partner	Sector represented	Development Partner
Name of representative	SANOU Thomas	CCM member since	2003
Title in agency	Subregional advisor	Fax	

3 Type of Application

E-mail address	tsanou@oms.ci	Telephone	+22522517200 +22505810294
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*		Mailing address	
Member 31			
Agency/organisation	United Nations Development Programme (UNDP)	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)*	Multilateral partner	Sector represented	Development Partner
Name of representative	Claudio CALDARONE	CCM member since	2003
Title in agency	Assistant Resident Representative	Fax	
E-mail address	Claudio.caldarone@undp.prg	Telephone	+22520317407 +22520317405 +22507014401
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Main Recipient Examination of the proposal	Mailing address	
Member 32			
Agency/organisation	United Nations Theme Group on HIV/AIDS	Website	
Type *(academic/educational sector; government; nongovernmental and community-based organisations; people living with HIV/AIDS,*	Partner	Sector represented	Development Partner

3 Type of Application

tuberculosis and/or malaria; the private sector; religious/faith-based organisations; multi-/bilateral development partners)			
Name of representative	Makan COULIBALY	CCM member since	2003
Title in agency	HIV/AIDS Co-ordinator	Fax	
E-mail address	macoulibaly@unicef.org	Telephone	+22520208162 +22505961091
Main role in the Coordinating Mechanism and the proposal development *(proposal preparation, technical input, component coordinator, financial input, review, other)*	Full Member Examination of the proposal	Mailing address	

3.6.4. National/Sub-National/Regional (C)CM Endorsement of Proposal

[Please note: The entire proposal, including the signature page, must be received by the Global Fund Secretariat before the deadline for submitting proposals. The minutes of the CCM meetings at which the proposal was developed and endorsed must be attached as an annex to this proposal.]

PROPOSAL TITLE: **Prevention and management of HIV/AIDS in a post-conflict situation**

"We, the undersigned, hereby certify that we have participated in the proposal development process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and support it. If the proposal is approved we further pledge to continue our involvement in the Coordinating Mechanism during its implementation."]

Table 3.6.4 – National/Sub-national /Regional (C)CM Endorsement

Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Office of the President of the Republic	Agnès AMESSAN	Technical Advisor, Social Security		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Government Ministry: Ministry of Health and Population	Albert TOIKEUSSE MABRI	Government Minister		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Ministry to Fight AIDS	Adjobi NEBOUT	Minister		

3 Type of Application

Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Ministry of Solidarity, Social Security and the Disabled	Georges Armand OUEGNIN			
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Government Ministry: Ministry of the Economy and Finance	Assata SOUMAHORO	Research Officer		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
The Minister of National Education	GHEHI Lasso Filbert	Primary schoolteacher on secondment, with responsibility for AIDS projects		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Government Ministry: Ministry of Agriculture	AYEMOU Kouadio Séraphin	Research Officer		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Côte d'Ivoire National Employers' Council (CNPI)	LOBA N'guessan	Chairperson of the AIDS Working Party		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Chamber of Commerce and Industry	EHOUSSOU Narcisse	Vice Chairperson for Teaching and Training		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Chamber of Agriculture	LAVRY Martin			
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Chamber of Professions	KOUASSI Mathurin	Computer scientist		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Côte d'Ivoire Network of People Living with HIV (RIP+)	SEMI Lou Bertine	Chairperson		

3 Type of Application

Agency/organisation	Name of representative	Title	Date	Signature
Federation of NGOs fighting AIDS in Côte d'Ivoire (COSCI)	BOA II Louis	Chairperson		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
National Antituberculosis Committee of Côte d'Ivoire (CNACI)	COULIBALY Malick	General Secretary		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Forum of Churches	Imam DOSSO Mamadou	Spokesperson for the Executive Committee		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Mayors' Alliance against AIDS	AKICHI AHOUANA Michel	1st Vice – Governor, Abidjan District		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Trade Union Centres	KAH Mléi Théodore	Executive Secretary		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Parliamentary Network to fight AIDS	KATA Kéké Joseph	Member of Parliament National Network Co-ordinator		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Côte d'Ivoire Network of the Women's Organisations	DJEDJI Catherine	Chairperson		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Researchers	N'DRI-YOMAN Thérèse	Professor		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Côte d'Ivoire Federation of Youth and Children's Movements and Associations (FEMAJECI)	ATTRO Nicole	Manager		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**

3 Type of Application

National Association of Kings and Traditional Chiefs of Côte d'Ivoire	DODO NDEPO	General Secretary Spokesperson		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Assembly of the Districts and Administrative Areas of Côte d'Ivoire	KOUAKOU Virginie	Vice Chairperson		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Network of Media & Arts Professionals against AIDS and other Pandemics in Côte d'Ivoire (REPMASCI)	BAMBA Youssouf	Executive Chairperson		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
European Commission	FECI-TIBALDESCHI	Social affairs officer		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
American Cooperation (RETRO-CI)	Monica NOLAN	Director		
Agency/organisation		**Title**	**Date**	**Signature**
Belgian Technical Cooperation	Ernesto PAPA	Public Health Expert		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
French Cooperation	Xavier GARDE	Regional Health Advisor		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
Canadian Cooperation	Adama BERTHE	National Co-ordinator, AIDS Project 3		
Agency/organisation		**Title**	**Date**	**Signature**
World Health Organisation	SANOU Thomas	Subregional advisor		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
United Nations Development Programme (UNDP)	Claudio CALDARONE	Assistant Resident Representative		
Agency/organisation	**Name of representative**	**Title**	**Date**	**Signature**
United Nations Theme Group on HIV/AIDS	Makan COULIBALY	HIV/AIDS Co-ordinator		

3 Type of Application

Agency/organisation		Title	Date	Signature

Table 3.6.4 – National/Sub-national /Regional (C)CM Endorsement

Agency/organisation	Name of representative	Title	Date	Signature

3.6.5 CCM Endorsement Details for Applications from Regional Organisations:

[Regional Organisations must receive the agreement of the full CCM membership of each country in which they wish to work.]

List below each of the CCMs that have agreed to this proposal and provide in annexes the minutes of CCM meetings in which the proposal was approved. (If no CCM exists in a country included in the proposal, include evidence of support from relevant national authorities.)

Table 3.6.5 – Regional Organisation Endorsement

Names of CCM	Country	Attachment number

4 Components Section

***[PLEASE NOTE THAT THIS SECTION AND THE NEXT MUST BE COMPLETED FOR EACH COMPONENT.** Thus, for example, if the proposal targets three components, sections 4 and 5 must be completed three times.]*

4.1 Identify the component addressed in this section

☒ HIV/AIDS[3]
☐ Tuberculosis[4]
☐ Malaria
☐ Health system strengthening

4.1.1 Indicate the Estimated Start Time and Duration of the Component

[Please take note of the timing of proposal approval by the Board of the Global Fund (described on the cover page of the proposal form), as well as the fact that generally, disbursement of funds does not occur for a minimum of two months following Board approval. Approved proposals must have a start date within 12 months of proposal approval.]

Table 4.1.1 – Proposal Start Time and Duration

	From	To
Month and year:	01/12/05	30/11/07

4.2 Contact persons for questions regarding this component

[Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication. These persons need to be readily accessible for technical or administrative clarification purposes.]

Table 4.2 – Component contact persons

	Primary contact	Secondary contact
Name	David BRIDIER	Guillaume Aguettant
Title	Those responsible for the Africa program	Name of representative
Organisation	CARE France	CARE International in the Ivory Coast
Mailing address	13 rue Georges Auric 75019 Paris	05 BP 3141 Abidjan 05
Telephone	00 33 (0) 1 53 19 89 89	(225) 22 41 97 25 to 29
Fax	00 33 (0) 1 53 19 89 90	(225) 22 41 25 16
E-mail address	Bridier@carefrance.org	careci@aviso.ci

[3] In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

[4] In contexts where HIV/AIDS is driving the tuberculosis epidemic, tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

4 Components Section

4.3 National program context and gap analysis for this component

[The context in which proposed interventions will be implemented provides the basis for reviewing this proposal. Therefore, historical, current and projected data on the epidemiological situation, disease-control strategies, broader development frameworks, and resource availability and gaps need to be clearly documented.]

4.3.1 Epidemiological and Disease-Specific Background

describe, and provide the latest data on, the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant. (Information on drug resistance is of specific relevance if the proposal includes anti-malarial drugs or insecticides. In the case of TB components, indicate, in addition, the treatment regimes in use or to be used and the reasons for their use.)

The Ivory Coast, with an incidence of seroprevalence of 9.7% (MLS data from September 2004) is one of the six African countries most affected by the epidemic and is the West African country with the highest levels. This rate of 9.7% represents about 570,000 infected with HIV of which 126,000 are eligible for treatment (530,000 adults from 15 to 49 years old and 40,000 children from 0 to 10: the number of AIDS related deaths is estimated at 47,000 UNAIDS 2004 estimates). The rate of seroprevalence is 1.3% of all blood donors, 33% of sex trade workers and 46% of tuberculosis patients Retro-CI study 2002). The exact prevalence is not known in defence and security forces however a 1999 study showed a rate of 13% and it should be expected that this has increased due to the situations and risk behaviour caused by the conflict. The epidemic has feminised rapidly in less than fifteen years going from 4 men for every woman in 1987 to 1 for 1 and with the tendency growing. The prevalence amongst pregnant women in maternity hospitals in urban centres varies between 8.2% and 14.6%. In rural sites, seroprevalence varies between 4.3% and 11.2%. Seroprevalence in cities within the occupied territories is between 8.8% and 10.2%. The 15 to 24 year old age group, with about 25% of reported cases, is the most affected. The last figures obtained from blood donors in Man (MFS report from March 04 to February 05) indicate an average rate of infection of 17.1%. During this same period, AIDS was the primary cause of death (1/3) and hospitalisation (1/3) at the Man Hospital.

The consequences of the epidemic are visible: a hospital bed occupancy rate between 40 and 80% depending on the department, a significant reduction in estimated life expectancy at 48 years rather than 60 in 2000, 300,000 AIDS orphans, a reduction in agricultural work force and crop area. (FAO 97). Since 1998 HIV/AIDS is in the Ivory Coast, the leading cause of male mortality and the second cause of death in women.

The socio-political problems caused by the war which has raged since September 2002, have affected the lives of Ivorians greatly. Population movement, promiscuity in refugee centres, violence, rapes and economic destitution are all factors which lead to the fear of a significant increase in HIV contamination in the future. A seroprevalence study is being carried out on the entire territory under the stewardship of the MLS. It is important to be ready to consolidate prevention methods, to increase care capacity, and to strengthen measures to reduce transmission from mother to child and support for orphaned children.

4.3.2 Health Systems, Disease-Control Initiatives and Broader Development Frameworks

[Proposals to the Global Fund should be developed based on a comprehensive review of the capacity of health systems, disease-specific national strategies and plans, and broader development frameworks. This context should help determine how successful programs can be scaled up to achieve impact against the three diseases.]

a) Describe the (national) health system, including both the public and private sectors, as relevant to fighting the disease in question.

The Ivory Coast health system is organized in a pyramid which distinguishes between primary health care and referral. It is made up of four levels of service: basic hygiene (case sanitaire) and the primary, secondary and tertiary levels. Basic hygiene has no medical materials or equipment in offering services: its personnel consists mostly of traditional midwives and volunteer community health workers. The primary level consists of a dispensary and/or maternity facility. This level has standard equipment and consists of 987 public structures. The secondary level consists of 56 general hospitals whose personnel is made up of family and/or specialized physicians, nurses, midwives and nursing assistants. The tertiary level in the public sector is made up of 4 teaching hospitals, 8 regional hospitals, 7 specialized hospitals and 2 training institutes. The private sector includes 25 hospitals and clinics, 97 medical offices, 212 registered nurses and 82 company health centres. The health map in 1996 showed 1 dispensary for 18,166 inhabitants, 1 maternity for 14,100 woman of child bearing age, 1 doctor for 9,430 inhabitants, 1 nurse or midwife for 2,570 inhabitants, 1 pharmacist 32,000 population, I dentist for 47,000 population and 1 social worker for 16,000 inhabitants. According to the same data, the population had, on average, a dispensary within 17 km and a maternity within 25 km. A purchasing centre, the Public Health Pharmacy, supplied medication to all public facilities in the country.

The Ivory Coast government adopted a Health Development plan from 1996-2002 (PNDS) based on approximately 10 national programs including the Program for the Fight Against AIDS, which become a ministry in January 2001 and the program of the fight against tuberculosis. It should be noted, however, that human and financial resources remain insufficient.

The crisis of September 19 2002 has had severe consequences in the health sector. According to the last report from the Minister of Health in May 2005, 68% of health establishments in the area controlled by the Forces Nouvelles remain closed and of 2000 health agents, only 30% have remained on duty. For these reasons, the structures which have remained operational are overloaded with common medical problems. They also face very weak and sporadic supply.

b) Describe comprehensively the current disease-control strategies and programs aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include both existing Global Fund-financed programs and other programs currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships).

In reaction to the first cases of AIDS reported in 1987, the government established a National Committee for the Fight Against AIDS presided by the head of state. The implementation organ, the National Program and its executive directors, with the help of national and international donations, established several five year plans. These plans allowed prevention programs for the general population and effective targeted interventions to be put in place. Seroprevalence in prostitutes went from 80% in 1988 to 40. The 98-99 EDS revealed that

99% of men and 97% of women know of or have heard about HIV/AIDS The condom is recognised by 64% of people to be a good means of avoiding AIDS. In 1998, faced with an increasing number of patients and the arrival of tri-therapy, the government began making PLWHA care a priority and established an initiative for access to treatment which enrolled more than 10,000 people of which a third receive Antiretroviral treatment.

The government of the Second Republic reasserted its priority concerning HIV/AIDS in January 2001 when it created a ministry specifically for the fight against AIDS. Article 18 of the finance law, adopted in 2001 provides a tax exemption for treatment, salaries and expenses paid by an employer for medical and paramedical care provided to employees with HIV/AIDS. The wife of the head of state has become personally identified with a major national campaign named "Together against AIDS" which resulted in a national partnership in the fight against HIV/AIDS. Since October 2004, thanks to the Global Fund, medical costs have been subsidized and come to 5,000 FCFA per quarter per adult patient which includes biological follow-up and access to ARV. Care is free for prevention of mother-to-child transmission and for children under 15.

Government and national organisations fighting against AIDS have joined together to form COSCI and take an active part in the struggle. Associations of people living with HIV, brought together under the RIP, are very active in caring and lobbying for treatment and contribute to de-dramatizing the illness through their testimony.

Bilateral cooperative efforts (GTZ, GTB, ACDI/SIDA3, USAIS/CDC/PEPFAR), multilateral efforts (UNICEF, FNUAP, PNUD) and international NGOs (CARE) also support the government and the NGOs in initiating their respective strategic plans. The Global Fund finances a five year national program coordinated by the CCM and, since April 2004, CARE's emergency project in the areas occupied by the Forces Nouvelles.

The ongoing armed conflict challenges the strong political commitment and limits efforts to those areas under government control. The war has divided the country almost in two. In areas under the control of the Forces Nouvelles, the vast majority of health care workers have fled to the south. Humanitarian organisations presently ensure access to basic health care. Due to the conflict, most non government local organisations had ceased activities but were able to recommence thanks to funding from the Global Fund and CARE.

Before the war, most interventions, both in prevention and care for HIV/AIDS were concentrated in the business capital, Abidjan. Most of the active NGOs located in this city and do not have regional representation. Only a few major cities in the interior have associations for the fight against AIDS. The Ministry for the Fight Against AIDS which is responsible for awareness and community mobilisation does not have a regional office. Unit Health districts, the operational units of the Health Ministry, have not fully integrated HIV/AIDS prevention in the Minimum Package of Activities (MPA) of health facilities. Moreover, only three health regions out of 18 have voluntary screening centres. The nation program financed by the Global Fund very recently established 3 reference centres for ARV treatment and 3 laboratories in Bouaké, Man and Korhogo. The Belgian organisation Doctors Without Borders (MSF) recently offered it support to the reference centre for Care and Biology at the Man hospital.

c) Describe the role of AIDS-, tuberculosis- and/or malaria-control efforts in broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals or sector-wide approaches. Outline any links to international initiatives such as the WHO/UNAIDS ‘3-by-5 Initiative’ or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

4.3.3 Financial and Programmatic Gap Analysis

[Interventions included in the proposal should be identified through an analysis of the gaps in the financing and programmatic coverage of existing programs. Global Fund financing must be additional to existing efforts, rather than replacing them, and efforts to ensure this should be described Use Table 4.3.3.a to provide in summarized form all the figures used in sections 4.3.3.1 to 4.3.3.3.]. [For health systems strengthening components the financial and programmatic gap analysis needs to provide information relevant to the proposed health systems strengthening intervention(s).]

4.3.3.1 Detail current and planned expenditures from all relevant sources, whether domestic, external or from debt relief, including previous grants from the Global Fund.

[List the financial contributions dedicated to the fight against this disease by all domestic and external sources. Indicate duration and amount, and ensure that the amount for domestic sources is consistent with Table 1.1.1]

4.3.3.2 Provide an estimate of the costs of meeting overall (national) goals and objectives and provide information about how this costing has been developed (e.g., costed national strategies).

4.3.3.3 Provide a calculation of the gaps between the estimated costs and current and planned expenditures.

Table 4.3.3 - Financial Contributions to National Response

	Financial contributions in Euro / US$						
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Domestic (A)							
External (B)							
External source 1 (to be named)							
External source 2 (to be named)							
External source 3 (to be named)							
Total resources available (A+B)							
Total need (C)							
Unmet need (C)-(A+B) [							

4.3.4 Confirm that Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources, and explain plans to ensure that this is the case; and explain plans to ensure that this is the case.

4 Components Section

4.4 Component strategy

4.4.1 Description and justification of the program strategy

[This section must be supported by a summary of the Program Strategy section in tabular form.

- *Tables 4.4a and b (following section 4.4.1) are designed to help applicants clearly summarize the strategy and rationale behind this proposal. For definitions of the terms used in the tables, see Annex A. (See Guidelines for Proposals, section V.B.2, for more information.)*
- *In addition, please also provide a detailed quarterly work plan for the first 12 months and an indicative work plan for the second year. These should be attached as an annex to the proposal form.]*

Narrative information in section 4.4.1 should refer to Tables 4.4a and 4.4b, but should not consist merely of a description of the tables.]

4 Components Section

Table 4.4a. Goals and Impact Indicators over Life of Program

Goal No.	Goals over two years
1	To increase the quality of live of people vulnerable to, infected and affected by HIV/AIDS.
2	
#	

Goal No.	Impact indicator	Baseline			Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target	Source and comments
		Value	Year	Source						
1	To improve behaviour and practises in the prevention of HIV	Studies CAP	2002	SFPS/FHI AIMAS	+ 10 %	+ 20 %				
2	PLWH To improve the living conditions of PLWHA and their families 6, 12 and 24 months after the start of treatment	Natural survival Kaplan Meyer index	1997	BEH	+ 10 %	+ 30 %				
#										
#										
#										

[Impact indicators are not normally measured every year, and values for targets do not need to be entered for every year. It is advisable to refer to the list of coverage indicators provided in Annex A.]

Table 4.4b. Objectives, Service Delivery Areas and Coverage Indicators over Life of Program

Program objectives over five years											
Objective 1	**Objective description: Over two years, to increase by 20% the number of people who have adopted behaviour which reduces HIV transmission**										**Link to goal by number**
Objective	**Service delivery area**	**Directly tied**	**Indicator description[5]**	**Baseline**		**Year 1 target**	**Year 2 target**	**Year 3 target**	**Year 4 target**	**Year 5 target**	**Frequency of data collection**
				Value	**Year**						
1	CCC/Local Service	Yes	- The number and & of youths between 15 and 25 reached by local services from teaching peers. - The number and % of youths between 15 and 25 who are aware of HIV prevention measures (pre-test)	20,000 youths Study CAP	2004 CARE 2002 SFPS	140,000 including 64,000 youths +10%	288,000 including 132,000 cum youths (46%) +20% cum	--	--	--	- Quarterly - Annual
1	CCC/ Mass media	Yes	- Number and % of people reached by the multi media campaigns	NA		300,000	600,000 cum	--	--	--	Annual
1	Education of unschooled children	Yes	- Number and % of unschooled children exposed to HIV/AIDS education outside of an educational setting	Study Multiple indicators (MICS)	2000 UNICEF	50,000	100,800 cum (35%)	--	--	--	Quarterly

4 Components Section

Program objectives over five years (continued)											
Objective	**Objective 1 description: Over two years, to increase by 20% the number of people who have adopted behaviour which reduces HIV transmission**										**Link to goal by number**
Objective 1	**Directly tied**	**Directly tied**	**Indicator description[6]**	**Baseline**		**Year 1 target**	**Year 2 target**	**Year 3 target**	**Year 4 target**	**Year 5 target**	**Frequency of data collection**
1	Condom distribution	Yes	- Number of condoms distributed - Number of condoms sold	600,000 3,700,000	2004 CARE Aimas 2004 Aimas	1,300,000 2,500,000	2,880,000 cum 5,500,000 cum				Quarterly Quarterly
1	Strengthening of civil society networks	Yes	Number of NGOs and CBOs offering HIV/AIDS prevention according to national directives.	Between 1 and 6 NGOs comply with certain criteria	2004 CARE		6 NGOs and 50% of the 24 Pilot Committees				Annual
1	Counselling and screening	Yes	Number and percentage of people having completed counselling and screening for HIV	No CDV between Sept 2002 and mid 2005		5,800	12,000 Cum				Quarterly
1	Sexually transmitted diseases (STDs)	Yes	Number of patients receiving syndromic treatment for STIs according to national standards.	Average consultations made/NGO/yr = 120/yr National average = 10%	CARE 2004 UNICEF 2005	2,400	4 800 cum				Quarterly

Program objectives over five years		
Objective	**Objective 2 description: Over two years increase the number of persons who have access to complete HVI/AIDS care by 30%.**	**Link to goal by number**

[6] Highest-level indicators only (Level 3: number of people affected).

4 Components Section

Objective 2	Service delivery area	Directly tied	Indicator description[7]	Baseline		Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target	Frequency of data collection
				Value	Year						
2	Treatment and prophylaxis of opportunistic infections	Yes	Number and percentage of people with HIV/AIDS receiving treatment for opportunistic infections	100 to 200 / operational NGO	2004/2005 CARE	6,000 consultations + 1,500 patients receiving home care x 2 infectious episodes = 9,000 OI treatments	72,000 consultations +1,800 patients receiving home care x 2 infectious episodes = 10,800 OI treatments	--	--	--	Quarterly
2	Antiviral follow-up treatment	Yes	Number and percentage of people receiving sustained antiviral therapy under treatment after 6, 12 and 24 months	0		30 to 50 % of patients receiving ARV, or 500 patients	1,000 cum	--	--	--	Biannual
2	Care and support of orphans and vulnerable children (OVC)	Yes	Number of OVCs receiving support	100 in Korhogo and 150 in Man	2005 CARE	600 OVC (100 per NGO)	1,200 cum (200 per NGO)	--	--	--	Quarterly
2	Care and support for chronic patients and families affected by HIV/AIDS	Yes	Number of chronic patients and/or families with AIDS and receiving support and care.	NA (charitable organisations)		600 (100 per NGO)	1,200 cum (200 per NGO)	--	--	--	Quarterly
2	Home care	Yes	Number of persons receiving home care	200 to 300 per operational NGO	2005	1,500, or per 250 NGO	1,800 cum, or 300 per NGO	--	--	--	Quarterly
2	Partnering and support of private sector organisations	Yes	Number of NGOs and CBOs offering complete HIV/AIDS care according to national directives.	4	2005	2 NGOs	2 NGOs	--	--	--	Quarterly

[7] Only the indicators of the highest level (Level 3) number of people affected).

4 Components Section

[It is advisable to refer to the list of indicators provided in Annex A. However, if the service delivery areas and indicators do not adequately reflect the proposed strategy, they may be expanded.]

4.4.1.1 Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).

The proposal also concurs with the overall goals of the Ivory Coast government's National Program for the Fight Against AIDS: to reduce the prevalence, morbidity and mortality related to HIV/AIDS. The Ivory Coast is still facing an emergency situation in the HIV/AIDS infection rate. It must be remembered that the Ivory Coast was the most affected Western African country even before the crisis. Actions for prevention and caring for the most serious problems must go forward without waiting for normal, and for the time being hypothetical, resumption of government activities.
In a general way, this proposal attempts to consolidate the gains made in the first phase and to and extend services offerings to areas not covered by the first proposal.

Its main objectives are:

Objective 1: Over two years, to increase by 20 % the number of people who have adopted behaviour which reduces HIV transmission;

Objective 2: Over two years increase the number of persons who have access to complete HIV/AIDS care by 30%.

For objective 1:

- Communication for the modification of behaviour, both through approximately 40,000 local activities (peer teachers, community leaders...) and approximately 770 multi media campaigns (360 radio spots, 160 television spots, newspapers, 200 mass meetings) over two years reaching a total of 288,000 people through first hand awareness and 600,000 people through major media campaigns. CARE activity reports on participation showed that the participation of 15 to 24 year olds is close to 46% and 35% are not part of the school system (more young girls than boys).

- Education of some 100,000 youths outside of the school environment (35% of participants). The reasons behind this targeting are: The existence of several prevention projects, among other with UNICEF and the Minister of Education: however, many young soldiers, who have adopted risk behaviour since the beginning of the crisis, will be demobilized and will return to there communities; many young girls have also adopted risk behaviours in order to survive. Since screening services were not available before, the project will focus on voluntary screening and pre and post counselling for these target groups. Finally, the project will continue to strengthen awareness and information activities to groups like apprentices, hairdressers, salesmen and saleswomen...

- Availability of male and female condoms.
  The availability of the condom is essential in avoiding new contamination. This will be insured both through the usual distribution networks through wholesalers, distributors and retailers and through the distribution of condoms during all awareness activities. Promoting the use of the condom will encourage it use. The NGO AIMAS, a distributor of condoms in the Ivory Coast, was chosen during the 1st project as a partner for its expertise; this partnership will be decisive in getting results. Forecast results: 5,500,000 condoms sold over two years (which means 18,333 couples protected a year over 2 years) and 2,880,000 condoms distributed for free during awareness programs which represents 9,600 couples protected over two years, 40 more wholesalers, 6 massive awareness campaigns, 360 radio spots and 180 television spots, 18 radio shows and 18 television shows,

- Partnership and strengthening of private sector organisations.
  CARE is planning a three level strengthening:

a) With a limited number of NGOs (approx 6 in total) through
i) grants to finance their interventions and
ii) technical support on all levels of weakness mentioned above.

These NGOs will be selected at the beginning of the project (see selection process 4.5.11) in the following areas: 2 NGOs a Bouaké, 2 in Korhogo and 2 in Man. They will be responsible on the one hand, for conducting mass and local CCC activities, and on the other, to supervise the 24 Pilot Committees for the first years (about 4 Pilot Committees per NGO).

b) With the Pilot Committees (24). This level of support aims to improve local coordination of smaller NGOs and CBOs and to support the representation of private sector organisations within the departmental committees to be set up. This support will be realized through:
i) assuming certain operating costs (organizing meetings, stationary, travel and communications costs, etc);
ii) technical assistance particularly in needs analysis, planning, follow-uo evaluation;
iii) small grants for handling the CBO action plans they will select.

c) With COSCI. Through institutional reinforcement and a grant to cover certain operating costs. The objective of this support is to strengthen some of the weaknesses mentioned earlier in this chapter. With the RIP+ (Réseau Ivoirien de Prise en Charge des PLWHA), this support will be offered by other partners.

- voluntary screening:
  Very recently 3 reference centres for voluntary screening were established in the Northern region through a national program with the support on international organisations due to a lack of medical personnel in the region. These VSC will be truly effective if they are supported by a community awareness process in the use of the services and offering psycho-social pre and post testing for PLWHAs. This will be handled by the PLWHA NGO supported by the project 6 NGOs who are active in PLWHA care and having medical consultation and out patient hospital facilities will receive training and be given the ability to carry out rapid screening tests; psycho-social care, pre and post testing will be handled by social workers supported by the project.

  Number of screenings expected: 5,800 the 1st year (80 tests/month/NGO) and at least 12,000 over two years. References and quality control will be handled by the national VSC.

- prevention and management of STIs:
  Particular attention must be paid to the prevention and management of STIs, whose high levels go hand in hand with an increase in the HIV/AIDS rate. A study conducted by the MSF Holland in April of 2004 alerts to a crisis in STI in the west of the country, with more than 20% of STI in the general population and 32% amongst pregnant women, a crisis which is symptomatic of the living conditions caused by the war, population displacement and economic distress. The project plans to train medical personnel in syndromic management of STIs and to supply kits, putting an accent on the more affected Western region (MSF Danané report May 2005).
  Number of patients forecast for syndromic treatment: 1,400 the 1st year and 4,800 total the 2nd year.

In objective 2, the service areas are:

- Treatment and Prophylaxis of Opportunistic Infections;
- Outpatient hospitalisation;
- Regular follow-up of patients receiving ARV to insure compliance;
- Psycho-social follow-up and home care:

  - These services are complementary and may be carried out by the PLWHA NGOs with the required capacity, both professional and administrative, to insure the overall care of patients.
  - In fact, 3 reference centres have recently been established through the national plan. These centres risk being rapidly overcrowded and cannot take on all opportunistic infections. It would therefore be up to the NGO chosen to insure the treatment and follow-up of patients and to organize a home care system (medical

care, compliance with treatment, nursing, psychological support).

- In the same way, the follow-up of ARV patients implies constraints for good compliance which the reference centres could assume. We estimate that 30 to 50% of ARV patients require a lot of follow-up to insure compliance; this will be handled by the PLWHAs and the social workers.
- The project will support rehabilitation and equipment for the offices of 6 NGOs and will supply additional essential medications, except for ARVs received through the national program. The project will pay social workers and to a certain extent offer some indemnities for vital staff, while the national program will supply the medical and laboratory personnel.

Number of OIs expected: 6,000 patients seen in consultation the 1st year (1,000/NGO/year) and 7,200 the 2nd year or 20% of out patient hospitalisations. 1,500 patients in home care the 1st year (250 per NGO) and 1,800 the 2nd year (300 per NGO) each representing an average of 2 infectious episodes per year for a total of 19,800 IOs treated
Expected number of ARV patients cared for and retained in treatment after 6, 12 and 24 months = 500 the 1st year and 1,000 total the 2nd year.

- Care and support for orphans and vulnerable children,
- Care and support for chronic patients and families affected by HIV/AIDS

  - overall community care includes chronic patient care, families and orphans and vulnerable children.
  - the care and support of patients and families affected by HIV/AIDS entail the overall care including ongoing and regular psychological support, nutritional care based on the specific needs of AIDS patients adapted to the local diet and complimented by training and a basic study (this will be handled in partnership with PAM), a socio-economic assistance thanks to small sub-grants for revenue generating activities. Each of the 6 NGOs will organise regular home visits. They will be conducted by 4 nursing assistants / NGO who will receive training and psycho social support.
  - for orphaned or vulnerable children assistance with their schooling and material, nutritional and psychological assistance to families will be offered. This will also be handled by the 4 nursing assistants / NGO.
  - Discussions will be held with discussion groups to find ways to reduce stigmatism. Overall care for chronic patients (in the broad sense of the term) and families and children affected seems to be an interesting approach.
  - the same NGOs will be responsible for organizing the follow-up and regular accompanying of families in their homes.

  Number of expected cases cared for: 600 chronic patients and affected families (100 per NGO) and 600 OVCs (100 per NGO) in the first year: 1,200 chronic patients and affected families and 1,200 OVCs the 2nd year.

- Support of private sector organisations
  Overall AIDS care is first and foremost a community problem; certain PLWHA NGOs, aware of this primordial role, have remained in place during the war and have managed to bring some support to this emergency. The project plans to reinforce the capacity of the 6 PEC NGOs who are already involved and have experience in the fight against AIDS (2 in Man, 2 in Bouaké and 2 in Korhogo) through targeted training, supplying the material and medical means to insure adequate overall care for the patients and families affected as well as support for their operations. The partial payment of operating costs is provided for in the project and includes, for each of the 6 PEC NGOs: a premium for one doctor, one nurse, one biological technician, 4 nursing assistants, the costs for rent, electricity, stationary, communications, etc.

4.4.1.2 Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context. Demonstrate clearly how the proposed goals fit within the overall (national) strategy and how the proposed objectives and service delivery areas relate to the goals and to each other.

The activities described are provided for in the 2002-2003 national strategic pan of the Ministry for the Fight Against AIDS, as well as in the Ivory Coast proposal to the Global Fund. The crisis which has continued since September 2002 has interrupted the decentralisation of the fight which is a priority of the Health Ministry and the Ministry for the Fight Against AIDS. Because of this, prevention and care activities for HIV/AIDS have almost ceased in the areas occupied by the rebel forces since the beginning of the war.

Our proposal allows the strengthening of prevention work done during the first proposal funded by the Global Fund. It would allow, among other things, to make up for some of the shortcomings in the care of PLWHA in areas not under government control. It would allow us to insure a more balanced national coverage in HIV/AIDS prevention and care activities.

4 Components Section

[For health systems strengthening components only:]

4.4.1.3 Describe in detail how the proposed objectives and service delivery areas are linked to the fight against the three diseases. In order to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. To demonstrate the contribution of the proposed health systems strengthening intervention(s) in fighting the disease(s) include at least three disease relevant indicators with a baseline and annual targets over the life of the program. This may be done in form of an annex based on the format of table 4.4.b.]

Clearly explain why the proposed health systems strengthening activities are necessary to improve coverage in the fight against the three diseases. [When completing this section, applicants should refer to the Guidelines for Proposals, section III.B.& F.]

4.4.1.4 Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the project will have on these group(s).

Description of target groups:

(see table below)

For objective 1, the 6 CCC NGOs and the 24 Pilot Committees will be formed and will adopt participative methods with the affected communities. This will be finalized during the phases of the situation analysis, needs identification and response and during the implementation of activities. The majority of local, one on one, interventions will be handled by peer teachers who come from the same life environment and community. The radio spots and various CCC materials will be developed based on the results of studies with the target groups, at the beginning and throughout the project. These materials will be tested with the target groups. At the conclusion of the project, a final evaluation will be based on the results of participant surveys

For objective 2, we plan to select 6 NGOs to handle care management, which will include 3 PLWHA NGOs and 3 NGOs who are active in HIV/AIDS care management. Periodic evaluation with patients and their families will allow us to monitor their level of association and appreciation of the services received. Since overall care is a relatively new concept in the North of the country and has to be developed and adapted to the context, project supervisors must conduct periodic interviews with patients and their families in order to identify and put in place various service (for example nutrition, schooling and economic support and psycho social assistance.

The expected impact on the target groups is an improvement in behaviour and practices in the prevention of HIV and an improvement in the living conditions on PLWHA and their families.

4.4.1.5 Provide estimates of how many of those reached are women, how many are youth, how many are living in rural areas. The estimates must be based on a serious assessment of each objective.

Table 4.4.1.5 Objectives

	Estimated percentage of people reached who are:		
	Women	Youths	Living in rural areas
Objective 1	**CCC Proximity:** - 66,000 young women 15-24 - 115,000 young girls and women - 55,000 girls not in the school environment **Mass CCC:** - 300,000 **Screening advice:** - 6,000 **STI management:** - 2,400 **Women**	**CCC Proximity:** 66,000 young boys 15-24 - 45,000 boys not in the school environment **Mass CCC:** - 300 000 **Condoms** - Sold: 5,000,000, or 18,333 couple years protection over 2 years - Distributed:2,880,000, or 9,600 couple years protection over 2 years **Screening advice:** - 6,000 **STI management:** - 2,400 **Men**	
Objective 2	**Management of OIs** - 9,900 **ARV compliance follow-up** - 500 **OCV follow-up** - 600 **Support for affected families** - 600 **Home care** - 900	**Management of OIs** - 9,900 **ARV compliance follow-up** - 500 **OCV follow-up** - 600 **Support for affected families** - 600 **Home care** - 900	
:			
:			

4.4.1.6 Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. This should provide reviewers with a clear understanding of what activities are proposed, how these will be implemented, and by whom.

Activities which will be put in place for objective 1:

- Communication for the modification of behaviour / Local Service
  - 2 behavioural studies of the target groups (start up, evaluation);
  - 40,000 awareness sessions in small groups
  - Development of quarterly activity plans for the 24 pilot committees which will be financed and supervised;
  - Development and follow-up of biannual activity plans of the 6 NGOs specialized in CCC;
  - Development and distribution of educational materials (wooden phallus, images…).

- Communication for the modification of behaviour / Mass Media
  - Approximately 200 mass awareness raising sessions over two years by the 24 Pilot Committees (or approximately 12 per Committee reaching about 96000 people in total over 2 years);
  - 360 radio spots and 160 television spots reaching approximately 400,000 et 100,000 people respectively;
  - 18 radios programs and 18 television shows;
  - Development of material (5 000 posters, 1500 gadgets, 1,000 brochures for the NGOs, 500 HIV AIDS booklets, 500 wooden Phalluses).

- Education of unschooled children
  - 2 behavioural studies of the target groups (start-up, evaluation);
  - 25 000 group awareness sessions (in groups of about 15 people) with young women, young soldiers, apprentices;
  - 15,000 individual interviews between young drop-outs and peer educators and community assistants from the NGO;
  - Approximately 400 trained peer educators conduct 4 training sessions per month over 24 months with their peers;
  - Educational material developed, tested and distributed;
  - Development and follow-up of biannual activity plans of the 6 NGOs specialized in CCC;

- Condom distribution
  - 2 behavioural studies of the target groups (start-up, evaluation) on the use of condoms;
  - 2,880,000 condoms distributed for free during mass awareness sessions or during sessions conducted by peer educators;
  - Promotion and distribution of the female condom:
  - 5,500,000 male condoms sold;
  - 40 new wholesalers and distributors;
  - 6 mass awareness sessions;
  - 360 radio spots and 160 television spots;
  - 18 radio programs and 18 television shows;

- Voluntary screening:
  - Training of 24 pre and post testing voluntary screening advisors according to national procedures and standards;
  - Training of 12 bio-technicians in rapid screening tests and quality control
  - Establishment of screening quality control in cooperation with the reference laboratory
  - Reinforcing of knowledge after 6 and 12 months
  - Minor renovations to the 6 sites;
  - Small biological equipment for the 6 sites according to the biology MPA for AIDS in the Ivory Coast
  - Supplying of 20,000 Determine screening tests and 4 000(ààà in original file ???)

Génie II tests (tests which are approved for the national plan);
- Systematic pre and post test counselling;
- Community awareness to facilitate acceptance and de-dramatize the test;
- Community mobilisation to increase the use of testing facilities.

- Prevention and care of STIs.
  - Training of health personnel in the syndromic care of STIs according to national procedures;
  - Production of 100 national STI training kits;
  - Reinforcing of knowledge after 6 and 12 months;
  - Awareness on prevention, treatment and follow-up of patients and spouses, condom distribution;
  - Supplying of STI kits from the PSP, recovery of costs except from the disadvantaged;
  - Kit and statistical management.

- Reinforcement of private sector organisations.
  - Selection of the 6 CCC NGOs;
  - Sub grants to these 6 NGOs for the initiation of quarterly action plans (over 2 years);
  - Training of the 6 NGOs in statistical planning, Monitoring Evaluation, Administration, Governance;
  - Training of COSCI in Strategic planning, M&E, Governance, Functioning of a Network, Fund Raising;
  - Sub grants to COSCI for the initiation of quarterly action plans (over 2 years);
  - Training of 24 Pilot Committees and Needs analysis (MARP), Project development , M&E;
  - Sub grants for 24 Pilot Committees for the management of the quarterly actions plans (for 1 year).

Activities which will be put in place for objective 2:

- Treatment and prophylaxis of opportunistic infections.
  - Training of 24 centres in the management and prophylaxis of opportunistic infections;
  - Production of 100 training tools;
  - Production of 10,000 patient follow-up tools;
  - Purchase of essential PSP medication, regular support and supply of the sites: the medications used appear on the list of essential medication authorised by the PSP (generic medications));
  - Training of 12 pharmacy administrators in inventory management;
  - Integration of 24 PLWHA as consultants to the care teams;
  - Minor renovations to the 6 sites, with local construction support if required for pharmacy and out patient hospitalisation;
  - Furniture, minor medical equipment and medical waste management equipment.

- Antiviral follow-up treatment
  - Training of doctors in ARV follow-up
  - Training of 500 in ARV compliance;
  - Regular follow-up of 500 ARV patients (30 to 50 % of patients under ARV must be followed closely in order to insure compliance).

- Care and support of orphans and vulnerable children:
  - Identification of 1,200 OCV and foster families;
  - Identification of specific needs for each child and each family;
  - Make 1,200 school kits available;
  - Make 1,200 food kits available to the families (with the support of PAM);
  - Monthly visits to each family and each school by community counsellors;
  - Financing of 48 revenue generating activities for families sheltering OCVs;
  - Organisation of a Christmas tree each year in each of the 3 regions.

- Care and support for chronic patients and families affected by HIV/AIDS:
  - Training of 24 community members in community care of PLWHA, to national standards particularly in nutritional care;
  - Awareness and training sessions for 1,200 chronic patients in nutritional needs;
  - Completion of bi-monthly visits to 1,200 patients and community caring;
  - Support and supply of 1,200 community care kits;
  - Additional nutrition support with the assistance of PAM (food kits);
  - Lead discussion groups with PLWHA.

- Home care:
  - Training of 24 home nursing and psycho social care staff;
  - Organisation of planning home visits;
  - Awareness of family participation in patient care;
  - Supply of home care kits;
  - Making a case for the de-dramatisation of HIV/AIDS and reduction of the stigmatism;
  - Establishment of a network for ongoing patient care.

- Reinforcement of private sector organisations:
  - Selection of 6 NGOs involved in community care for HIV/AIDS on the objective criteria including: existence of a charted, a functioning MA and Board of Directors, pervious experience, management systems, follow-ups and evaluations...
  - Sub grants to 6 patient care NGOs for participation in operating costs, medical care, psycho social and community activities, and in supervision and motivation of health service personnel and social workers;
  - Training of 6 PLWHA NGOs in strategic planning, monitoring and evaluation, administrative and financial management and governance

4.4.1.7 Outline whether these are new interventions or existing interventions that are to be scaled up, and how they link to existing programs.

The activities described are provided for in the 2002-2003 national strategic pan of the Ministry for the Fight Against AIDS, as well as in the Ivory Coast proposal to the Global Fund. The crisis which has continued since September 2002 has interrupted the decentralisation of the fight which is a priority of the Health Ministry and the Ministry for the Fight Against AIDS. Because of this, prevention and care activities for HIV/AIDS have almost ceased in the areas occupied by the rebel forces since the beginning of the war.

Our proposal allows the strengthening of prevention work done during the first proposal funded by the Global Fund. It would allow, among other things, to make up for some of the shortcomings in the care of PLWHA in areas not under government control. It would allow us to insure a more balanced national coverage in HIV/AIDS prevention and care activities.

4.4.2 Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the Global Fund grant period.

The present proposal aims to address the situation of a lack of care due to the ongoing crisis in the Ivory Coast. Other than the few health facilities which have remained operational in the areas controlled by the Forces Nouvelles, NGOs with the ability to dispense medical care are, at the present time, the only alternative for patients. After a period of financing from the Global Fund, these NGOs will continue their activities either with assistance from other private funding or with aid from the Minister of Health and, in part, due to cost recovery.

The long-term survival of CCC activities will be possible thanks to assistance rendered to the NGOs and pilot committees who will be able to develop pertinent positions which are eligible for financing from other financial backers.

4.4.3 Describe gender inequities regarding program management and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities (2 paragraphs).

Women who are more vulnerable due to the crisis situation, will be a primary target for intervention. Messages about the behaviour to adopt in cases of sexual violence will be included in the training sessions of peer educators and taken into consideration in prevention messages targeting women of child bearing age. Discussion and psychological support groups will be offered to women who are victims of violence.
The selection of a peer educator will take their sex into consideration. Community care will put an emphasis on support for vulnerable couples and single mothers and/or are caring for an OVC. Income generating activities will be prioritised to women.

4.4.4 Describe how this proposal will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, and other types of stigma and discrimination that facilitate the spread of these diseases (1–2 paragraphs).

Access to medications comes under a concept of overall care, the essential component of which is antiretroviral treatment. Volunteer members can contribute to the counsel for screening and psychological support with people testing seropositive and for patients in home care. Awareness campaigns with testimonials from identifiable people will allow the reduction of the stigma related to seropositivity

4.4.5 Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g some programmes or antiretroviral therapy) (1–2 paragraphs).

Our intervention targets the groups which are most vulnerable in this crisis situation: women, young boys and girls, chronic patients, disadvantaged families and OVCs. In offering these interventions to promote health to the population within the occupied areas, our proposal re-establishes social justice.

4 Components Section

4.5 Program and financial management

[In this section, CCMs should describe their proposed implementation arrangements, including nominating Principal Recipient(s). See the Guidelines for Proposals; section V.B.3, for more information. Where the applicant is a Regional Organisation or a Non-CCM, the term 'Principal Recipient' should be read as implementing organisation.]

4.5.1	Indicate whether implementation will be managed through a single Principal Recipient or multiple Principal Recipients	☒ Single ☐ Multiple

[Every component of your proposal can have one or several Principal Recipients. In Table 4.5.1 below, you must nominate the Principal Recipient(s).]

Table 4.5.1 – Implementation Responsibility

Responsibility for implementation			
Nominated Principal Recipient(s)	**Area of responsibility**	**Contact person**	**Address, telephone and fax numbers, e-mail address**
CARE	Principal Recipient	Aguettant Guillaume Name of representative (See section 4.2)	05 BP 3141 Abidjan 05 Tel (225) 22 41 97 25 to 29 Fax (225) 22 41 25 16 E-mail careci@aviso.ci

4.5.2 Describe the process by which the CCM, Sub-CCM or Regional CM nominated the Principal Recipients. NA

[Minutes of the CCM meeting at which the Principal Recipient(s) was/were nominated should be included as an annex to the proposal. If there are multiple Principal Recipients, questions 4.5.3 – 4.5.6 should be repeated for each one.] [Question not applicable to Non-CCM and regional Organisation applications].

4.5.3 Describe the relevant technical, managerial and financial capabilities for each nominated Principal Recipient.

CARE is the Principal recipient for the present phase. A preliminary evaluation was conducted in 2004 as well as periodic (quarterly) audits by the LFA.

[Describe anticipated shortcomings or challenges faced by sub-recipients and how they will be addressed; please refer to any assessments of the PR(s) undertaken either for the Global Fund or other donors (e.g., capacity-building, staffing and training requirements, etc.).]

4.5.4 Has the nominated Principal Recipient previously administered a Global Fund grant?	☒ Yes ☐ No

4.5.5 If yes, provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous Global Fund grants(1–2 paragraphs).

$US 1.023,536

The LFA audit reports are not sent to CARE and are available to the Global Fund in Geneva.

4.5.6 Describe other relevant previous experience(s) that the nominated Principal Recipient has had:

[Please describe in broad terms the relevant programs, as well as their objectives, key implementation challenges and results (2–3 paragraphs).]

The following CARE missions receive funding from the Global Fund as the principal recipient: Cameroon 650,000 US $, Peru 12,200,000 US $, Tanzania 762,000 US $ and Thailand 5,993,000 US $.

4.5.7 Describe the proposed management approach and explain the rationale behind the proposed arrangements.

CARE plans to sign partnership agreements with local organisations. These agreements, depending on the management abilities and experience of the partner, will be for a period of 3 months (CCC or care giving NGOs for example) or for one year in the case of AIMAS. These agreements will be based on results and performance. A multi year activity plan with the objectives and results expected, a budget and an institutional support plan accepted by both parties will be reference documents for the agreements. They may therefore be renewed or cancelled quarterly. The sub grants, which also take into account the management abilities of each of the NGOs, will be awarded quarterly. Depending on the results, the respect of procedures and the state of their finances, periodic advances will be made. CARE also plans to strengthen the management abilities of its partners, and will offer training to the administrators and financial managers of the NGOs, as will as making regular training audits.

Finally, progress and planning meetings will be organized quarterly with all project partners. The first phase of the project demonstrated clearly the interest and the need to plan such cooperation meetings.

Representatives of the Ministries (Health, Fight Against AIDS, Education...)as well as from the administrations (Mayor's office, General Council) participate and contribute to these meetings.

4 Components Section

4.5.8 Are sub-recipients expected to play a role in the program?	☒ Yes ➔ go to 4.5.9
	☐ No ➔ go to 4.6

4.5.9 How many sub-recipients will be, or are expected to be, involved in the implementation?	☐ 1-5
	☒ 6-20
	☐ 21 – 50
	☐ more than 50

4.5.10 Have the sub-beneficiaries already been identified?	☒ Yes ➔ go to 4.5.11 - 4.5.13
	☒ No ➔ go to 4.5.14 & 4.5.15

4.5.11 Describe the process by which sub-recipients were selected and the criteria that were applied in the selection process (e.g. open bid, restricted tender, etc.); (2–3 paragraphs).

- The proposed selection procedure for sub-beneficiaries is:
  - Institutional and operational analysis of the pre-selected NGOs (6 in CCC and 6 in PEC);
  - Development of an institutional support plan, and activity plan and an agreement for each NGO;
  - Signature of quarterly partnership agreements.

- The selection criteria will include:
  - Performance in the first phase;
  - Operating capacity (planning, M&E, offices, permanent staff...);
  - The representativeness of project beneficiaries (particularly PLWHAs and affected families);
  - Good governance (demonstrated in particular by a functional general assembly, a board of directors, existence of a charter and internal standards, equality of sexes, etc)

4.5.12 Where sub-recipients applied to the CCM, but were not selected, provide the name and type of all organisations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal (1–2 paragraphs). NA

4.5.13 Describe the relevant technical, managerial and financial capabilities of the sub-recipients.

Sub-beneficiaries will mainly be NGOs. Their management and financial abilities vary but, as mentioned previously, they are generally sound. Sub-beneficiaries all have permanent staff who are not all well trained and who are recruited for very short periods (3 months on the average) or who work as volunteers. Funding is also insufficient and short term (between 3 and 6 months) and does not usually cover operating costs such as rent, communications or transportation costs. Finally, strategic abilities and follow-up evaluation needs to be strengthened.

4.5.14 Describe why sub-recipients were not selected prior to submission of the proposal.

The first phase of the project allowed CARE to identify those CCC and care NGOs who develop pertinent interventions and who have the potential for the next phase. However, since the funding for the next phase is not secured, it is not possible to take the selection process for NGOs any further. This will be the first stage of the next phase.

4.5.15 Describe the process that will be used to select sub-recipients if the proposal is approved, including the criteria that will be applied in the selection process (1–2 paragraphs).

- The proposed selection procedure for sub-beneficiaries is:
  - Institutional and operational analysis of the pre-selected NGOs (6 in CCC and 6 in PEC);
  - Development of an institutional support plan, and activity plan and an agreement for each NGO;
  - Signature of quarterly partnership agreements.

- The selection criteria will include:
  - Performance in the first phase;
  - Operating capacity (planning, M&E, offices, permanent staff...);
  - Representiveness of beneficiaries;
  - Good governance (demonstrated in particular by a functional general assembly, a board of directors, existence of a charter and internal standards, equality of sexes, etc).

4.6 Monitoring and evaluation

[The Global Fund encourages the development of nationally owned monitoring and evaluation plans and M&E systems, and the use of these systems to report on grant program results. By answering the questions below, applicants should clarify how and in what way monitoring the implementation of the grant relates to existing data-collection efforts].

4.6.1 Describe how this proposal and its Monitoring and Evaluation plan complements or contributes towards existing efforts (including existing Global Fund programs) to strengthen the national Monitoring & Evaluation plan and/or relevant health information systems.

- Health information management systems in the Ivory Coast

The information system and the management of health information, at the present time, does not sufficiently take prevention activities into consideration other than prenatal consultations and a broadened vaccination program. In addition, information about HIV/AIDS are only partially considered. The national system for monitoring pregnant women, both in rural and urban settings, allows for the collection of data on the development of the epidemic. Socio-behavioural data is obtained through localized studies, the most recent dating to 2002 and was done by SFPS.
Demographic health studies (EDS) carried out regularly with the participation of the National Statistic and Applied Economic Institute (ENSEA), in which the most recent, EDS 98-99, allowed us to follow the main health indicators. There is also an early alarm system for monitoring diseases with a strong potential for epidemic based at the National Institute of Public Hygiene (INHP) A current reform of the SIG includes HIV/AIDS, tuberculosis and malaria on the list of 22 priority diseases.
A form for collecting standardized and simplified data about HIV/AIDS exists. It was developed by the health ministry in cooperation with SFPS/USAIDS Reference and counter reference files, approved by the national plan, are used to collect information and directions for STI treatment and for voluntary screening.

- Propose Follow-up/Evaluation Plan

Data collection forms exist and will be used. Data concerning voluntary screening and caring for PLWHA STI, opportunistic infections, ARV) are included on these forms. However, since a part of the activities described in our proposal concern awareness, the form will be adapted to include the following items:

- The location the activity takes place, the type of session (discussion, the showing of a movie, etc.);
- The theme of the session;
- The number of participants, by sex;
- The number of condoms and gadgets distributed;
- The main questions asked.

These forms will be completed after each educational session. During the monthly supervision visits, a monthly summary will be made by the supervisor. In the same way, OVC care givers will use a specific form developed by the Solidarity Ministry who is responsible of OVCs.

Summaries will be centralized quarterly, computerized and analyzed at the CARE office in Abidjan. A quarterly report will be produced after the data has been compiled and feed-back will be given to the key players in the field and the to NGOs and associations concerned.

- Calendar and procedures:

- Basic initial study;
- Monthly compilation of data and validation during bimonthly supervisory visits to each site;
- Quarterly compilation of data from all intervention sites and the drawing up of progress and validation reports during the quarterly meetings of regional supervisors;
- Biannual internal revue with all members of the team and a few beneficiaries;
- Evaluation upon conclusion of the intervention.

Partnership contracts will be signed with the NGOs concerning criteria for competence and previous experience in prevention/awareness, community mobilisation for voluntary screening, medical and psycho-social follow-up of PLWHAs with home visits and the care of OVCs.

4 Components Section

These NGOs will be responsible for their activity reports as determined by the approved action plan.

Supervisors will be responsible for submitting monthly summary reports.

The coordination team (project head and regional coordinators) are responsible for quarterly data compilation and the production and distribution of quarterly progress reports.

The quarterly data will be transmitted to the players in the filed. Quarterly reports will be approved during the quarterly meeting of area supervisors.

The level of satisfaction of beneficiaries as well as their perception of the actions taken will be collected through a qualitative study during supervisory visits following the intervention. The consideration of the points of views expressed will allow the adaptation of interventions to the needs of the population. Regular exchanges will make the planned socio-behavioural or qualitative studies easier to evaluate at the end of the intervention.

Progress reports and a final evaluation report will be sent to the Ministry of the Fight Against AIDS and to all other partners. These reports will be available to all organisations working in the areas covered by our intervention. An evaluation by independent parties will allow, given the results are positive, to document the intervention as an example of good HIV/AIDS prevention and care practices in a post crisis situation.

4.7 Procurement and supply management

[In this section, applicants should describe the management structure and systems currently in place for the procurement and supply management (PSM) of drugs and health products in the country]. [When completing this section, applicants should refer to the Guidelines for Proposals, section V.B.5.]

4.7.1 Briefly describe the organisational structure of the unit currently responsible for procurement and supply management of drugs and health products. Further indicate how it coordinates its activities with other entities such as National Drug Regulatory Authority (or quality assurance department), Ministry of Finance, Ministry of Health, distributors, etc.

The Public Health Pharmacy **(PSP**) is the national structure responsible for ordering and distributing medication in the public sector. There are also three wholesalers who supply the private sector. For the PSP, each structure has a code and a line of credit which allows them purchase medication.

The PSP, attached to the Health Ministry, makes a competitive international call for tenders under the supervision of the Public Markets Department (Minister of Finance). The call for tenders is published in national and international newspapers. Awarding of the tender is done after an analysis of the technical file by a commission which is apt to determine the regularity of the offers. Only those products with the best quality/price ratio are retained. The mechanism of a competitive international tender gives absolute preference to those medication with the lowest possible costs. The quality of the products is insured by the selection of suppliers according to regulation and good national and international manufacturing standards. The Public Health National Laboratory and the Quality Control Laboratory of the OMS based in Niamey insures the quality of the samples taken at random from each lot of products selected. The signature of an order between the PSP and the suppliers constitutes a contractual agreement. The monitors the orders to insure that delivery delays are respected. The delivery time chart is a part of the specifications for the chosen supplier.
The PSP has the lowest price practises because it uses generic drugs, almost exclusively, The PSP only supplies public institutions throughout the territory. An exception is made for NGOs who work under special crisis conditions. CARE has an account with the PSP with the account number **028 850.**

Inventory management is computerized and has an alert level. As a part of this proposal, the products obtained through the PSP will be sent to the sites by the CARE coordination team after having been received at CARE's central office. A specialist will be hired to manage the inventory and to program distribution to the sites.

4.7.2 Procurement Capacity

a) Will procurement and supply management of drugs and health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient or will sub-recipients also conduct procurement and supply management of these products?

☐ Principal Recipient only

☐ Sub-recipients only

☒ Both

The management of medical product purchases is the sole responsibility of the Principal Recipient who is the only one with a PSP code. A detailed purchase and inventory plan will be submitted after approval of the project. Inventory management is handled both by the principal recipient and the sub-beneficiaries for allotted resources. The list of medications and medical products used is the PSP list approved by the Minster of Public Health. A purchasing and inventory management plan (GAS) which respects the Global Fund's purchasing policies and which allows a degree of performance during the project. will be produced.

A specialist will be hired to manage the inventory and to program distribution to the sites. A doctor from CARE's management team will be responsible for supervising drug management.

The NGO administrators will be responsible for managing the inventory for which they are responsible to the PR. They will keep incoming and outgoing registers which will allow a regular follow-up of their inventory and avoid any shortages. A register of consultations and treatments prescribed will allow the monitoring of the proper usage of the medication and prevent the medical products from being diverted from their intended use.

b) For each organisation involved in procurement, please provide the latest available annual data (in Euro/US$) of procurement of drugs and related medical supplies by that agency

4.7.3 Coordination

a) For the organisations involved in section 4.7.2.b, indicate in percentage terms, relative to total value, the various sources of funding for procurement, such as national programs, multilateral and bilateral donors, etc.

b) Specify participation in any donation programs through which drugs or health products are currently being supplied (or have been applied for), including the Global Drug Facility for TB drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal *(1 paragraph)*.

Our proposal does not include donations.

4.7.4 Supply Management (Storage and Distribution)	
a) Has an organisation already been nominated to provide the supply management function for this grant?	☒ Yes ➔ continue ☐ No ➔ go to 4.7.5

b) Indicate, which types of organisations will be involved in the supply management of drugs and health products. *[If more than one of these is ticked, describe the relationships between these entities (1 paragraph)]*

☒ Central pharmacy or its equivalent **CARE has PSP code n° 028 850**

☐ Sub-contracted international organisation(s) (specify which one[s])

☐ Sub-contracted international organisation(s) (specify which one[s])

☐Other (specify)

c) Describe the organisations' current storage capacity for drugs and health products and indicate how the increased requirements will be managed.

6 PLWHA NGOs which have acquired experience in consultation management and home care for AIDS patients chosen to carry out the project activities. The project will provide support for renovation and laying out of a storage space if required. The managers will be trained in the use of a reliable inventory management, inventory control, outdated inventory and internal audit system

d) Describe the organisations' current distribution capacity for drugs and health products and indicate how the increased coverage will be managed. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal.

Estimate of population covered by this proposal: these are active PLWHAs lists followed by the medical teams of the 6 NGOs (6,000 people per year in 3 sites) and the PLWHAs receiving home care (1,500 the 1st year and 1,800 the 2nd year, in 3 sites).

[For tuberculosis and HIV/AIDS components only:]

4.7.5 Does the proposal request funding for the treatment of multi-drug-resistant TB?	☐ Yes ☒ No

[If yes, applicants should be aware that all procurement of medicines to treat multi-drug-resistant tuberculosis financed by the Global Fund must be conducted through the Green Light Committee (GLC) of the Stop TB Partnership. Proposals must therefore indicate whether a successful application to the Committee has already been made. If not, a Green Light Committee application form must be completed and included with this proposal (see Annex B).]

4.8 Technical assistance and capacity-building

[Technical assistance and capacity-building can be requested for all stages of the program cycle, from the time of approval onwards, including Technical Review Panel Clarifications, development of M&E or Procurement Plans, etc.]

4.8.1 Describe capacity constraints that will be faced in implementing this proposal and the strategies that are planned to address these constraints. This description should outline the current gaps as well as the strategies that will be used to overcome these to further develop national capacity, capacity of principal recipients and sub-recipients, as well as any target group. Please ensure that these activities are included in the detailed budget.

As previously mentioned, the primary constraint lies in the political uncertainty. Many scenarios have been suggested, including the most likely during this next period; the continuation of neither peace nor war. n the best of cases that is to say the progressive return to normal, the starting up of services and the roles of a public administration will be slow and difficult and the coordination of aid must be strengthened.

For this reason CARE plans to work primarily with NGOs and private sector organisations. For the same reason, CARE, in agreement with their partners including the Ministries of Health and the Fight Against AIDS, have agreed on care services.

5 Budget Section

[Please note that this section is to be completed for each component. Throughout, 'year' refers to the year of proposal implementation. For example, if Table 4.1.1 indicates that the proposal starts in June, year 1 would cover the period from June to the following May.

Financial information can be provided either in Euro or US$, but must be consistent throughout the proposal. Please clearly state denomination of currency.]

All budget breakdowns requested in the following sections are to be provided as an attachment to the hard and soft (electronic) copies of the proposal form.

5.1 Budget Information

[The budget should be broken down by year and budget category. The budget categories and allowable expenses within each category are defined in detail in the Guidelines for Proposal, section V.B.7. Costs that do not fall within the above-mentioned categories can be allocated under 'other' but must be specified. The total requested for each year, and for the program as a whole, must be consistent with the totals provided in sections 5.1.]

Table 5.1 – Funds Requested from the Global Fund

	Funds requested from the Global Fund (in Euro/US$)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Human resources	233,435	252,824				486,260
Infrastructure and equipment	166,937	0				166,937
Training: capacity building	511,260	447,481				958,740
Commodities and products	50,061	41,664				91,725
Drugs	241,128	241,128				482,256
Planning and administration	305,041	289,774				594,815
Other (please specify)	75,393	63,644				139,037
Total funds requested from the Global Fund	1,583,255	1,336,515				2,919,770

The component budget must be accompanied by a detailed year 1 and indicative year 2 workplan and budget. This should reflect the main headings used in section 4.4. (Component strategy) and should meet the following criteria (please attach this information as an annex):

a) It should be structured along the same lines as the component strategy—i.e., reflect the same goals, objectives, service delivery areas and activities.
b) It should be detailed for year 1 and indicative for year 2, stating all key assumptions, including those relating to units and unit costs, and should be consistent with the assumptions and explanations included in section 5.2.
c) It should provide more summarized information and assumptions for the balance of the proposal period (year 3 through to conclusion of proposal term).
d) It should be integrated with a detailed workplan for year 1 and an indicative workplan for year 2.
e) It should be fully consistent with the summary budgets provided elsewhere in the proposal, including those in this section 5.

5.1.1 Breakdown by Functional Areas

[Provide the budgets for each of the following three functional areas—monitoring and evaluation; procurement and supply management; and technical assistance. In each case, these costs should already be included in Table 5.1. Therefore, the tables below should be subsets of the budget in Table 5.1., rather than being additional to it.

5 Budget Section

For example, the costs for monitoring and evaluation may be included within some of the line items in Table 5.1 above (e.g., human resources, infrastructure and equipment, training, etc.).]

Table 5.1.1a – Costs for Monitoring and Evaluation

	Evaluation follow-up (in EUR)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Monitoring and evaluation						
Basic study / Living conditions of affected families	22,901	0				**22,901**
CAP Study	22,901	0				**22,901**
Final evaluation	0	22,901				**22,901**
External audit	0	11,450				**11,450**
Life expectancy of patients under ARV study	7,634	3,817				**11,450**
Supervisions	78,870	78,870				**157,740**
Production and distribution of reports	1,527	1,527				**3,053**
Partners quarterly coordination meeting	9,160	9,160				**18,321**
4x4 vehicle maintenance	6,107	6,107				**12,214**
Motorbike maintenance	2,748	2,748				**5,496**
4x4 vehicle insurance	3,053	3,053				**6,107**
Motorbike insurance	412	412				**824**
Gas and oil	17,405	17,405				**34,809**
Office supplies / computer consumables for the 3 CARE branch offices	5,496	5,496				**10,992**
						0
Sub-total evaluation follow-up	**178,214**	**162,947**				**341,160**

Table 5.1.1b – Costs for Procurement and Supply Management

	Purchasing and inventory management (in Eur)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Procurement and supply management						
Logician	13,435	14,656				**28,092**
Financial Assistant in the Bouaké office	5,038	5,496				**10,534**
Administrative assistant in the Bouaké office	5,038	5,496				**10,534**
Training of PEC NGOs	4,733	4,733				**9,466**
Renovation of the premises of the 6 NGOs	36,641	0				**36,641**
Participation in Support costs of Abidjan (Rent, elec., communication…)	90,076	90,076				**180,153**
Participation in logistic support of the 3 offices in Bouaké, Korhogo, Man (Rent, elec., communication…)	36,751	36,751				**73,502**
Sub-total, purchasing and logistics support	**191,713**	**157,209**				**348,922**

5 Budget Section

Table 5.1.1.c – Costs for Technical Assistance

	Technical assistance (in Eur)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Technical assistance						
Condom Marketing Consultant	9,160	9,160				**18,321**
Community PEC consultant	9,160	9,160				**18,321**
Nutrition consultant	9,160	9,160				**18,321**
Basic study / Living conditions of affected families	13,740					**13,740**
Behavioural study	13,740					**13,740**
Final evaluation		13,740				**13,740**
Life expectancy of patients under ARV study		6,870				**6,870**
Sub-total technical assistance	**54,962**	**48,092**				**103,053**

Table 5.1.2 – Breakdown by type of service

Value per year		**YEAR 1**	**YEAR 2**	**Total**
Objectives	**Services**			
Objective 1	CCC Proximity	8%	8%	8%
	CCC Mass	5%	5%	5%
	Education of young unschooled	8%	8%	8%
	Condom distribution	11%	11%	11%
	Strengthening of the private sector	10%	10%	10%
	Screening consultants	5%	5%	5%
	STD	8%	8%	8%
Objective 2	Treatment / prophylaxis of OIs	10%	10%	10%
	Follow-up of ARV treatments	7%	7%	7%
	OVC care/treatment	6%	6%	6%
	Care/support of chronic patients and families	11%	11%	11%
	Home care	11%	11%	11%
		100%	100%	100%

5.1.2 Breakdown by Partner Allocations

[Indicate in Table 5.1.3 below how the requested resources in Table 5.1 will, in percentage terms, be allocated among the following categories of implementing entities.]

	Allocation of funds to partners Implementation (in %)				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Academic/educational sector					
Government					
Nongovernmental/ community-based org.	68.57%	68.49%			
Organisations representing people living with HIV/AIDS, tuberculosis and/or malaria	31.43%	31.51%			
Private sector					
Religious/faith-based organisations					
Multi/bilateral development partners					
Other (please specify)					
Total	100.00%	100.00%	100%	100%	100%

5.2 Major budget suppositions in the Global Fund application

[Unit costs and volumes must be consistent with the detailed budget. If prices from sources other than those specified below are used, a rationale must be included]

5.2.1 Drugs

a) Provide a list of anti-retroviral (ARVs), anti-tuberculosis and anti-malarial drugs to be used in the proposed program, together with average cost per person per year or average cost per treatment course. [Unit costs and volumes must be fully consistent with the detailed budget. *(Please attach annex).*

The proposal does not include the purchase of antiviral.

b) Provide the total cost of drugs by therapeutic category for all other drugs to be used in the program. It is not necessary to itemize each product in the category. *(Please attach this information)*

The total cost of generic medication used in prophylactic and curative treatment if opportunistic infections and the syndromic treatment of STIs is 453,435 Euros.

The list of generic medications used for treatment of opportunistic infections is the official list approved by the MSP and supplied by the PSP. The national directives dated December 2002 recommends the syndromic PEC of STIs, the project uses 11 types of STI kits which are approved by the national program and distributed by the PSP. the primary prophylactic treatment for OIs is Cotrimoxazole forte: 1 tablet per day in patients with a CD4 level lower than 350 per cubic millimetre. Dosage will be symptomatic in areas where the lymphocytes measurement is not possible Secondary prophylaxis will be either the medication used initially or half doses of cotrimoxazole.

c) Supply a list of raw materials for the products by category. Include total costs, where appropriate unit costs.

The cost of screening is 19,661 Euros. The fast screening test used are Détermine and Génie II, approved by the national program.
The cost of minor medical and lab equipment is 9,160 Euros.
The cost of condoms is 59,359 Euros.

(For example: *Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS.* Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, June 2003, (http://www.who.int/medicines/organisation/par/ipc/sources-prices.pdf); Market News Service, *Pharmaceutical Starting Materials and Essential Drugs*, WTO/UNCTAD/International Trade Centre and WHO (http://www.intracen.org/mns/pharma.html); *International Drug Price Indicator Guide on Finished Products of Essential Drugs,* Management Sciences for Health in Collaboration with WHO (published annually) (http://www.msh.org*); First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility (*http://www.stoptb.org/GDF/drugsupply/drugs.available.html*).)*

5.2.2 Human resources costs

In cases where human resources represent an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent human resources spending will strengthen health systems' capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is *over (1–2 paragraphs). (Please attach annex).*

The cost of human resources (16.6 % of the total budget) depends on 1) the current CARE salary schedule for CARE employees and 2) an analysis of the market and internal policies of the national partners. The details for each employee (CARE and national partners) is given in the detailed budget attached.

For CARE staff, 1 single position out of 17 (the project chief) will be posted internationally (with the possibility for nationals to apply equally for the position), the other positions are exclusively national. The creation of these positions is justified by: The importance of the budget (approximately 2.9 million Euros), the scope of the project (24 sites spread over all areas under the control of the Forces Nouvelles), the diversity of services (12 services in Prevention and Care), the standards for the implementation, follow-up and monitoring by CARE International and the Global Fund.

As concerns the personnel of the national partners, who work mostly with the national NGOs, it is planned to take responsibility for salaries nor covered by other funding. Several consultations and meetings with the funding organisations in question and the national partners have identified those salaries which are essential to the implementation of the project and which are not covered by other financing. Also, this represents national personnel exclusively, who work in the areas of the project, within the country and who supply direct services to the patients t (social workers, doctors, nurses…) and whose salaries are lower than those of the international organisations and in the private and public sector.

Finally, consultations are planned for national consultants which amounts to 4% of the budget and are in the following are Caring, Nutrition, Social Marketing, and during behavioural studies and initial and final evaluations.

At this time, it is not planned to prolong the CARE personnel after the project. However, if prolongation were recommended in the final evaluation, the CARE staff would be considerably reduced. Concerning the national partners, it is understood that the CCC NGOs, at the end of the project, would be able to develop the positions and that the strengthening of their abilities increases their credibility and access to financing. For the PEC NGOs, the cost recovery system, which follows national guidelines, should allow them to reach a certain level of viability by the end of the project.

5.2.3 Other essential expenses

Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years *(1–2 paragraphs). (Please attach annex).*

- **Equipment:**

  - 4 4X4 vehicles: 2 for CARE, 1 for AIMAS (Condom distribution) and 1 for the COSCI (A network NGOs who fight against AIDS);

The project presently has only 2 vehicles (1 for CARE and 1 for AIMAS), which has proven to be completely insufficient given the supervisory needs and the geographic area of the project.

- 16 computers/printers: 3 for CARE, 1 for each of the 6 PEC NGOs and the 6 CCC NGOs, and 1 for COSCI;
- 1overhead projector for COSCI;
- Sound and communications equipment for the 6 CCC NGOs (approx 1,540 Euros/NGO);
- Refrigerator and other small medical equipment for the 6 PEC NGOs (approx 1,540 Euros/NGO).

These amounts are based on a price analysis and a call for tenders from at least three suppliers, in accordance with CARE's procedures for asset acquisition.

- **Infrastructure renovation:**

The renovation/equipping of the premises of the 6 PEC NGOs is provided for with a budget in the amount of approximately 3,850 Euros /NGO. This includes construction and extension of the facility and small masonry and painting. This estimate is based on the existing situation evaluated by CARE personnel in the field.