Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

SIXTH CALL FOR PROPOSALS

APPLICATION OF THE CCM-CÔTE D'IVOIRE

AUGUST 2006

Index

PROPOSAL SECTIONS COMPLETED BY THE APPLICANT

ATTACHMENTS TO THE PROPOSAL FORM COMPLETED BY APPLICANTS

1 Proposal Overview

1.1 General information on proposal

Applicant name	CCM Côte d'Ivoire
Country	Côte d'Ivoire

Applicant type	
☒	National Country Coordinating Mechanism
☐	Sub-national Country Coordinating Mechanism
☐	Regional Coordinating Mechanism (including small island developing states)
☐	Regional Organization
☐	Non-Country Coordinating Mechanism Applicant

Proposal component(s) and title(s)

Please tick the appropriate box or boxes below, to indicate components included within your proposal. Also specify the title for each proposal component chosen. For more information, please refer to the Guidelines for Proposals, section 1.1.

	Component	Title
☒	HIV/AIDS[1]	Intensification of access to HIV/AIDS prevention and care in the post-conflict period in Côte d'Ivoire
☒	Tuberculosis[1]	Intensification of the Tuberculosis Prevention and Control in Côte d'Ivoire according to the DOTS Strategy and the Stop Tuberculosis partnership in the post-conflict period
☒	Malaria	Strengthening of the fight against malaria in the post-conflict situation with pregnant women and children under 5 in 19 districts of Côte d'Ivoire

Currency in which the Proposal is submitted	
☐	US$
☒	Euro

1 Proposal Overview

1.2 Proposal funding summary per component

Component	Total funds requested (Euro / US$)				
	Year 1	Year 2	Year 3	Year 4	Year 5
HIV/AIDS	4 801 807,33	4 732 427,22	14 153 175,06	15 660 030,35	39 347 439,96
Tuberculosis	1 832 249,50	910 346,99	1 135 688,64	1 677 348,92	5 555 634,05
Malaria	5 733 938	1 435 365	5 140 138	1 265 946	13 575 387,00
Total	**12 367 995**	**7 078 139**	**20 429 002**	**18 603 325**	**58 478 461,01**

1.3 Previous Global Fund grants

Table 1.3 – Previous Global Fund grants

Component	Previous grants	
	Rounds	**Current amount* in EUR**
HIV/AIDS	CIV-202-G01-H-00 CIV-304-G02-H CIV-506-G04-H	41 185 429,36
Tuberculosis	CIV-304-G03-T	2 947 836,52
Malaria		0
RSS/Other		0

2 Eligibility

2.1 Technical eligibility

2.1.1 Country income level

Country		
☒	Low income	➔ *Complete section 2.2 only*
☐	Lower-middle income	➔ *Complete sections 2.1.2, 2.1.3 and 2.2*
☐	Upper-middle income	➔ *Complete sections 2.1.2, 2.1.3, 2.1.4 and 2.2*

2 Eligibility

2.2 Functioning of coordination mechanisms

2.2.1 Broad and inclusive membership to the CCM

a) People living with and/or affected by the disease(s).

Provide evidence of membership of people living with and/or affected by the disease(s).

- People living with and/or affected by the diseases(s) are represented at the CCM by:
  - 2 people from the *Réseau Ivoirien de Personnes Vivant avec le VIH/SIDA (RIP+)* (Ivorian network of people living with HIV/AIDS)*;*
  - 1 educator living with HIV among the representatives of the Ministry of National Education
  - 1 person from the *Conseil des Organisations de lutte contre le SIDA en Côte d'Ivoire (COSCI*) (Ivorian council of AIDS organizations)
  - 1 representative from the *Comité National Antituberculeux de Côte d'Ivoire (CNACI)* (Ivorian national tuberculosis committee);
  - 1 representative from the *Réseau des Organisations de lutte contre le paludisme en Côte d'Ivoire (ROLPCI)* (Ivorian network of malaria organizations).
- This makes 6 people living with and/or affected by the diseases(s) represented at the CCM out of 35 members, that being 17%.

b) Selection of non-governmental sector representatives

Annex 1a: Selection of non-governmental sector representatives

After the constitution of the CCM in accordance with Global Fund guidelines, non-governmental sector representatives were selected according to the following procedure:

a) Before the recommendations/decisions of the 10th meeting of the Fund's Board in Geneva on 21-22 April 2005
   - Establishment of a work group to draw up the regulatory texts of the CCM (Summary No. 01/11/03/9/2002)
   - Development of the regulatory texts
   - Adoption of the decree creating the *CNCF/STP* or CCM in the General Assembly (Summary No. 01/12/03/10/2002 dated 30 December 2003)
   - Letter from the president of the CCM to the member institutions nominating an authorized member and an alternate member (Letter No. 0086 04/MEMSP/CAB/STP-PNDS/ya dated 19 January 2004)
   - Nomination of representatives of each institution by the organization involved (see reply letters)

b) After the recommendations/decisions of the 10th meeting of the Fund's Board in Geneva on 21-22 April 2005

   In accordance with Point 8 Bullet 3 of the revised guidelines on the goal, structure and composition of the National Country Coordinating Mechanism (CCM),
   - Letter from the president of the CCM to the non-governmental institutions with regard to the development of a transparent procedure, specifying the nomination and confirmation of their representatives (Letter 006-05/CNCF-STP/SA/kwc dated 23 May 2005)
   - Nomination of the representatives of each non-governmental sector according to its own procedure (see reply letters)

2 Eligibility

2.2.2 Documented procedures for the management of conflicts of interest

Where the Chair and/or Vice-Chair of the Coordinating Mechanism are from the same entity as the nominated Principal Recipient(s) in this proposal, describe and provide evidence of the applicant's documented conflict of interest policy to mitigate any actual or potential conflicts of interest arising in regard to the applicant's operations or responsibilities.

(Please summarize and attach the policy as an annex. Please indicate the applicable annex number.)

There is no conflict of interest in this proposal.

2.2.3 Documented and transparent processes of the Coordinating Mechanism

a) **Process to solicit** submissions for possible integration into this proposal.

Annex 1c: Submission request procedure

To draw up this proposal, the CCM followed the procedure described below (see minutes, summaries, e-mail):

- Distribution (e-mail, CCM General Assembly) of information relative to a possible call for proposals for the sixth round of the GF to the members of the CCM and to non-members of the CCM. It must be noted that the CCM includes, within its organization, the main partners, actors and recipients working on the prevention and fight against the three diseases covered by the Global Fund.
- Consultation meeting between the Office of the CCM and the various partners involved in the fight against the three diseases in Côte d'Ivoire
- Distribution by e-mail of the call for proposals for the sixth round of the GF in the various sectors by the members of the CCM and the non-members of the CCM so that the information will be widely broadcast.

2 Eligibility

b) Process to review submissions received by the CCM for possible integration into this proposal.

Annex 1d: Review procedure

The procedure to review the submissions received by the CCM within the scope of this tender is as follows:

- Set up of the various work groups (HIV/AIDS; Tuberculosis; Malaria) under the responsibility of a primary national consultant supported by international consultants (WHO, UNAIDS, UNDP) and resource persons (UNICEF, UNDP, WHO, UNAIDS, *PNPEC*, *PNLP*, *PNLT*, *DIPE*, CCM, *PSP*, *RIP+, COSCI*, Italian Cooperation, etc.) to integrate the various observations and resources
- Set up of a steering committee (extended Office of the CCM)
- Make the submissions available to the work groups involved for review and possible integration into the national proposal (example: submissions on malaria from CARE)
- Presentation of the component (integrating the submission) to the steering committee
- Review and adoption of the national proposal over the course of the various processes set up (project development workshop, presentation and discussion with partners, presentation to the steering committee and the consolidation and harmonization workshop, and presentation to the CCM).

c) Procedure to nominate the principal recipient(s) and **oversee** program implementation.

Annex 1e: Nomination procedure

The various steps of the procedure for nominating the principal recipient are as follows:

- Arrangement of a meeting between the Office of the CCM and the partners to set up the call for applications procedure further to the review of the minimum criteria required
- Identification of the potential candidates
- Identification of other potential candidates by the circulation of the call for applications to the members of the CCM for the attention of the institutions that they represent
- Dispatch of a letter and technical documents concerning the eligibility criteria to the potential principal recipients identified for the submission of their application (copy in appendix)
- Receipt and recording of the applications at the CCM secretariat
- Establishment of a multisectorial technical application evaluation team (*DIPE*, *PSP*, CCM, UNICEF, *RIP+*).
- Review of the report of the multisectorial technical evaluation team by the CCM
- Nomination of the principal recipient(s) by the General Assembly of the CCM

2 Eligibility

d) Process to ensure the input of a broad range of stakeholders, including CCM members and non-CCM members, in the proposal development process and grant oversight process.

Annex 1f: Procedure ensuring the input of a broad range of actors

Throughout the various phases of the elaboration of this tender, many actors and partners (national and international) were involved. These were, namely:

- Public sector (Ministry of Health and Public Hygiene, Ministry of AIDS, Ministry of National Education, Ministry of Defense, Ministry of Economy and Finance, etc.)
- Private sector (Chamber of Trades, Chamber of Commerce and Industry, *CGECI*, etc.)
- Civil society (*Collectif des ONG de lutte contre le SIDA* [association of NGOs against AIDS], *Comité National Antituberculeux* [national tuberculosis committee] , *REPMASCI* [network of professionals of the media and arts industry against AIDS], *RIOF*, etc.)
- Associations of PLWHIV (*RIP+*, etc.)

This process benefited from the technical and financial support of numerous development partners:

- United Nations system (WHO, UNAIDS, UNDP, UNFPA, UNICEF, etc.)
- Multilateral and bilateral system (European Union, PEPFAR, etc.)

3A Applicant Type

3A.1 Applicant

Table 3A.1 – Candidate

Please tick the appropriate box in the table below, and then go to the relevant section in this Proposal Form, as indicated on the right hand side of the table.

X	National Country Coordinating Mechanism	➔*Complete sections 3A.2 and 3B*
	Sub-national Country Coordinating Mechanism	➔*Complete sections 3A.3 and 3B*
	Regional Coordinating Mechanism (including small island developing states)	➔*Complete sections 3A.4 and 3B*
	Regional Organization	➔*Complete section 3A.5 and 3B*
	Non-CCM Applicants	➔*Complete section 3A.6*

3A Applicant Type

3A.2 National Country Coordinating Mechanism (CCM)

For more information, please refer to the Guidelines for Proposals, section 3A.2, and the CCM Guidelines.

Table 3A.2 – National CCM: basic information

Name of national CCM	**Date of composition** (yyyy/mm/dd)
CCM Côte d'Ivoire	2002/09/16

3A.2.1 Mode of operation.

The CCM Côte d'Ivoire is made up of 34 institutions with 35 representatives as follows:

- Health sector 2 (5%)
- Government 5 (14%)
- Private sector 4 (11%)
- Persons infected and/or affected 6 (17%)
- University and researchers 1 (2%)
- Religious denominations 1 (2%)
- Other (elected officials, women, young people, unions, media, etc.) 9 (25%)
- Multilateral / bilateral partners 9 (25%)

The CCM Côte d'Ivoire may call upon any institution or organization in the fields of AIDS, tuberculosis and malaria in case of need. It is made up of 4 bodies:

- General Assembly
- Office
- The *Groupe Technique d'Elaboration des Propositions (GTEP)* (technical proposal development group)
- The *Groupe Technique d'examen des Soumissions des Projets (GTESP)* (technical project submission review group)

The General Assembly is the deliberating body of the CCM. It meets once every quarter in ordinary session, and in extraordinary session whenever it proves necessary. The quorum is set at the absolute majority of the statutory members. If this quorum is not met, the president of the CCM, within the next two weeks, calls another General Assembly that will rule regardless of the number of members present. These various sessions are an opportunity for all CCM members to discuss all the issues relative to the three components. Each member of the CCM Côte d'Ivoire may add one point to the Assembly agenda. Any decision of the General Assembly is made by the majority of votes expressed. Each institution or organization represented is entitled to a single voice. Proxies are not admissible.

The drawing up of the articles (summaries, minutes, etc.) of the General Assembly/meetings is carried out by the Standing Secretariat of the CCM.

The coordination of activities by the CCM Côte d'Ivoire with other organizations such as the *Conseil National de lutte contre le SIDA (CNLS)* (national AIDS council), the *Comité Interministériel de lutte contre le SIDA* (interministerial committee on AIDS), the *Forum des partenaires* (forum of partners) and the other technical work groups is defined by the national strategic plan (PNS 2006-2010) adopted in July 2006.

3B Proposal Endorsement

3B.1 Coordinating Mechanism membership and endorsement:

All national, sub-national and regional Coordinating Mechanisms must complete this section. Regional Organizations must complete section 3B.2.

National/Sub-national/Regional Coordinating Mechanisms

3B.1.1 Leadership of Coordinating Mechanism

Table 3B.1.1 – National/Sub-national/Regional (C)CM leadership information
(not applicable to Non-CCM and Regional Organization applicants)

	Chair	1st Vice Chair
Name	ALLAH Kouadio Rémi	N'DRI-YOMAN Thérèse
Title	Minister	Associate professor of Medicine
Organization	Ministry of Health and Public Hygiene	Universities
Mailing address	BP V 4 Abidjan	08 BP 412 Abidjan 08
Telephone	+225 20210871	+225 22444216 +225 05099417
Fax	+225 20222220	+225 22431336
e-mail address	yayooli07@yahoo.fr	yoman-therese.ndri@pacci.ci

	2nd Vice Chair	3rd Vice Chair
Name	LOBA N'Guessan	Juma KARIBURYO
Title	Standing Secretary	Administrator of the HIV/AIDS program (WHO Côte d'Ivoire)
Organization	*Confédération Générale des Entreprises de Côte d'Ivoire (CGECI)* (general confederation of businesses in Côte d'Ivoire)	Office of the World Health Organization in Côte d'Ivoire
Mailing address	01 BP 8666 Abidjan 01	01 BP 2494 Abidjan 01
Telephone	+225 20225008	+225 22517200 +225 08397817
Fax	+225 20225009	+225 22517232
e-mail address	cnpi@aviso.ci	kariburyoj@ci.afro.who.int

3B Proposal Endorsement

	Principal recipient of the first HIV/AIDS country proposal of the *"Renforcement de la Réponse Nationale face au VIH/SIDA"* (strengthening of the national response to HIV/AIDS) and the first tuberculosis country proposal *"Renforcement de la prise en charge de la tuberculose selon la stratégie DOTS"* (strengthening of the management of tuberculosis according to the DOTS strategy)	**Principal recipient of the second HIV/AIDS proposal of the NGO CARE International "Prevention and Control of HIV/AIDS in Post-Conflict Situation"**
Name	Anthony Kwaku Ohemeng-Boamah	Auguste KPOGNON
Title	Resident Deputy Program Representative	National Director
Organization	UNDP	CARE International
Mailing address	01 BP 1747 Abidjan 01	
Telephone	+225 20317407	
Fax	+ 225 20211367	
e-mail address		

	Standing Secretary
Name	KLA Christian
Title	Standing Secretary
Organization	CCM Côte d'Ivoire
Mailing address	BP V 4 Abidjan
Telephone	+225 22526642 +225 05377736
Fax	+225 22526641
e-mail address	Christian.kla@undp.org Christian_kla@yahoo.fr

3B Proposal Endorsement

3B.1.2 Membership information

Table 3B.1.2 – National/sub-national/regional (C)CM member information

National/Sub-national/Regional (C)CM member details			
Member 1			
Agency/organization	Presidency of the Republic	Website	www.presidence.ci
Type	Governmental sector		
Name of representative	Dr Agnès AMESSAN	CCM member since	2003
Title in agency/organization	Technical consultant responsible for Social Security	Fax	+225 20 31 48 24
e-mail address		Telephone	+225 20 31 48 18
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

Member 2			
Agency/organization	Ministry of Health	Website	
Type	Governmental sector		
Name of representative	ALLAH Kouadio Rémi	CCM member since	2006
Title in agency/organization	Minister	Fax	+225 20 22 22 20
e-mail address		Telephone	+225 20 21 08 71
Main role in the Coordinating Mechanism and the proposal development	President Coordinator of the proposal Review of the proposal Financial contributions	Mailing address	BP V 4 Abidjan

3B Proposal Endorsement

Member 3			
Agency/organization	Ministry of AIDS	Website	www.*MLS*.ci
Type	Governmental sector		
Name of representative	Dr NEBOUT ADJOBI	CCM member since	2002
Title in agency/organization	Minister	Fax	+225 20 21 08 34
e-mail address	miniAIDS@aviso.ci	Telephone	+225 20 21 07 28
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	04 BP 2113 Abidjan 04

3B Proposal Endorsement

Member 4			
Agency/organization	Ministry of Social Affairs	Website	
Type	Governmental sector		
Name of representative	Pr. Georges Armand OUEGNIN	CCM member since	2003
Title in agency/organization	Technical consultant	Fax	
e-mail address	ouegnin@ci.refer.org	Telephone	+225 22 41 19 24 +225 05 83 45 20
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	16 BP 1702 Abidjan 16

3B Proposal Endorsement

Member 5			
Agency/organization	Ministry of Economy and Finance	Website	
Type	Governmental sector		
Name of representative	Ms. SOUMAHORO Assata	CCM member since	2003
Title in agency/organization	Studies officer	Fax	
e-mail address	Astou13082000@yahoo.fr	Telephone	+225 20 21 23 47
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

Member 6			
Agency/organization	Ministry of National Education	Website	
Type	Governmental sector		
Name of representative	Faustin KOFFI	CCM member since	2006
Title in agency/organization	Director of the Mutuality and Social Work in schools	Fax	+225 20 21 50 71
e-mail address	Faustin_ky@yahoo.fr	Telephone	+225 20 21 51 76
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	20 BP 1471 Abidjan 20

3B Proposal Endorsement

Member 7			
Agency/organization	Ministry of Agriculture	Website	
Type	Governmental sector		
Name of representative	M. AYEMOU Kouadio Séraphin	CCM member since	2003
Title in agency/organization	Studies officer	Fax	
e-mail address	ayemouk@yahoo.fr	Telephone	+225 20 21 08 33 Ext. 470
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	BP V 7 Abidjan

3B Proposal Endorsement

Member 8			
Agency/organization	*Confédération Générale des Entreprises de Côte d'Ivoire (CGECI)* (general confederation of businesses in Côte d'Ivoire)	Website	**To be completed??**
Type	Private sector		
Name of representative	M. LOBA N'Guessan	CCM member since	2003
Title in agency/organization	Standing Secretary	Fax	+225 20 22 50 09
e-mail address	cnpi@aviso.ci	Telephone	+225 20 22 50 08
Main role in the Coordinating Mechanism and the proposal development	Second Vice-president Preparation, technical resource, coordinator	Mailing address	01 BP 8666 Abidjan 01

3B Proposal Endorsement

Member 9			
Agency/organization	Chamber of Commerce and Industry	Website	
Type	Private sector		
Name of representative	Dr Narcisse EHOUSSOU	CCM member since	2003
Title in agency/organization	Vice-president of Education and Training	Fax	+225 20 33 14 14
e-mail address	narcehoussou@yahoo.fr	Telephone	+225 21 25 21 71
Main role in the Coordinating Mechanism and the proposal development	Authorized member Technical resource	Mailing address	

3B Proposal Endorsement

Member 10			
Agency/organization	Chamber of Agriculture	Website	
Type	Private sector		
Name of representative	M. LAVRY Martin	CCM member since	2003
Title in agency/organization	Member of the Steering Committee and Restructuring	Fax	+225 20 32 92 13
e-mail address	cnaci@aviso.ci	Telephone	+225 20 33 30 00
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

Member 11			
Agency/organization	National Chamber of Trades	Website	www.cnmci.org
Type	Private sector		
Name of representative	Mr. KOUASSI Mathurin	CCM member since	2003
Title in agency/organization	Computer Specialist	Fax	---
e-mail address	kouassikm2003@yahoo.fr	Telephone	+225 22 41 47 38
Main role in the Coordinating Mechanism and the proposal development	Authorized member Technical resource	Mailing address	01 BP 8613 Abidjan 01

3B Proposal Endorsement

Member 12			
Agency/organization	*Réseau Ivoirien des Personnes Vivant avec le VIH* (Ivorian network of PLWHIV)	Website	
Type	Civil society/People living with and/or affected by HIV/AIDS		
Name of representative	Ms SEMI LOU Bertine	CCM member since	2004
Title in agency/organization	President	Fax	
e-mail address	femmesaci@yahoo.fr	Telephone	+225 05 70 18 69
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	03 BP 1916 Abidjan 03

3B Proposal Endorsement

Member 13			
Agency/organization	*Réseau Ivoirien des Personnes Vivant avec le VIH* (Ivorian network of PLWHIV)	Website	
Type	Civil society/People living with and/or affected by HIV/AIDS		
Name of representative	AKO Cyriaque	CCM member since	2004
Title in agency/organization	Executive Director	Fax	
e-mail address	rip_ci@yahoo.fr rap2002@aviso.ci	Telephone	+225 07 88 94 46
Main role in the Coordinating Mechanism and the proposal development	Authorized member Technical resource, coordination, control	Mailing address	16 BP 1945 Abidjan 16

3B Proposal Endorsement

Member 14			
Agency/organization	*Conseil des ONG de Lutte contre le AIDS en Côte d'Ivoire (COSCI)* (Ivorian council of NGOs against AIDS)	Website	
Type	Civil society/People living with and/or affected by HIV/AIDS		
Name of representative	Mr. GBANTA AKRE Laurent	CCM member since	2002
Title in agency/organization	President	Fax	+ 225 20 32 44 13
e-mail address	laurentgbanta@yahoo.fr	Telephone	+225 07 65 68 42
Main role in the Coordinating Mechanism and the proposal development	Authorized member Technical resource, coordination, control	Mailing address	01 BP 12125 Abidjan 01

3B Proposal Endorsement

Member 15			
Agency/organization	*Réseau des Organisations de Lutte contre le paludisme en Côte d'Ivoire* (Ivorian network of malaria organizations)	Website	
Type	Civil society/People living with and/or affected by HIV/AIDS		
Name of representative	AGUI ZADI GUI C.	CCM member since	2006
Title in agency/organization	President	Fax	
e-mail address		Telephone	+225 23 52 64 19
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	

3B Proposal Endorsement

Member 16			
Agency / Organization	*Comité National Antituberculeux de Côte d'Ivoire* (Ivorian national tuberculosis committee)	Website	
Type	Civil society/People living with and/or affected by tuberculosis		
Name of representative	Dr COULIBALY MALICK	CCM member since	2003
Title in agency/organization	Secretary General	Fax	+225 21 26 29 93
e-mail address	malickcoulibaly@yahoo.com	Telephone	+225 21 26 29 85
Main role in the Coordinating Mechanism and the proposal development	Authorized member Technical resource	Mailing address	

3B Proposal Endorsement

Member 17			
Agency / Organization	*Forum des confessions religieuses* (forum of religious denominations)	Website	
Type	Civil society/Denominational organization		
Name of representative	Imam DOSSO MAMADOU	CCM member since	2002
Title in agency/organization	Spokesperson for the *Bureau Exécutif National* (national executive office)	Fax	---
e-mail address	imamdosso@yahoo.fr	Telephone	+225 20 22 32 56
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

Member 18			
Agency / Organization	Alliance of Mayors Against AIDS	Website	**To be completed??**
Type	Civil society/ Community organization		
Name of representative	Dr AKICHI AHOUANA	CCM member since	2004
Title in agency/organization		Fax	+225 20 21 56 46
e-mail address	akichimichel1@yahoo.fr	Telephone	+225 20 21 56 46
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	01 BPV 24 Abidjan 01

3B Proposal Endorsement

Member 19			
Agency / Organization	Labor bodies	Website	
Type	Civil society/Labor unions		
Name of representative	M. KAH MLEI Théodore	CCM member since	2002
Title in agency/organization	National Secretary	Fax	+225 21 24 09 78
e-mail address	kahmtheod@hotmail.com	Telephone	+225 21 24 08 83 +225 05 01 60 42
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	05 BP 1203 Abidjan 05

3B Proposal Endorsement

Member 20			
Agency / Organization	*Réseau Parlementaire de lutte contre le SIDA* (parliamentary network to fight against AIDS)	Website	
Type	Civil society/Community organization		
Name of representative	Pr. KATA KEKE Joseph	CCM member since	2003
Title in agency/organization	Coordinator	Fax	+225 20 22 70 43
e-mail address		Telephone	+225 20 20 82 93
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

Member 21			
Agency / Organization	*Réseau Ivoirien des Organisations Féminines (RIOF)* (Ivorian network of women's organizations)	Website	**To be completed??**
Type	Civil society/Non-governmental/Community organization		
Name of representative	Ms MADY Annick	CCM member since	2006
Title in agency/organization	President	Fax	----
e-mail address	infos@riof.org	Telephone	+225 22 47 50 54
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	

3B Proposal Endorsement

Member 22			
Agency / Organization	Universities	Website	
Type	Civil society/Universities		
Name of representative	Pr. N'DRI YOMAN Thérèse	CCM member since	2003
Title in agency/organization	Associate professor of Medicine	Fax	+225 22 43 13 36
e-mail address	yoman-therese.ndri@pacci.ci	Telephone	+225 22 44 42 16
Main role in the Coordinating Mechanism and the proposal development	First Vice-president Preparation, technical resource, coordination	Mailing address	

3B Proposal Endorsement

Member 23			
Agency / Organization	*Fédération des Mouvements et associations de jeunesses et d'enfances de Côte d'Ivoire (FEMAJECI)* (Ivorian federation youth and child movements and associations)	Website	
Type	Civil society/Community organization		
Name of representative	ASSIKE Fidèle	CCM member since	2003
Title in agency/organization	National President	Fax	-
e-mail address	assikaskiz@yahoo.fr	Telephone	+225 22 44 43 78
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	08 BP 05 Abidjan 08
Member 24			
Agency / Organization	*Conseil Supérieur des Rois et chefs traditionnels de Côte d'Ivoire* (Ivorian higher council of kings and traditional leaders)	Website	
Type	Civil society/Community organization		
Name of representative	NANAN DODO N'DEPO	CCM member since	2002
Title in agency/organization	Secretary General and spokesperson	Fax	+225 24 39 05 46
e-mail address		Telephone	+225 24 39 05 46
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	

3B Proposal Endorsement

Member 25			
Agency / Organization	*Assemblée des Districts et Départements de Côte d'Ivoire* (Ivorian assembly of districts and departments)	Website	
Type	Civil society/Community organization		
Name of representative	Dr KOUAKOU A. Virginie	CCM member since	2003
Title in agency/organization	Vice-president of the Health, Environment and Social Action Commission (General Council of Bouaké)	Fax	
e-mail address	virginiattidan@yahoo.fr	Telephone	+225 22 49 14 37 +225 07 90 52 33
Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	13 BP 2605 Abidjan 13
Member 26			
Agency / Organization	*Réseau des professionnels des Médias et des Arts Engagés dans la Lutte contre le AIDS et les Autres Pandémies en Côte d'Ivoire (REPMACI)* (Ivorian network of professionals of the media and arts industry committed to fighting AIDS and other diseases)	Website	
Type	Civil society/Community organization		
Name of representative	Mr. BAMBA YOUSSOUF	CCM member since	2003
Title in agency/organization	Executive President	Fax	
e-mail address	repmaci@yahoo.fr	Telephone	+225 07 81 29 88

3B Proposal Endorsement

Main role in the Coordinating Mechanism and the proposal development	Authorized member Review of the proposal	Mailing address	

3B Proposal Endorsement

Member 27			
Agency / Organization	European Commission	Website	
Type	Development partner		
Name of representative	FRANCESCA MALAGUTI	CCM member since	2006
Title in agency/organization	Social Sector Attaché	Fax	
e-mail address	fracesca.malaguti@cec.eu.int	Telephone	+225 20 31 83 50
Main role in the Coordinating Mechanism and the proposal development	Member Review of the proposal	Mailing address	
Member 28			
Agency / Organization	American cooperation (CDC)	Website	www.pepfar.org
Type	Development partner		
Name of representative	Dr MONICA NOLAN	CCM member since	2003
Title in agency/organization	Director	Fax	
e-mail address	mnolan@cdc.org	Telephone	+225 21 21 42 54
Main role in the Coordinating Mechanism and the proposal development	Member Technical resource, coordinator, financial resource, control	Mailing address	

3B Proposal Endorsement

Member 29			
Agency / Organization	Belgian technical cooperation	Website	www.btcctb.org
Type	Development partner		
Name of representative	N'DA KOUADIO Joseph	CCM member since	2005
Title in agency/organization	Coordinator of the *FDIB*	Fax	**To be completed??**
e-mail address	ndakouajo@yahoo.fr	Telephone	+225 41 83 18
Main role in the Coordinating Mechanism and the proposal development	Member	Mailing address	BP 1035 Abidjan 25
Member 30			
Agency / Organization	French cooperation	Website	
Type	Development partner		
Name of representative	Xavier GARDE	CCM member since	2004
Title in agency/organization	Regional Health Consultant	Fax	
e-mail address	xavier.garde@diplomatie.gouv.fr	Telephone	+225 20 30 02 30
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

Member 31			
Agency / Organization	World Health Organization	Website	
Type	Governmental sector		
Name of representative	Dr Juma KARIBURYO	CCM member since	2002
Title in agency/organization	Coordinator of the Fight Against AIDS	Fax	+225 22 51 72 32
e-mail address	kariburyoj@ci.afro.who.int	Telephone	+225 22 51 72 00
Main role in the Coordinating Mechanism and the proposal development	Member	Mailing address	
Member 32			
Agency / Organization	*Groupe Thématique des Nations-Unies sur le VIH/AIDS* (United Nations issue group on HIV/AIDS)	Website	
Type	Development partner		
Name of representative	Youssouf Oomar	CCM member since	2003
Title in agency/organization	President	Fax	
e-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development	Authorized member Preparation, technical, coordination, control	Mailing address	

3B Proposal Endorsement

Member 33			
Agency / Organization	UNAIDS	Website	
Type	Development partner		
Name of representative	AOUA Paul DIALLO-DIAWARA	CCM member since	2006
Title in agency/organization	Country Coordinator	Fax	+225 20 31 21 39
e-mail address	diawara.aoua@undp.org	Telephone	+225 20 31 21 30
Main role in the Coordinating Mechanism and the proposal development	Authorized member Preparation, technical resource, coordination, financial resource	Mailing address	
Member 34			
Agency / Organization	UNDP	Website	www.undp.org
Type	Development partner		
Name of representative	Anthony Kwaku	CCM member since	2006
Title in agency/organization	Resident Deputy Program Representative	Fax	
e-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development	Authorized member Technical resource, financial resource, control	Mailing address	

3B Proposal Endorsement

Member 35			
Agency / Organization	World Bank	Website	www.worlbank.org
Type	Development partner		
Name of representative	Ibrahim MAGGAZI	CCM member since	2006
Title in agency/organization		Fax	+225 22 40 04 61
e-mail address	imagazi@worlbank.org	Telephone	+225 22 40 04 14
Main role in the Coordinating Mechanism and the proposal development	Authorized member	Mailing address	

3B Proposal Endorsement

3B.1.3 National/Sub-national/Regional CCM endorsement of proposal

Applicant name	**CCM Côte d'Ivoire**
Country/countries	**Côte d'Ivoire**

"Each of the undersigned, hereby certify that s/he has reviewed the final proposal and supports it."

Table 3B.1.3 – National/sub-national/regional (C)CM endorsement of proposal

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Presidency of the Republic	Dr Agnès AMESSAN	Technical Consultant		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Ministry of Health	Dr. ALLAH K. Rémi	Minister		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Ministry of AIDS	Dr NEBOUT ADJOBI	Minister		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Ministry of Social Affairs	Pr. Georges A. OUEGNIN			

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Ministry of Economy and Finance	Mrs. SOUMAHORO ASSATA	Studies Officer		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Ministry of National Education	KOFFI Faustin	Director of Mutuality and Social Work		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Ministry of Agriculture	AYEMOU Kouadio Séraphin	Studies Officer		

3B Proposal Endorsement

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Confédération Générale des Entreprises de Côte d'Ivoire (CGECI) (general confederation of businesses in Côte d'Ivoire)	LOBA N'Guessan	President of the main cell		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Chamber of Commerce and Industry	Narcisse EHOUSSOU	Vice-president of Education and Training		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Chamber of Agriculture	LAVRY Martin			

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Chamber of Trades	KOUASSI K. Mathurin	Computer Analyst		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Réseau Ivoirien des Personnes vivant avec le VIH (RIP+) (Ivorian network of people living with HIV/AIDS)	SEMI LOU Bertine	President		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Réseau Ivoirien des Personnes vivant avec le VIH (RIP+) (Ivorian network of people living with HIV/AIDS)	AKO Cyriaque YAPO	Executive Director		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Conseil des ONG de lutte contre de SIDA en Côte d'Ivoire (COSCI) (Ivorian council of NGOs	GBANTA AKRE Laurent	President		

against AIDS)				

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Réseau des Organisations de Lutte contre le paludisme (ROLPCI) (Ivorian network of malaria organizations)	AGUI ZADI Gui C.	President		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Comité National Antituberculeux de Côte d'Ivoire (Ivorian national tuberculosis committee)	Dr COULIBALY Malick	Secretary General		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Forum des Confessions Religieuses (forum of religious denominations)	Imam DOSSO Mamadou	Spokesperson, *Bureau exécutif national* (national executive office)		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Alliance des Maires et des Responsables Municipaux contre le SIDA (alliance of mayors and municipal officials against AIDS)	Dr AKICHI AHOUAN Michel	First Vice-governor		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Labor unions	AKAH MLEI Théodore	National Secretary		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Réseau Parlementaire de lutte contre le SIDA (parliamentary network to fight against AIDS)	Pr. KATA KEKE Joseph	Coordinator		

3B Proposal Endorsement

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Réseau Ivoirien des Organisations Féminines (RIOF) (Ivorian network of women's organizations)	Mme MADY Annick	President		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Universities	Pr. N'DRI-YOMAN T.			

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Fédération des Mouvements et Associations de Jeunesses et d'Enfance de Côte d'Ivoire (FEMAJECI) (Ivorian federation of youth and child movements and associations)	ASSIEKE Fidèle	National President		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Conseil Supérieur des Rois et Chefs Traditionnels de CI (Ivorian higher council of kings and traditional leaders)	Nanan DODO N'DEPO	Secretary General		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Assemblée des Districts et Départements de CI (Ivorian assembly of districts and departments)	Dr KOUAKOU A. Virginie	Vice-president Health Commission		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Réseau des Professionnels des Médias & des Arts	BAMBA YOUSSOUF	Executive President		

3B Proposal Endorsement

(REPMASCI) (network of professionals of the media and arts industry against AIDS)				

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
European Commission	Francisca MALAGUTI	Social Sectors Attaché		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
American cooperation (Centers for Disease Control and Prevention)	Dr Monica NOLAN	Director		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Belgian technical cooperation	N'DA KOUADIO Joseph	Coordinator of the FDIB		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
French cooperation	Xavier GARDE	Regional Health Consultant		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
World Health Organization (WHO)	JUMA KARIBURJO	Coordinator of the Fight against Aids		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
Groupe Thématique des Nations Unies sur le HIV/AIDS (United Nations issue group on AIDS)	Dr MAKAN COULIBALY	HIV/AIDS Coordinator		

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
UNAIDS	AOUA Paul DIALLO	Country Coordinator		

3B Proposal Endorsement

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
UNDP				

3B Proposal Endorsement

Agency/organization	Name of representative	Title	Date (yyyy/mm/dd)	Signature
World Bank	IBRAHIM MAGGAZI			

LIST OF ANNEXES ATTACHED TO THE PROPOSAL

Relevant item on the proposal form	Description of the information required in the annex	Name/number given to annex in the application
Section 2: Eligibility		
Coordinating Mechanisms only:		
2.2.1 b)	Comprehensive documentation on processes used to select non-governmental sector representatives of the Coordinating Mechanism.	Annex 1a
2.2.2	Documented procedures for the management of potential Conflicts of Interest between the Principal Recipient(s) and the Chair or Vice Chair of the Coordinating Mechanism.	Annex 1b
	Documentation describing the transparent processes to:	
2.2.3 a	- solicit submissions for possible integration into the proposal.	Annex 1c
2.2.3 b	- review submissions for possible integration into the proposal.	Annex 1d
2.2.3 c	- select and nominate the principal recipient (such as the minutes of the CCM meeting at which the PR(s) was/were nominated).	Annex 1e
2.2.3 d	- ensure the input of a broad range of stakeholders in the proposal development process and grant oversight process.	Annex 1f
Section 3A: Applicant Type		
Coordinating Mechanisms:		
3A.2.1, 3A.3.1 **or** 3A.4.1	Documents that describe how the national/sub-national or regional Coordinating Mechanism operates (terms of reference, statutes, by-laws or other governance documentation and a diagram setting out the interrelationships between all key actors)	Annex 1g
Section 3B: Proposal Endorsement		
3B.1.3 *(Coordination Mechanisms)*	Minutes of the meeting at which the proposal was developed and endorsed. For Sub-CCMs and RCMs, documented evidence that national CCM(s) have agreed to proposal.	Annex 1h

4 Component Section *Malaria*

4.1 Indicate the estimated start time and duration of the component

Table 4.1.1 Start of the proposal and duration

	From	To
Month and year:	**07/2007**	**06/2011**

4.2 Contact persons for questions regarding this component

Table 4.2 – Component contact persons

	Primary contact	Secondary Contact
Name	Moïse San Koffi	Wollo Christian Kla
Title	Director/Coordinator	Permanent Technical Secretary
Organization	National Malaria Program	National Global Fund Coordinating Committee
Mailing address	BP V 4 Abidjan, Côte d'Ivoire	BPV 4 Abidjan
Telephone	(225) 20 37 17 37 cell (225) 05 01 23 04	+225 22 52 66 42
Fax	(225) 20 37 14 07	+225 22 52 66 41
E-mail address	sankoffi@yahoo.fr	christiankla@undp.org

4 Component Section *Malaria*

4.3 Component executive summary

4.3.1 Executive summary

The Côte d'Ivoire's epidemiology is dominated by infectious and parasitic diseases. Of these, malaria constitutes an elevated public health issue due to its high incidence, serious nature and significant socio-economic impact. For this reason, the Côte d'Ivoire government has illustrated its political intent to add malaria to National Healthcare Development Plan (NHDP) priority list. This intention was formalized in 1998 though the creation of the National Malaria Program (NMP). This program is responsible for implementing government policy concerning malaria and coordinating all related activities. However, since September 2002, the country has been immersed in a social and political crisis which has hampered any effective and efficient implementation of malaria programs due to the overall breakdown in the national healthcare system.

This malaria proposal for a total amount of **13,575,386 euros** submitted for the 6th round of the Global Fund for HIV/AIDS, Tuberculosis and Malaria is designed to reduced the malaria-related morbidity and mortality rates for pregnant women and children under five years of age between now and 2001 in nineteen health districts distributed through the country's nineteen administrative regions. It takes into account the comments and notes provided on the non-funded proposal submitted during the 5th round in order to cover the comments and feedback regarding feasibility. Within each administrative region, the district chosen is that with the highest incidence of malaria.

Proposal objectives

1. Ensure that 80% of pregnant women and children under five in the nineteen districts covered by the plan will sleep under insecticide-treated bed nets between now and 2011.
2. Ensure that 80% of women who attend a Prenatal Visit use the Sulfadoxine Pyrimethamine-based Intermittent Preventative Treatment (IPT) between now and 2011 in the nineteen districts covered by the plan.
3. Ensure proper management of 80% of simple malaria cases in children under five seen by healthcare agencies in the nineteen districts between now and 2011.
4. Ensure that 80% of Community-Based Organizations (CBOs) under contract in the nineteen districts conduct awareness campaigns about malaria in accordance with the performance contracts concluded with them.
5. Improve the follow-up and evaluation system.

Expected results

- At least 80% of pregnant women and children under five slept under ITNs during the night preceding the survey in the plan area between now and 2011,
- At least 80% of pregnant women seen at a prenatal visit (PNV) received sulfadoxine-pyrimethamine-based intermittent preventative treatment, or the treatment recommended by the WHO, between now and 2011.
- At least 80% of children under five received appropriate antimalarial treatment within twenty-four hours of the first symptoms,
- At least 60% of people in the nineteen districts were aware of the cause, symptoms and preventative measures for malaria in pregnant women and children under five.
- At least 80% of the Community-Based Organizations under contract in the nineteen districts conducted awareness campaigns at the community level on malaria prevention and treatment in accordance with the performance contracts concluded with them.
- 100% of healthcare agencies with an agent trained in follow-up and evaluation contribute data on malaria each month.

Service delivery areas (SDA) and primary services

To attain the objectives, eight service delivery areas were identified:

- Biological diagnosis of malaria cases
- Appropriate and rapid treatment of simple malaria cases
- Promotion of community-based activities
- Information systems and operational research
- Partnership coordination and development
- Human resources

Infrastructure

Purchasing and inventory management

Project duration

The project will cover four years, from July 2007 to June 2011.

Proposal beneficiaries and their benefits:

Pregnant women and children under five in the nineteen intervention districts shall be the first beneficiaries of the proposal. They shall receive education about malaria prevention, better access to prevention tools including insecticide-treated nets and better treatment and follow-up in healthcare facilities.

Awareness and promotion activities conducted by non-governmental organizations (NGOs) and community-based organizations (CBOs) regarding insecticide-treated bed nets will grant the target population, an estimated 955,708 children under five and 1,254,141 pregnant women access to insecticide-treated bed nets over the duration of the program. This activity will essentially be conducted by the NGOs/CBOs in the selected healthcare districts both in the former conflict zones in the north and also in the south.

Implementation of the new treatment policy based on the use of Cads, which shall be reinforced by training, updating and supervision of personnel within the healthcare system and a widespread awareness campaign, should increase use of healthcare services to 70%.

Increased use of healthcare services shall be spurred by training, updating and supervision of healthcare personnel and provision of the necessary resources.

4.3.2 Synergies

Synergies will be examined in terms of activities and strengthening of the healthcare system in the intervention districts for the three components.

Healthcare activities:

- During the prenatal consultations (PNC) the service providers will give women information about the advantages of mother-child transmission prevention (MCTP) as well as prevention of the mother and child during pregnancy through intermittent preventative treatment (IPT) and the use of insecticide-treated bed nets.
- According to national directives, tuberculosis diagnosis occurs primarily through microscopic examination. The same is true for diagnosis of malaria and quality control on rapid diagnosis tests (RDTs) conducted in referral laboratories.
- During pediatric care for HIV infection, advice could be given to mothers on malaria prevention and proper nutrition.
- Data collection, analysis and report distribution shall include indicators for the three components from all levels of the healthcare pyramid.

4 Component Section *Malaria*

Strengthening the healthcare system:

- Service providers will be given training on implementing synergistic activities related to the three diseases (HIV/AIDS, tuberculosis and malaria) during workshops planned at the district level by each district management team.
- Rehabilitation of thirty-eight healthcare facilities completed in the course of the malaria component may also be used for the other components (HIV/AIDS and tuberculosis).
- The medical equipment obtained for the component, including IT, office and portable equipment, shall aid in supervision of the activities conducted by the other components. For example, the purchase of a microscope can just as easily be used for diagnosis of tuberculosis, identification of opportunistic infections in HIV patients or malaria. The purchase of portable equipment will also aid in the supervision of tuberculosis, HIV/AIDS and malaria activities.
- In terms of coordination, update meetings will be held between players in the tuberculosis, HIV/AIDS and malaria programs will be held at the Central, Regional, District and Community levels to promote cooperation.
- To maximize the synergy between the malaria and HIV/AIDS components, a training program for community players will be conducted during these same training sessions..
- At the community level, the connection between non-governmental organizations and community-based organizations will be strengthened with regard to tuberculosis, malaria and HIV/AIDS intervention in order to ensure consistent treatment of tuberculosis patients by community centers, distribution of insecticide-treated bed nets and referral of malaria cases to healthcare centers, and support and therapy for people living with HIV/AIDS.
- Increasing the capacities of the single purchasing center, which is the PHP created by the first HIV/AIDS component enabled consistent and ongoing ordering, storage, and distribution of drugs, reagent paper, long-lasting insecticide-treated bed nets (LLIN) and other strategic supplies.

4.4 National program context for this component

4.4.1 Indicate whether you have any of the following documents (tick appropriate box), and if so, please attach them as an annex to the Proposal Form:

☒ National Disease Specific Strategic Plan

☒ National Disease Specific Budget or Costing (see national strategic plan).

☒ National Monitoring and Evaluation Plan (see national strategic plan).

☒ Other document relevant to the national disease program context:

follow-up form for indicators for the Abuja declaration – evolution of the drug resistance of plasmodium falciparum from 1998 to 2004.

4.4.2 Epidemiological and disease-specific background

The Côte d'Ivoire, due to its location in the equatorial zone of Africa, has a high incidence of infectious parasitic disease, and particularly malaria, which is a significant public health issue.

1.1 Morbidity.

Malaria is the top cause of medical visits and hospitalization at the country's healthcare centers. In 2003, Malaria accounted for 57% of morbidity in healthcare facilities. All age groups and both sexes are affected. In the most vulnerable populations, namely children under five and pregnant women, this disease was the cause of 42.67% and 42% of medical visits, respectively. It was also the cause of 62.44% and 36.07% of hospitalization cases, respectively (*Annual Report on the Healthcare Situation - 2003*). In addition, children are subject to one to six

malaria attacks per year, with an average of three malaria episodes per child under five. The number of episodes in adults ranges from one to three per person per year, particularly in rural areas where the average is two attacks per year.

Malaria also has negative implications for pregnancy which include anemia, premature labor, miscarriage, and low birth weight, particularly during first and second pregnancies (*Van Geertruyden JP, Thomas F, Erhart A & Alessandro U (2004); Shulman CE & Dorman EK (2003); Steketee RW, Nahlen BL, Parise ME & Menendez C (2001))*

1.2 Mortality

In the Côte d'Ivoire, malaria is the primary cause of mortality in children. An average of 63,000 children under five die of malaria in hospitals each year.

Malaria is the cause of 33% of all hospital mortality and around 7% if all age groups are taken into *(National Malaria Program Database, 2004)*.

1.3 Parasites

The primary parasite species is *Plasmodium falciparum*, which is present in more than 90% of cases.

1.4 Vectors

Anopheles gambiae s l is present in more than 90% of cases. Other species, including *A. funestus*, *A. mouchetti* and *A. nilii* sont rares.

1.5 Transmission methods

In Côte d'Ivoire, malaria transmission is endemic and stable with upsurges in the rainy season. According to a study conducted by the Abidjan Hospital and University Center Infectious Disease Department in 2004, it appears that 62% of malaria cases are reported during periods with high precipitation.

1.6 Drug resistance

The emergence and spread of resistance to drug compounds is currently a major obstacle to effective treatment of malaria.

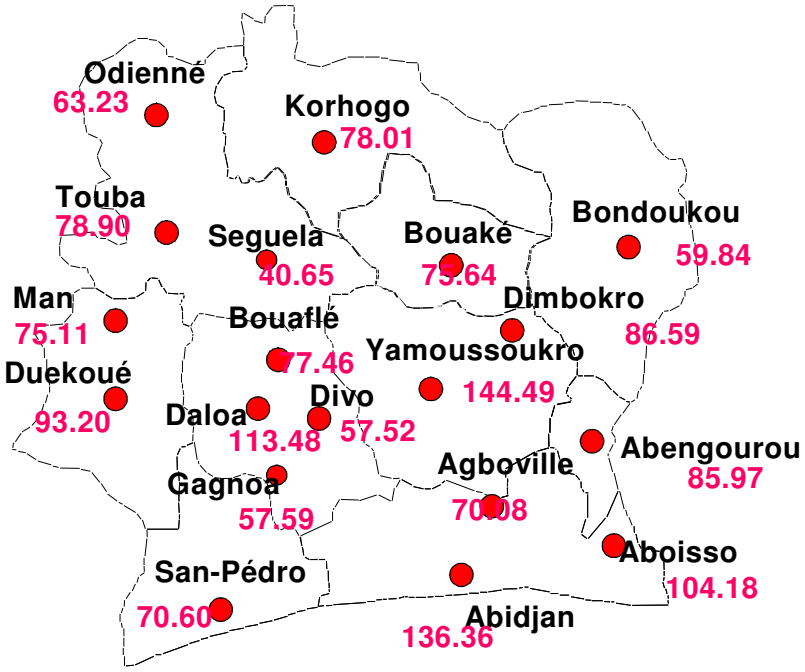
Based on first generation "simplified" testing conducted by the World Health Organization (WHO) for which the priority was placed on parasitology, results of the various studies showed variable resistance, particularly to chloroquine. Between 1988 and 1998 the rate of chloroquine-resistance varied from 12% to 65% between test sites. Starting in 1997, a new test called a treatment effectiveness test put the priority on clinical response, but also accounted for parasitic response. Between 1998 and 2004, the rate of treatment failure was between 6.3 % and 54.6%. These high failure rates illustrated the lack of effectiveness and chloroquine treatment for malaria and spurred a change in treatment strategy.

From 1988 onward, monitoring and study of *P. falciparum*'s drug resistance remains a focus of the Minister of Health, who created a department to monitor drug resistance as well as a malaria study unit and the Côte d'Ivoire Institut Pasteur.

1.7 Map of geographic distribution

4 Component Section *Malaria*

Geographic distribution of malaria overall incidence (p 1000 inhabitants), 2002



4.4.3 Disease-control initiatives and broader development frameworks

a) 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.

The fight against malaria in Côte d'Ivoire required implementation of a National Program created through Decree 133 MSP/CAB/ of May 9, 1996. This program was restructured pursuant to Decree 005/CAB/MSP of January 6, 2005 amending Decree 416 of March 28, 2001 with the following objectives:

- Fulfill the directives issued by the Ministry of Health,
- Implement the strategies of the National Healthcare Action Committee
- Oversee the program,
- Implement the program activity plan,
- Participate in mobilizing resources.

To fulfill these objectives the National Malaria Program (NMP) identified the following:

- two high-priority intervention strategies:
  - ✓ *appropriate and rapid treatment of malaria cases at First Contact Healthcare Facilities,*
  - ✓ *prevention of malaria through prophylactic drug treatment in pregnant women and selective anti-vector action through use of insecticide-treated bed nets and management of living conditions;*
- three support strategies:

- ✓ *promotion of prevention and treatment by the IEC/BCC,*
- ✓ *operational research,*
- ✓ *partnership development.*

The translation of these different intervention methods into objectives will result in a reduction of malaria-related morbidity and mortality rates. This action is part of the Millenium Development Goals (MDG) and Abuja objectives.

Intervention method 1: Treatment

Objective: Ensure correct treatment of malaria at first contact healthcare facilities

To attain this goal, four main strategies were identified:

Strategy 1: Widespread awareness of treatment directives

Until 2003, chloroquine was the first line drug recommended by the NMP. Studies on the treatment effectiveness for standard antimalarial drugs conducted from 1998 to 2004 identified *Plasmodium falciparum's* increasing resistance to Chloroquine. In light of this, the NMP, in accordance with WHO recommendations, organized a national workshop session from March 29 through April 1, 2005, during which usage of drug combinations based on Artemisinine drug combinations for simple malaria and quinine for acute malaria were adopted (see workshop documents).

To ensure widespread awareness of the new treatment protocol, a national directives document was created and 950 doctors and 800 healthcare providers in fifteen healthcare districts were provided with information through Continued Education Programs.

Members of professional organizations such as the Côte d'Ivoire Pediatrics Society, the Côte d'Ivoire Gynecology and Obstetrics Society, teachers at Training and Research Centers and in health sciences fields and members of the Côte d'Ivoire National Union of Healthcare Professionals were also informed.

Strategy 2: Strengthening capacities of First Contact Healthcare Providers

The training program for healthcare providers incorporating the new treatment directives has been drafted but not yet approved.

Strategy 3: Strengthening of community treatment programs

A strategic planning document to scale initiatives for the community level was drafted and approved. It's implementation will require training of NGO and CBO staff, CHAs and community contact personnel.

Strategy 4: RDT supplies for first contact facilities

To implement this new practice of using ADC antimalarial treatment, diagnosis of malaria must be improved to be as accurate as possible to avoid inappropriate administration of these drugs. The easy-to-use Rapid Diagnostic Test (RDT) is efficient to use and allows ADCs to be prescribed only for those patients that have confirmed cases of malaria. Thus the new policy recommends use of RDTs.

In addition, the completion of certain unfinished activities that are equally important for implementation of the new policy is the major challenge for the years ahead.

These primarily include:

1. Revision of training modules for healthcare providers and Community Healthcare Agents (CHAs);
2. Training all healthcare providers on the new treatment protocol;
3. Creation and distribution of a PEC at first contact healthcare facilities and in the community;
4. Provision of Rapid Diagnostic Test supplies to first contact healthcare facilities

Intervention method 2: Prevention

Two objectives were created concerning the promotion of preventative measures for malaria in vulnerable groups.

Objective 1: Increate the usage rate for ITNs for children under five and pregnant women

To attain this objective, two primary strategies were identified:

Strategy 1: Strengthening of the ITN supply and distribution system

The completion of certain key activities enabled implementation of the new policy to begin. These included:

1. adoption and introduction of LLINs into the malaria prevention policy,
2. tax removal on bed nets and insecticides,
3. involvement of NGOs and CBOs as partners in distributing LLINs at the community level,
4. involvement of the private sector in recharging bed nets and the sale of insecticides at the community level.

Strategy 2: Strengthening the capacity of insecticide recharge centers

The existing 125 insecticide recharge facilities are not functioning due to a lack of supply of insecticide products. The plan involves increasing the capacities of these centers to increase availability of ITNs to the general public.

Objective 2: Increase the percentage of pregnant women who receive IPT with SP drugs

To attain this objective, two main strategies were identified:

Strategy 1: increase the capacities of personnel responsible for PNVs

Malaria treatment directives include strategies for prevention of the disease in pregnant women. These strategies are based on the use of IPT with SPs as well as ITNs. The number of healthcare personnel who have received training on these new strategies is very low. It is thus necessary to expand this training to all healthcare providers.

Strategy 2 : Supply of PNV services using SP for IPT

All public healthcare agencies are regularly supplied with essential medications, including SP, which is also integrated into the strategies for prevention of malaria during pregnancy.

Intervention method : Support

Objective: Improve public awareness bout malaria and prevention and treatment

Strategy 1: Promotion of the fight against malaria

To implement this strategy, the NMP conducted the following activities:

- Organization of action days,
- Creation and distribution of information on the fight against malaria,
- Installation of signs on the major thoroughfares of the city of Abidjan,
- Implementation of a network of medical social anthropologists to assist the NMP in better understanding populations' behavior in response to anti malaria actions.
- Implementation of a network of non-governmental organizations with connections to the issue of malaria.

Strategy 2: Partnership development

The NMP has formed partnerships with the following:

International organizations such as the UNDP, WHO and UNICEF, which have each provided technical, logistical and financial support since 1999.

- The UNDP plays a role in integrating malaria initiatives into poverty reduction policies, strategies and programs..
- UNICEF participates and prevention and care by providing ITNs and antimalarial drugs in thirty-eight healthcare districts.
- The WHO lends its support via a biennial contribution to increase capacities, conduct effectiveness studies and provide ITNs.

National and international NGOs such as DWB, the Red Cross and CARE International:

- participate in the rehabilitation of districts and the deployment of healthcare personnel in areas under the control of the FAFN. They also provide preventative care and treatment.

Institutes and Research Centers such as the Côte d'Ivoire Institut Pasteur, the CSRS, the CEMV, the IPR and the medical, biological and pharmaceutical research and training centers provide support for training and research.

Short-range radio and community-based organizations help to increase the awareness of the general public.

Strategy 3: Quantitative and qualitative studies at first contact facilities

Qualitative studies were conducted on the effectiveness of ITNs as a malaria-prevention method across five major sociocultural groups in 1999. Studies on the drug resistance of certain molecules were conducted. However, considering the new practice of using artemisinine derived antimalarial drugs, effectiveness testing must be conducted to monitor the development of plasmodium resistance to the new insecticides.

Strategy 4: Monitoring activity implementation

The program includes a epidemiological department responsible for managing the program's information systems. The tools used for data collection are those recommended by the WHO. The indicators for malaria have been integrated into the Information Planning and Evaluation Department (IPED) information systems.

Plans include activity evaluation meetings and organization of supervision at each level.

To respond to these challenges, the NMP has the following resourcecs and opportunities:

- The availability of amodiaquine, artesunate and quinaine at the Public Health Pharmacy (PHP)
- Inclusion of Sulfadoxine Pyrimethamine on the list of essential drugs;
- Elevated rate of prenatal visits by pregnant women (80% for PNV1 at the national level)
- Relatively satisfactory healthcare coverage (68% of the population resides within five km of a healthcare center)
- The existence of a significant short-range radio network and community based associations to increase public awareness
- The presence of national and international NGOs throughout the country
- Support to create priority healthcare programs including the fight against malaria from development partners such as the following:

NAME	TYPE	PRIMARY ACTION
WHO	Multilateral organization	Training, Effectiveness studies
UNICEF	Multilateral organization	Prevention, care, rehabilitation
UNFPA	Multilateral organization	Prevention, care
European Union	Multilateral organization	Rehabilitation, construction
BTC	Bilateral Organization	Training, prevention, care
Japanese Cooperation	Bilateral Organization	Prevention
Rotary District 9100	Service Club	Prevention

IPCI	Governmental	Research and training
National Public Health Institute	Governmental	Research and training
Medical Science Research and Training Centers	Governmental	Research and training
INHP	Governmental	Research, Anti-vector treatments
CEMV	Governmental	Research, Anti-vector treatments
CARE International	International NGO	Prevention, technical support
DWB (Netherlands, France, Belgium)	International NGO	Prevention, care

b) Describe the role of HIV/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 'Universal Access Initiative' or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

The Côte d'Ivoire government has historically expressed its direct or indirect willingness to support the fight against malaria through multiple actions:

- Creation of a program to fight malaria in 1996 to coordinate and promote prevention and treatment activities.
- Implementation of the worldwide "Turn Back Malaria" initiative in April 1999 in the presence of the General Director of the WHO and President of the Republic of the Côte d'Ivoire. This initiative stresses partnership and implementation of a technical support network.
- At the national level, there is a network of NGOs that integrate malaria prevention and treatment programs at the community level called the Network of NGOs for the Fight Against Malaria in the Côte d'Ivoire). In the private sector, a partnership was initiated with companies. In the public sector, the ministries of national education, agriculture and women and children are involved through school health clubs, the National Agency for Rural Development and women's' associations.
- At the international level, there is a partnership in malaria treatment and prevention between Côte d'Ivoire and international organizations such as the WHO, UNICEF and the UNDP.
- Signing of the declaration of heads of State on April 25, 2000 in Abuja concerning malaria. On this occasion, the various heads of State made multiple commitments including the elimination of taxes and duties on insecticide-treated nets and insecticides and Côte d'Ivoire honored this commitment.

Millenium Development Goals

As part of its commitment to the Millenium goals, Côte d'Ivoire once again manifested its political support for the fight against malaria. The main challenges and strategies for the millennium development goals are accounted for in this proposal, particularly providing access to malaria treatment to the most vulnerable populations; granting communities the ability and responsibility to fight malaria and increasing use of insecticide-treated nets. Regarding poverty reduction strategies and the initiative in support of Heavily Indebted Poor Countries (HIPC), the following have been taken into consideration:

- Improvement of healthcare coverage, quality and usage
- Reduction in infant and maternal mortality rates,
- Strengthening the fight against endemic disease.

4 Component Section *Malaria*

4.4.4 National health system

a) Briefly describe the (national) health system, including both the public and private sectors, as relevant to reducing the impact and spread of the disease in question.

Côte d'Ivoire health system has a pyramid shaped structure with two branches (administrative and operational).

The healthcare administration is divided into three levels:

- The central level includes the Minister's Cabinet, the General and Central Departments and the EPNs. It is responsible for creating healthcare policy and providing strategic direction at various levels of the healthcare system.
- The regional level includes nineteen regional departments. It is responsible for coordinating healthcare activities at the district level. It also oversees district activities.
- The periphery level is represented by seventy-nine healthcare districts, which are the primary operational units. They are run by the District Management Teams. The districts cover both urban and rural areas throughout the country.

Operationally the healthcare system is divided into three levels (Decree 96-876 of November 25,1996)

- Primary level: Rural Health Centers (RHC), Urban Health Centers (UHC), Urban Health Training (UHT) and Community-based Urban Health Training (Com-UHT) Centers; Specialized Urban Health Centers (SUHC), including School and University Health Centers (SUHC) and Anti-tuberculosis Centers (ATC).
- Secondary level: General Hospitals (GH), Regional General Hospitals (RGH), Specialized Hospital Centers (SHC) and the Bingerville Psychiatric Hospital (BPH).
- Tertiary level:
  - ❖ Specialized institutes: Institut Raoul Follereau d'Adzopé (IRF), Institut National de la Santé Publique (INSP), Institut National d'Hygiène Publique (INHP), Laboratoire National de Santé Publique (LNSP), Institut de Cardiologie d'Abidjan (ICA), Public Health Pharmacy (PHP), le Service d'Aide Médicale d'Urgence (SAMU), National Blood Transfusion Center (NBTC), Institut National de Formation des Agents de Santé (INFAS) ;
  - ❖ The University Hospital Centers in Abidjan (Treichville, Cocody and Yopougon), and Bouaké.

Private, faith-based and other associations are integrated into this healthcare system, at the primary level with infirmaries and drug purchasing sites and the secondary and tertiary levels with medical offices, clinics, private hospitals, pharmacies and laboratories.

The fight against malaria in Côte d'Ivoire is integrated into all levels of the healthcare system:

1. *The central level:* The General Health Department, operating through the Community Health Department (CHD) coordinates activities for the priority programs included under the National Malaria Program (NMP). This program covers promotion, planning, coordination and monitoring of malaria prevention and treatment. The Information, Planning and Evaluation Department (IPED) manages the information systems to collect, analyze and distribute data on malaria. The Public Health Pharmacy (PHP) or national purchasing center provides the supply of antimalarial drugs, small medical equipment and insecticide-treated bed nets to all systems involved in the fight against malaria. The National Reference Center (NRC) conducts quality control testing on antimalarial drugs, while the Anti-Vector Department (AVD) of the National Institute of Public Health (NIPH) handles quality control for ITNs and conducts testing on vectors' resistance to insecticides.

   In terms of health care, the University Hospital Centers (UHCs) are the primary organizations combating malaria on the national level. The parasitology lab at the Côte d'Ivoire Institut Pasteur is the primary laboratory for the National Malaria Program. It conducts quality control testing on rapid diagnostic tests and strips. It is also responsible for conducting efficacy testing on antimalaria

treatments.

2. *The intermediate level*: Healthcare is provided be Regional Hospital Centers (RHCs), the secondary reference centers at the regional level which conduct diagnosis and treatment of malaria cases. The RHCs are equipped with a laboratory to conduct parasitic diagnosis of malaria.
3. *The peripheral level*: the systems are run by District Management Teams (DMTs), which each contain one member responsible for managing malaria data. They also treat malaria cases and promote preventative measures.

Impact of the crisis on the healthcare system

Since September 2002, a social and political crisis has divided the country into two areas (the southern section under government control and the northern, central and western section formerly occupied by rebel forces). This situation has the following consequences:

1. interruption of healthcare services in conflict zones,
2. a reduction in service quality and offering,
3. a drop in service availability,
4. paralysis of the monitoring/evaluation system, with the level of completed reports dropping from 90% to 30% due to a lack of coordination of efforts between national and international partners,
5. demotivation of technical personnel.

A rapid analysis of the situation conducted in September 2003 by the WHO and the Ministry of Health showed that 70% to 80% of the 547 healthcare centers in the northern and western areas of the country were out of service and that in the southern area, the centers were overloaded due to the massive influx of displaced persons. *(WHO report on the impact of the crisis on the healthcare system, 2003)*.

Approximately 85% of the 3,500 healthcare personnel left their positions, considerably reducing access to and quality of healthcare that was available, with most of the healthcare centers in these areas operated by under-qualified staff.

The redeployment of administrative and healthcare personnel announced by the various governments is occurring little by little. Since 2004, the district management teams in former conflict zones have returned and implemented a baseline offering of services.

b) Given the above analysis, explain whether the current health system will be able to achieve and sustain scale up of HIV/AIDS, tuberculosis and/or malaria interventions. What constraints exist?

Faced with such significant failure within the healthcare system, many constraints could interfere with proper malaria prevention and treatment efforts, including:

a. insufficient community level coverage in conflict zones,
b. overload of community level systems in non-conflict zones,
c. weakness in the monitoring/evaluation system coordinated by the Information, Planning and Evaluation Department
d. difficulty to scale key services of the malaria prevention and treatment campaign to actual post-conflict needs.

However, based on the government's willingness to redeploy personnel, and the European Union and other partners' efforts to rehabilitate facilities in conflict zones, it appears certain that anti-malaria efforts will be resumed.

c) Please describe national health systems strengthening plans as they relate to these constraints. If this proposal includes a request for resources to help overcome these constraints, describe how the proposal will contribute to strengthening health systems.

The commitment made by Côte d'Ivoire and the European Union to make healthcare facilities functional involves an increase in services offered and greater monitoring and evaluation.

To increase the services offered, the Minister of Health and the Minister of Public Services have implemented a plan to redeploy healthcare personnel as part of the National Disarmament, Demobilization and Reinsertion program throughout the country. This measure will aid in restarting programs, including healthcare, at the district level. The government, in collaboration with the European union through UNICEF will rehabilitate healthcare facilities in the north part of the country that were damaged during military conflict.

The Minister of Health implemented his policy of strengthening the coordination system internally by updating his organization chart and externally by formalizing the Country Coordination Mechanism (CCM) which calls upon participation by representatives of national and international partners.

A plan to strengthen the healthcare information system was created and implemented in the context of a project financed by the American Presidential Emergency Plan for AIDS Research (PEPFAR) with technical assistance from MEASURE Evaluation/JSI.

4.5 Financial and programmatic gap analysis

4.5.1 Overall needs assessment

a) Based on an analysis of the national goals and careful analysis of disease surveillance data and target group population estimates for fighting the disease component, describe the overall **programmatic** needs in terms of people in need of these key services. Please indicate the quantitative needs for the 3-5 major services that are intended to be delivered (e.g. anti-retroviral drugs, insecticide-treated bed nets, Directly Observed Treatment Short-Course for TB treatment). Also specify how much of this need is currently covered in the full period of the proposal by domestic sources or other donors.

This Global Fund proposal for the period from 2007 to 2011 identified four key services in the fight against malaria. These include use of ITNs, treatment with ADCs, Intermittent Preventative Treatment of pregnant women using SP and strengthening of the healthcare system.

1) Insecticide-treated bed nets

Data analysis reveals that only a small portion of the population is using insecticide-treated bed nets. This situation applies to the general population as well as to high-risk groups such as pregnant women and children under five.

According to the commitments made at the Abuja conference, ITN coverage by the end of 2005 should have been 60% of pregnant women and children under five. However, in 2004, the ITN coverage (both long-lasting and traditional nets) was 23% for the general population 28.8% of children under five and only 17.8% for pregnant women (NMP report – 2004). According to this same report, the recharge rate for insecticide-treated nets was 17%. All of this data illustrates that the country is still far from the goals set at Abuja.

The long-lasting insecticide-treated bed nets were gradually introduced starting in 2004 with a distribution of 7,000 units by the Rotary club, 7,000 by the WHO through the Pierre Richet Institut and then 326,000 units by UNICEF, funded by JICA in 2006 in thirty-eight districts. The projected purchase of LLINs by the PHP is 600,000 over the next four years.

All of the Côte d'Ivoire population will be involved with ITN malaria prevention efforts between 2007 and 2011. In terms of the target populations, there are 4,537,469 children under five (20% of the population) and 1,134,367 pregnant women (5% of the population).

This proposal aims to cover 29% of this target population, equivalent to 3,822,832 children and 1,254,141 pregnant women over a four-year period. There will thus be increased demand for insecticide-treated nets to cover the total population, where as for children only the first-year target will be issued ITNs. Newborns will be protected by the ITNs distributed annually to their mothers. This effort will require 955,708 ITNs for

children under five and 1,254,141 for pregnant women in the nineteen selected districts.

2) Treatment with Antimalarial Combination Drugs (ACDs)

Until April 2005, the Côte d'Ivoire's treatment policy was based on single-drug treatments including use of artemisinine derivatives for simple malaria cases. From this point on, the option to use Antimalarial combination drug treatments was adopted.

According to the 2002 IPED report estimating the number of malaria cases at 57% of the morbidity cases recorded in health centers, with an average usage rate for health services of 50%, the estimated demand for combination treatments for the period from 2007 to 2011 would be 51,895,478 treatments to cover the entire population. The total for the general population in the nineteen selected districts would be 15,049,689 treatments.

To achieve a 70% level of healthcare coverage, which was the objective set for 2011, the number of treatments needed would be 8,881,443.

3) Intermittent Preventative Treatment with sulfadoxine-pyrimethamine (S/P)

Côte d'Ivoire adopted intermittent preventative treatment with sulfadoxine-pyrimethamine (S/P), which reduces the risk of malaria-related complications in pregnant women. The S/P demand to implement IPT nationwide would be and average of 1,000,200 treatments per year.

In the nineteen selected districts, this demand would be 320,000 treatments. It is already being partially met by the treatments currently available within the country. However, all of the local service providers needed for effective implementation of this strategy must still be trained

4) Strengthening of the system

The objectives involving the actions in key areas described above may only be achieved if certain areas of the system are strengthened, namely the managerial and technical aspects of the National Malaria Program coordination system, the healthcare information system, the inventory management system and the district management teams, who coordinate activities at the operational level. The various areas slated for strengthening include:

- human resources: the program currently has eleven agents, five of which are support personnel. To implement the activities in this proposal, the team would need to hire four new agents, two of which would be management personnel.
- rehabilitation of NMP offices and at least two facilities per district on the operational level.
- strengthening of NMP supplies and logistics at both the national and operational levels.
- strengthening of the IPED, which is the national service for healthcare data management, to improve the quality of healthcare data collection, which has suffered from incomplete information and lack of distribution in recent years. Staff will be provided with data collection tools integrating the fight against malaria in order to restart this activity and enable distribution of annual statistics that have not been published since 2000. The quality of data shall be improved through training supervision, quarterly meetings and a quality control system.
- strengthening of the National Reference Center regarding the malaria drug resistance. To conduct operational research, a national center for research on malaria drug resistance was created within the Côte d'Ivoire Institut Pasteur (National Public Research Center). This center, which has performed this service for more than a decade, was formalized in a joint degree by the Minister of Health and the Minister of Higher Education and Research. The NMP called upon the center to ensure quality control of strips and monitoring of *Plasmodium falciparum*'s resistance to antimalaria drugs. Support in the form of equipment and supplies has been planned to ensure performance of these activities.
- strengthening of districts. The districts are operational units, through which antimalaria efforts are implemented. This involves raising the healthcare services usage rate from 50% to 70% at the end of the project by increasing the number of facilities in operation and increasing community awareness.

c) Based on an analysis of the national goals and objectives for fighting the disease component, describe the overall **financial** needs. Such an analysis should recognize any required investment in health systems linked to the disease. Provide an estimate of the costs of meeting this overall need and include information about how this costing has been developed (e.g., costed national strategies, medium term expenditure framework).

1) Insecticide-treated Bed Net Coverage

Analysis of ITN coverage in the nineteen selected districts reveals a demand across the entire target population for the four years of the project of 2,209,249 nets. The cost of covering the entire target population would be 8,839,394 euros.

2) Treatment using Artemisinine-based Antimalaria Combination Drugs

Based on the nineteen districts and the national objective of a 70% coverage rate over the duration of the project, a total of 8,881,483 treatments would be needed for a total cost of 6,989,727 euros.

3) Intermittent Preventative Treatment using S/P

The financial needs for S/P amount to 489,115 euros, since S/P has been made available through the government at PHPs. The part of this that is not covered is the costs of training personnel for its implementation, which is included under the category of strengthening the healthcare system.

4) Support services: Strengthening the system

The general need to strengthen the system in order to implement the key elements of the program involve: the NMP Coordination Committee, the Public Health Pharmacy (PHP) the IPED, the National Reference Center for drug resistance and the individual districts. for a total cost of 5,286,223 euros.

4.5.2 Current and planned sources of funding

a) Describe current and planned financial contributions, from all relevant domestic sources (including loans and debt relief) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line B].)*

The government, via the Ministry of Health, is the sole national source of financing for the Côte d'Ivoire Malaria program. The NMP budget is created annually by the government. In 2005, it was 116,415 euros and in 2006, it was 132,631 euros. This budget is primarily used to support the activities of the NMP Coordination Department. The government also participates in key areas such as the purchase of ITNs and drugs and strengthening of the system. The sum total of this financial support is 8,679,636 euros, distributed as follows: 5,194,639 euros (ITNs), 2,738,394 EUR (ACDs), 437,863 EUR (S/P), and 498,092 (NMP Coordination department activities).

b) Describe current and planned financial contributions, anticipated from all relevant external sources (including existing grants from the Global Fund and any other external donor funding) relating to this component.

Côte d'Ivoire has four major external partners in the antimalaria campaign. These include: the WHO, UNICEF the BTC and the Rotary club. These partners participate in providing key services such as ITN prevention methods, drug treatment, drug-assisted prevention and strengthening of the system. The use of ACDs, SP and RDT are new protocols that must be adopted by all healthcare professionals.

The Côte d'Ivoire National Malaria program has never received support from the Global Fund.

1) Insecticide-treated net Coverage

For the period between 2007 and 2011, partners' contribution in the area of ITNs totaled 8,142,942 euros. It is distributed as follows: (1) UNICEF: 7,902,195 euros, (2) Rotary club: 1,337 euros, (3) Belgian Technical Cooperative: 108,010 euros and (4) WHO: 18,400 euros. In the nineteen districts, this contribution is estimated at 29% of the national demand, or 2,361,453 euros. It is also of note that Côte d'Ivoire was one of the six countries chosen for the joint proposal for distribution of ITNs during the next

measles vaccination campaign in 2008.

2) Treatment using artemisinine-based antimalarial combination drugs (ACDs).

According to UNICEF programs, a total of 861,669 euros was allocated for the purchase of ACDs, amounting to 29% coverage in the nineteen selected districts. The adults that are not included in this proposal will be covered by the remainder of the ACDs contributed by the government. The same applies for pregnant women and acute malaria cases.

3) Intermittent Preventative Treatment using S/P

The government will cover all usage of this substance through the Public Health Pharmacy.

4) Strengthening of capacities

For the period of 2007 through 2011, all of the external financing for strengthening the system amounts to 528,622 euros of which 228,674 euros is from UNICEF, 247,730 euros from the WHO, and 38,112 euros from the Belgian Technical Cooperative. For the nineteen selected districts, this total is 153,300 euros.

4. 4.5.3 Financial gap calculation

Provide a calculation of the gap between the estimated overall need and current and planned available resources for this component in table 4.5.1-3 and provide any additional comments below.

1) Insecticide-treated Nets

- At the national level, there is the following gap in ITNs for the general population:
  a. Need: 51,046,526 euros
  b. Available: 17,912,547 euros
  c. Gap: 33,133,979 euros
- Within the nineteen districts, there is the following gap for the general population:
  d. Need: 14,803,493 euros
  e. Available: 4,293,013 euros
  f. Gap: 10,510,480 euros
- Within the nineteen districts, there is the following gap for the target population::
  g. Need: 9,944,319 euros
  h. Available: 5,194,639 euros
  i. Gap: 4,749,680 euros

2) Treatment using artemisinine-based antimalarial combination drugs (ACDs)

- At the national level, there is the following gap in ACDs for the general population:
  a. Need: 34,596,985 euros
  b. Available: 9,442,668 euros
  c. Gap: 25,154,312 euros
- Within the nineteen districts, there is the following gap for the general population:
  d. Need: 39,480,350 euros
  e. Available: 2,738,374 euros
  f. Gap: 3,741,976 euros
- Within the nineteen districts, there is the following gap for the target population:
  g. Need: 6,989,727 euros
  h. Available: 2,738,374 euros

i. Gap: 4,251,354 euros

3) Intermittent Preventative Treatment using S/P

- At the national level, there is the following gap in S/P for the general population:
  a. Need: 1,686,603 euros
  b. Available: 1,509,873 euros
  c. Gap: 176,730 euros
- Within the nineteen districts, there is the following gap for the general population:
  d. Need: 489,115 euros
  e. Available: 437,863 euros
  f. Gap: 51,252 euros
- Within the nineteen districts, there is the following gap for the target population::
  g. Need: 489,115 euros
  h. Available: 437,863 euros
  i. Gap: 51,252 euros

The national part agrees to fill the gap of 51,252 euros for SP. There will not be a need for outside support in this area.

4) Strengthening of the system

- At the national level, there is the following gap in support services for antimalaria programs:
  - Need: 5,286,223 euros
  - Available: 264,311 euros
  - Gap: 5,021,912 euros
- Within the nineteen districts, there::
  a. Need: 1,271,370 euros
  b. Available: 76,650 euros
  c. Gap: 1,194,720 euros

The total financial gap faced by the Côte d'Ivoire National Malaria Program for the strategic planning period between 2006 and 2010 is **121,035,620** euros.

For the nineteen selected districts, this gap amounts to approximately 29% of the national gap, or **35,100,330 euros**.

4 Section du composant *Paludisme*

Please summarize the information from 4.5.1, 4.5.2 and 4.5.3 in the table below.

	Financial gap analysis (euros):						
	Actual		**Planned**		**Estimated**		
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Overall needs costing (A)	26,907,931	27,715,168	29,474,488	30,358,722	31,269,483	32,207,568	33,173,795
Current and planned sources of funding:							
Domestic source: Côte d'Ivoire Government	1,679,340	1,725,945	1,725,945	4,076,737	4,076,737	4,076,737	4,076,737
Domestic source: No other source	0	0	0	0	0	0	0
Total domestic sources of funding(B)	1,679,340	1,725,945	1,725,945	4,076,737	4,076,737	4,076,737	4,076,737
External source 1 Global Fund Grants	0	0	0	0	0	0	0
External source 2 WHO	160,834	160,834	247,730	247,730	247,730	247,730	247,730
External source 3 UNICEF	950,672	1,673,128	2,048,053	2,048,053	2,048,053	2,048,053	2,048,053
Total external sources of funding (C)	1,111,506	1,833,962	2,295,783	2,295,783	2,295,783	2,295,783	2,295,783
Total resources available (B+C)	2,790,846	3,559,907	4,021,728	6,372,520	6,372,520	6,372,520	6,372,520
Unmet need (A) - (B + C)	24,117,085	24,155,261,	25,452,760	23,986,202	24,896,963	25,835,048	26,801,273

Table 4.5.1-3 - Financial contributions to national response

4.5.4 Additionality

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 will continue to be true for the entire proposal period.

This proposal on malaria is an extension of existing efforts (promotion of insecticide-treated bed nets, prevention of malaria in pregnant woman and treatment of malaria cases). There are three innovative service areas: the promotion of IPT with S/P to prevent malaria in pregnant women, biological diagnosis of malaria cases and treatment of simple malaria cases using artemesinine-based antimalarial combination drugs.

The activities listed in this proposal to the Global Fund are reinforcing those already initiated in the context of the Roll Back Malaria (RBM) program. Partners such as the European Union, CARE international and the Red Cross are preparing their contributions for the rehabilitation phase.

These actions will continue, as will the program activities. These various intervention methods will provide support for existing efforts and expand the program to the national level.

There are key domains (IPT, treatment of malaria in pregnant women and in adults, confirmation of existing cases in adults and treatment of acute malaria) that will be handled by the state and other donors. Thus the need for kits for acute treatment, biological diagnosis and ACD treatment will be the remaining elements of the funds requested in this proposal. Each year the PHP provides sufficient quinine, S/P, antipyretics (paracetamol) and acute malaria treatment kits..

4.6 Component Strategy

4.6.1 Goals, objectives and service delivery areas

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

The goal of the Global Fund Round 6 proposal is to contribute to reducing malaria-related morbidity and mortality rates by half in children under five and pregnant women in nineteen selected districts in the Côte d'Ivoire.

Specifically, the proposal aims to reduce the proportional morbidity rate by 10% and the hospital mortality rate by 20% (compared to the baseline rates determined during the first year of the project) between now and 2011.

Five objectives will contribute to the attainment of the national goals. Each objective is aligned with the priority areas of intervention defined in the national strategic malaria prevention and treatment plan.

1. Ensure that 80% of pregnant women and children under five in the nineteen districts covered by the project will sleep under insecticide-treated bed nets between now and 2011.
2. Ensure that 80% of women attending PNVs use IPT with SP between now and 2011 in the nineteen districts covered by the project.
3. Ensure correct treatment of 80% of simple malaria cases in children under five seen at healthcare facilities in the nineteen districts between now and 2011.
4. Ensure that 80% of CBOs under contract in the nineteen districts are conducting community-based activities to raise awareness about malaria prevention and treatment in accordance with the performance contracts concluded with them.
5. Improve the monitoring/evaluation system in the nineteen districts.

Five service delivery areas have been identified to help attain these objectives.

Area 1: Insecticide-treated bed nets

In order to attain the proposal targets, the insecticide-treated bed nets will be distributed at prenatal visits,

which at present cover 80% of pregnant women. For children under five, well-child checks and promotional activities (CPC, Nutrition Monitoring, PEV and anti-measles campaigns) will be used. Other distribution channels through community-based organizations will also be used. All of these distribution strategies will be supported by a significant social marketing campaign that will be conducted by competent national and international NGOs.

Area 2: Treatment of simple malaria cases with ACDs

Treatment of simple malaria cases will involve artemesinine-based drug combinations, saving quinine for use on acute malaria cases and infected pregnant women. It involves strengthening service providers' ability to correctly administer treatment to reach a proper treatment level of 80% in children under five. A awareness program will also be developed to encourage mothers to adhere to the appropriate treatment protocol.

Area 3: Preventative intermittent treatment with S/P

This involves introducing an effect means of using IPT in pregnant women during prenatal visits, a policy introduced in 2005. This action strengthens existing preventative measures for pregnant women to reach coverage of over 80% between now and 2011. This area will also be supported by a community awareness program.

Area 4: Promotion of community-based activities

The experience acquired by the NGO/CBOs in the promotion of health activities such as HIV/AIDS prevention and treatment illustrates their importance in fighting other illnesses. The issues is to promote the involvement of Community-based Organizations (CBOs) in the fight against malaria by social action, communication to create behavior change and the promotion and sale of ITNs. CBO partners will be selected on the basis of a detailed plan of action and shall sign performance contracts. Technical assistance at the administrative and financial management levels shall be provided to CBOs to manage funding.

Area 5: Strengthening of the healthcare system

- **Reinforcement of the healthcare information systems**

  Health data on morbidity, mortality, correct treatment and the use of IPT is not widespread due to the disintegration of the data collection system since the start of the social political crisis that enveloped the country in 2002. It is necessary to strengthen the national service responsible for management of health data (IPED) and strengthen collaboration with the PEV.

- **Human resources**

  To optimize the results of the proposal and benefits at the national level, there will be a qualitative and quantitative strengthening of human resources for the National Malaria Program Coodination Department. In addition, several training sessions will be held, both at the national and operational levels and post-training monitoring (training supervision) at all healthcare facilities in the nineteen districts selected for the proposal.

- **Partnership Coordination and Development**

  The objective is to create a framework for interaction between all partners in the fight against malaria in order to evaluate current strategies and identify a new direction if necessary. A task force will be created at the national level to ensure that monitoring and coordination of malaria activities occur. Monthly meetings at the district level will be organized with the district management teams and the NGO networks.

- **Inventory management system**

  This involves improving the inventory ordering and management system. A tracking and cost recovery system as well as monitoring tools shall be installed. NGO personnel and healthcare facility staff will receive training to create a decentralized approach to inventory management. The PHP, as a partner, will act as the interface between the Principal Recipient and its partners.

- **Operational research**

  The project aims to conduct treatment effectiveness studies and monitoring of resistance to antimalaria drugs and insecticides. The results from these studies will allow for monitoring of the evolution of drug resistance so that other treatment options can be proposed if necessary.

4.6.2 Link with overall national context

Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context in section 4.4. 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 goal of the 2006-2010 strategic plan is to reduce malaria-related morbidity and mortality rates in the Côte d'Ivoire. Four areas of intervention were identified to attain this goal:

- Prevention
- Treatment
- Promotion of community-based activities
- Operational research

Pregnant women and children under five are the most vulnerable populations, and are thus the primary focus of this proposal. To attain these targets, this proposal aims to accomplish the following

1. Ensure that 80% of pregnant women and children under five in the nineteen districts covered by the project will sleep under insecticide-treated bed nets between now and 2011.
2. Ensure that 80% of women attending PNVs use IPT with SP between now and 2011 in the nineteen districts covered by the project.
3. Ensure correct treatment of 80% of simple malaria cases in children under five seen at healthcare facilities in the nineteen districts between now and 2011.
4. Ensure that 80% of CBOs under contract in the nineteen districts are conducting community-based activities to raise awareness about malaria prevention and treatment in accordance with the performance contracts concluded with them.
5. Improve the monitoring/evaluation system in the nineteen districts.

The implementation of the project will improve that quality of services and increase the offering and the demand. This initiative will aid in attaining the objectives of the "Roll Back Malaria" initiative.

4.6.3 Activities

Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include all the activities proposed, how these will be implemented, and by whom.

<u>Objective 1</u>: Ensure that 80% of pregnant women and children under five in the nineteen districts covered by the project will sleep under insecticide-treated bed nets between now and 2011.

Service Delivery: Insecticide-treated bed nets

Primary activity 1-1: **Ensure availability and financial and geographic accessibility of LLINs to target populations**

The purchase of 1,055,484 LLINs for the term of the project shall occur through the Principal Recipient through an international tender. The best offer will be selected using a transparent process. The purchase of ITNs will occur in a single transaction during the first year.

To implement community-based activities, at least two local NGOs will be selected per district to carry out distribution of the LLINs. During the first year, ten districts will be involved. The nine other districts will be added starting in the second year so that communities throughout the nineteen selected geographic districts will be involved. These organizations will be called upon to perform community-based activities will technical and financial assistance.

Market study and concept testing

The market study will enable an evaluation of the environment in which the ITNs will be distributed. It will also assess the sale of currently available nets, including their availability and their specifications. The concept test will identify desirable features in ITNs from the point of view of potential users. This study shall occur before ITNs are ordered.

Management of ITN supplies

ITN purchasing shall be conducted in accordance with the Principal Recipient's standard purchasing and provisioning procedures. These procedures shall be clearly stated in the PSM that the Principal Recipient shall submit to the Global Fund. The implementation of this PSM involves several activities detailed hereinbelow.

Partnership with the PHP

In accordance with national medical directives, the purchases shall be made in compliance with the Global Fund management procedures by the Principal Recipient, who may sign an agreement with the PHP for the completion of the following:

1. Assisting the Principal Recipient in creating a file for the invitation to tender (compliance with quality control standards),
2. Assisting the Principal Recipient in defining criteria to evaluate tenders and assign shares,
3. On behalf of the Principal Recipient, conducting all activities relating to the receipt and administrative formalities related to the ordered ITNs,
4. On behalf of the Principal Recipient, conducting all activities relating to monitoring the quantities and quality of the ordered ITNs,
5. On behalf of the Principal Recipient, conducting all activities relating to management of ITN stock and periodic inventory at the warehouses and elsewhere,
6. In collaboration with the Sub-recipient for community-based activities, create lots corresponding to the supply needs of local NGOs and CBOs and partner community heath centers,
7. In collaboration with the Sub-recipient for community-based activities, provide transportation of the ITNs to PHP stores at the premises of local NGOs and CBOs. Ie

Distribution and monitoring of ITNs

Distribution of ITNs shall occur simultaneously on two circuits:

- the PHP will ensure that supplies are delivered to peripheral public health facilities. This activity will occur as part of the normal healthcare product distribution circuit. The PHP will deliver the ITNs to the Pharmacy of each district involved in the proposal. Then, then community health facilities will make orders from the district Pharmacy, pick up the ITNs and store them in their internal pharmacies.
- the PHP will deliver ITNs to the Sub-recipient for community-based activities to ensure that they are provided to local CBOs and NGOs. The local NGO and CBO networks will collaborate to coordinate and plan how distribution will be conducted by NGO members.

Proceeds management system

ITNs obtained through the Global Fund shall be delivered to end users under a price policy that will allow for the strengthening of the public and community institutions involved in ITN management.

- ✓ In addition to the amount for the ITNs identified during a CAP study, a social surcharge approved by the Ministry of Health and the Ministry of the Economy and Finance shall be applied by NGOs, CBOs and partner peripheral health facilities based on the targeted groups' ability to pay. The distribution shall be created based on the distribution circuit. For the public circuit:
  - 50% to the PHP to restock and ensure that activities are maintained

- 25% to districts to cover distribution costs
- 25% to distribution facilities for remuneration of distribution personnel

For the community circuit:

- the network of local NGOs and CBOs shall use 25% of the proceeds to support its coordination and planning of community activities to fight malaria at the district level
- 50% to the PHP to restock and ensure that activities are maintained
- local NGOs and CBOs shall receive the remaining 25% to support communication and awareness efforts

✓ Based on the reports received by the Sub-recipient from the NGOs, CBOs and peripheral health centers, the quantities of ITNs distributed as well as the accompanying proceeds shall be verified on a monthly basis by the Sub-recipient.

✓ Sub-contracts shall be signed by the Sub-recipient, the PHP and the various local partners concerning management of these proceeds.

Formation

A pool of thirty-eight regional trainers shall be put in place after their ten-day training workshop in management and promotion of insecticide-treated nets. They will create thirty-eight focal points for the selected local CBO and NGO staff (with one trainer per NGO/CBO, or two per district) for management and traceability of LLINs during a two-day workshop.

Primary activity 1-2: **Ensure the promotion and use of long-lasting insecticide-treated bed nets**

The promotion activities will start with a baseline CAP study conducted on households to collect current data on the behavior, attitudes, perceptions and preferences of the various populations in terms of malaria prevention and LLINs specifically.

The study will be conducted over the first six months of the project under the supervision of the Sub-recipient for community-based activities and the NMP in the intervention areas. The study will be carried out by the NGO and CBO staff from a different district after they have been trained to use the study tools.

The study protocol shall be approved by the National Life and Health Sciences Ethics Committee. The results of the study will be given to the Ministry of Health, the Principal Recipient, Secondary Beneficiaries, local NGOs and CBOs, distribution facilities, districts and other key partners.

The key aspects of the priority actions shall be converted into appropriate messages during a workshop held with the primary players in the fight against malaria, as well as representatives from the target population. These messages will then be pre-tested before distribution.

These messages will be developed and distributed through a variety of channels (leaflets, signs, image cubes, televised spots, broadcasts on local radio, t-shirts, etc.).

A social marketing approach will be used as part of the community-based activities, taking into account the opportunities, capacities and motivations of the target populations with regard to using ITNs, which were identified during the initial survey.

Training of one member of each local NGO/CBO (bilingual – French and the local dialect) selected using social marketing techniques will be conducted in partnership with the Sub-recipient for community-based activities and a social marketing agency.

Each selected NGO/CBO shall have a vehicle (motorcycle) for transportation of LLINs, promotion, client visits and market evaluation. The costs of operating and maintaining these motorcycles shall be included in the subsidies allocated to these NGOs and CBOs. The Sub-recipient for this field will be responsible for purchasing the motorcycles.

Tools to measure the performance of the local NGOs and CBOs and the expected results will be implemented. The Sub-recipient for community-based activities shall be responsible for following up on these activities.

The local NGOs and CBOs shall be encouraged to integrate activities to raise awareness in the local dialect, adapting communication about preventative measures for malaria and specifically about LLINs to

the social and cultural context.

The monitoring and evaluation process for promotional activities will require the following:

- two CAP surveys: one at the beginning to determine a baseline for behavior, attitudes, practices and the first choice communications methods, and one at the end to obtain an evaluation of the impact of the chosen communications campaigns;
- a "Tracking Results Continuously" (TRaC) survey during the third year to monitor the impact as activities are implemented in order to adapt communications strategies where necessary.

Objective 2: Ensure that 80% of women seen at PNVs use IPT with S/P between now and 2011 in the nineteen districts covered by the proposal.

Service Delivery Area: Prevention of Malaria during pregnancy (IPT using S/P)

Primary activity 2-1: **Implement intermittent preventative treatment during prenatal visits in nineteen districts**

A situational analysis will be conducted in health facilities covered by the proposal to evaluate their capacity to handles services as well as the technical platforms currently in place.

This analysis will allow a choice to be objectively made on which sites to rehabilitate and their technical needs. A pool of eighteen regional trainers, after they have undergone training on administrating IPT, will ensure that the 416 healthcare personnel in the nineteen districts prescribing IPT have the abilities they need, including knowledge of how to use IPT monitoring and evaluation tools.

- **Objective 3: Ensure correct treatment of 80% of simple malaria cases in children under five seen at healthcare facilities in the nineteen selected districts between now and 2011.**

Service Delivery Area: Biological diagnosis of malaria cases

***Primary activity 3-1*: Strengthen the capacity of health facilities to conduct biological diagnosis of malaria in the nineteen selected districts.**

Nineteen districts were targeted for implementation of activities in the context of this proposal. Each laboratory in the primary hospital of each district shall receive a microscope in order to increase its ability to confirm diagnoses.

The training and implementation of activities will be completed by the distract management team with support from the NMP.

Training of healthcare personnel will be conducted by district trainers under the supervision of the National Malaria Program.

Microscopes will be purchased by the Principal Recipient following a call for tenders in accordance with current Global Fund procedures recorded in the rules and regulations for tenders.

Service Delivery Area: Correct, rapid treatment of simple malaria cases

Primary activity 3-2: **Ensure correct, rapid treatment of simple malaria cases within twenty-four hours of the first symptoms**

To meet all of the needs for the total duration of the project (four years), 6,143,310 treatments of AS+ AQ shall be ordered and stored at the PHP (Ministry of Health Provisioning Center), divided into two orders (first and third years) of 3,071,555 treatments to avoid expiration between storage and use. The PHP will provide supplies to district pharmacies in accordance with normal rules, procedures and distribution maps.

All proceeds obtained from the sale of the ACDs would be used by the PHP to cover expenses related to distributing the necessary inventory in the proposal districts.

Based on the ACD needs of the different healthcare facilities, the district Pharmacy will allocate supplies to them upon presentation of a malaria morbidity and ACD usage report for the preceding period. This period may vary from one to two months depending on use and the storage capacity of the facility.

The provision of ACDs to healthcare facilities results in a need to train healthcare providers to guarantee that proper prescribing and dispensing occurs. As a result, it is imperative that before training occurs a meeting is held with twelve national experts to approve the technical guide and training module for treatment of malaria with ACDs.

Training will occur in two stages. First, trainers for the district level will be trained by the regional trainers. Then, training for the healthcare providers will be conducted by the district trainers.

The trainer training will be conducted for three trainers per district for a total of fifty-seven trainers and will occur in two five-days sessions.

Training for healthcare providers will be conducted by district trainers and will be attended by an average of twenty-five agents. This training will be structured in two three-day sessions at the primary district location and will result in the training of 470 healthcare personnel.

Supervision will be conducted three months after training and the implementation of activities by the district management team with support from the NMP supervision team.

In addition to the household survey, the proposal will include a survey of healthcare providers regarding the services they provide, and particularly information on insecticide-treated bed nets, IPT and lifestyle management.

Objective 4: Ensure that 80% of CBOs under contract in the nineteen selected districts conduct community-based awareness campaigns about malaria prevention and treatment in accordance with the performance contracts concluded with them.

Service Delivery Area: Promotion of community-based activities

Primary activity 4-1: **Develop community-based activities for malaria prevention in nineteen districts**

Under the supervision of the Sub-recipient for community-based activities, nineteen local NGOs and CBOs will be selected on the basis of proposal submitted and their facility capacities following a call for tenders. They will receive subsidies of 7,500 euros per NGO/CBO and institutional support in the form of training on administrative and financial management as well as training supervision visits.

These NGO partners will conduct community-based activities to raise the awareness of local populations regarding prevention of malaria and the necessity to refer individuals with fevers to the nearest healthcare facility. They will organize:

- awareness campaigns on malaria and specifically prevention methods and encourage local populations to use available healthcare services.

- focus group meetings to address prevention-related obstacles and constraints for local populations.

The CBOs and NGOs will be required to provide the Principal Recipient, the NMP and other partners with a monthly report on their activities.

The pool of thirty-eight regional trainers will begin work after receiving training on mobilizing communities. Within each district, they will train nineteen focus-point trainers (one trainer per NGO or CBO) at each NGO or CBO selected to implement the proposal activities.

The NGOs/CBOs activities program will be required to include training of their personnel in mobilization techniques and community-based approaches.

Within each district, 380 ASC will be formed for malaria prevention (use and distribution of ITNs, IPT, recognition of signs of malaria, lifestyle management) as well as at-home fever management.

Training will be conducted by district trainers with support from regional trainers. It will occur over the first two years.

The awareness campaigns directed at local populations to increase recognition of the signs of malaria will be conducted by the ASC, community-based organizations and malaria-focused NGOs. Awareness campaigns will include public and local demonstrations using IEC/BCC tools.

The NGOs and CBOs will receive subsidies that will be allocated to them after their projects are approved by the CCM.

Under supervision from the nursing officer for the district the ASC will conduct group awareness sessions, local presentations and in-home treatment observation. The equipment and financial resources they need to complete this work shall be made available to them. These include transportation costs and teaching materials.

A call for tenders will be launched to select a publishing house for IEC/BCC materials. This call for tenders will be issued by the Principal Recipient. A two-day supervision will be conducted three months after the ASC are trained by the district management team with support from the NMP supervision team.

Objective 5: **Improve the monitoring and evaluation system**

Service Delivery Area: Information system and operational research

Primary activity 5-1: Increase the capacity of healthcare personnel in Healthcare Facilities to use data collection tools.

In the context of strengthening the Healthcare Information System, the IPED developed data management tools integrating key indicators for healthcare programs, including those of the NMP.

This activity will consist of reproducing these new tools, training on their usage and distribution of them to the various players in the nineteen selected districts.

Training for trainers will occur for two trainers per district for a total of thirty-eight trainers and will occur in two five-day sessions.

Training of healthcare providers will be conducted by the district trainers and will involve twenty-five providers. This training will occur in two three-day sessions at the primary district facility.

Direct participation of the district management teams in these workshops will increase their involvement and maximize their inclusion in the project implementation process.

Primary activity 5-2*: *Conduct quality control on data collected during supervision at each level of the healthcare pyramid.

Supervision sessions will be organized at each level of the healthcare pyramid in the project implementation area to monitor the quality of data being collected. The regional level will supervised the district management teams and they will in turn supervise the personnel providing care in the District Healthcare Facilities.

To do this a pool of thirty-eight regional and district trainers will be created. Their capacity will be increased for training district personnel in supervision and monitoring during two five-day national workshops.

A regional supervision team and the Regional Health Director will perform supervision for each district on a half-yearly basis. During this supervision, information collected from the various reports delivered to regional offices will be verified. Those responsible for completing this activity are the supervisors in the NMP pool, which include representatives from the NMP, the PHP, NGOs and the IPED.

A feedback report will be provided to personnel undergoing supervision. The supervision reports will be shared with all partners involved with implementation of the project as well as with the personnel that were supervised.

Once every two months, the District management team will conduct a training for the district facilities. Once a month the NGO managers will conduct supervision at the community level.

The supervision reports will be shared with the Principal Recipient and all of the partners involved in implementation of the project and a feedback report will be sent to the providers who underwent supervision.

Once per year, the IPED will conduct quality control testing on the data for one healthcare facility per district and a feedback report will be sent to all players involved in implementation of the project.

Primary activity 5-3: Monitor Plasmodium falciparum resistance to S/P and ACDs

Therapy effectiveness tests will be conducted on ACDs and S/P. These studies will occur at four monitoring sites in the nineteen selected districts (one each in the plains, mountains, forest and lake areas). Frequency for monitoring will be once every two years, or two sites per year. The results of these studies will help improve malaria prevention and treatment methods.

Primary activity 5-4: Conduct drug monitoring on ACDs

Artemesinine-based antimalarial combination drugs are new treatments that will require longer-term drug studies.

Three healthcare personnel per district will be trained at the regional level to conduct drug monitoring. They

will then train all of the prescribers in their district. This training will take place using modules provided during training of the initial agents to promote effective implementation of the new protocols.

Monitoring of drug monitoring will occur in all of the 476 healthcare facilities in the selected districts. Drug monitoring information sheets will be issued to service providers.

Primary activity 5-5: Evaluate the project

Two evaluations are planned for the project. The first will be conducted midway by an international consultant, with support from national consultants, and NGO and community representatives. The second will be conducted six months from the end of the project by two international consultants supported by national consultants and NGO and community representatives. The results of all of these evaluations will be distributed widely to all partners involved.

Service Delivery Area: Partnership Coordination and Development

Primary activity 5-6: Strengthen coordination of malaria treatment and prevention implementation

A coordination committee consisting of representatives from other government sectors, development partners (bilateral and multilateral cooperation), national and local NGOs, the General Health Department, the PHP, the DPM, the IPED and NMP and called the "Task Force" will be implemented to coordinate all malaria prevention and treatment activities. It will meet once quarterly for one day (a total of sixteen meetings over four years) to receive updates about current activities and exchange experiences and best practice models. The fourth meeting each year shall be expanded to include regional participants and will last two days.

This committee will be chaired by the General Health Department, the vice-chairmanship will be filled by a community representative and the duties of the technical secretary will be filled by the NMP.

A coordination committee will be created at the district level. This committee will expand the district management team to include other local partners in the fight against malaria. This committee will meet once per month under the supervision of the district's head physician.

The coordination committees at the district level will meet for two days two times per year in two regional groups to exchange experiences and best practices.

Implementation of this activity shall be conducted by the NMP with support from the Regional Health Departments.

Management of projects submitted by NGOs and CBOs shall occur in a transparent manner according to published and distributed procedures during a two day session. The session will involve ten NGO/CBO managers chosen after each year's proposal analysis. The training will involve technical and financial management of proposals. The training will be performed by a group of Trainers.

Scaling activities to the community level will require supported local activities and will thus require financing. The twenty NGOs/CBOs involved in the fight against malaria whose proposals are approved will receive a subsidy of an average of 7,500 euros.

Service Delivery Area: **Human resources**

Primary activity 5-7: **Strengthen the human resources capacities of the NMP Coordination Department**

To optimize the results of the project and capitalization at the national level, a qualitative and quantitative strengthening of NMP Coordination Department human resources will occur. This proposal aims to recruit additional personnel in the following areas: monitoring and evaluation manager, administrative and financial manager, management assistant and drivers.

Personnel will be recruited through job postings. The personnel hired will be paid using Global Fund subsidies for the term of the proposal. Individual contracts will be signed with each employee. Program management and the Principal Recipient shall be responsible for establishing the terms for each new positions.

A two-day training session on Global Fund management procedures will be organized for new hires as well as the current members of the coordination team. A consultant will be hired for this purpose.

Service Delivery Area: Infrastructure

Primary activity 5-8: Rehabilitate facilities

NMP facilities and two facilities per district will be rehabilitated.

Primary activity 9: Equip the NMP Department

New staff members will be hired by the NMP and the Sub-recipient to implement project activities. These staff members will require new equipment and office furnishings to properly perform its mission. The supplier for office and IT equipment will be selected after an open call for tenders.

Supervision activities, a cornerstone for implementation of activities, must be regularly conducted at all levels. As a result, the current vehicle fleet for the NMP and Sub-recipient for community-based activities will require three additional four-wheel drive vehicles which shall be acquired at the beginning of the project. The Principal Recipient the NMP and the Sub-recipient in question shall be responsible for this acquisition.

Service Delivery Area: Provisioning and inventory management

Primary activity 10: Strengthen the inventory management system

To prevent potential shortages in ITNs and antimalarial drugs, it is imperative that district pharmacy managers and healthcare providers be trained on inventory management. Two three-day training sessions shall be organized in each district and will involve an average of twenty-six participants each for a total of 470 providers by the end of the process. This activity shall be completed by the Program Director, Regional Health Departments, District Management Teams, the PHP and the Principal Recipient. A supervision three months after training and the implementation of activities shall be performed by the supervision team for each District Management Team with support from the NMP.

4.6.4 Performance of and linkages to current Global Fund grant(s)

a) Provide an update of the current status of previous Global Fund grants for this disease component, in the table below.

Table 4.6.4. Current Global Fund grants

	Grant number	Grant amount*	Amount spent
GF Grant 1			
GF Grant 2			
GF Grant 3			
GF Grant 4			

b) Please identify for each current grant the key implementation challenges and how they have been resolved.

The Round 5 Global Fund proposal was in category 3. No Global Fund subsidy was awarded to the Côte d'Ivoire.

c) Are there any linkages between the current proposal and any existing Global Fund grants for the same component? (e.g. same activities, same targeted populations and/or the same geographical areas.)	☐ Yes ➔ *complete d)* ☒ No ➔ *go to 4.6.5.*
d) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided under current Global Fund grants.	

4.6.5 Linkages to other donor funded programs	
a) Are there any linkages between the current proposal and any other donor funded programs for the same disease	☐ Yes ☒ No
b) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided by other donors, including in respect of health system strengthening activities.	

4.6.6 Activities to strengthen health systems

a) Describe which health systems strengthening activities are included in the proposal, and how they are linked to the disease component.

To implement this proposal, increasing community participation will reinforce the promotional activities being conducted for the fight against malaria. Community participation will in turn be supported by the integration of NGOs and community-based activity associations, especially in the areas of promoting use of insecticide-treated nets, social mobilization and support to ill individuals and their families.

NGOs, their networks and faith-based organizations will also develop plans mobilize community-based organizations and community leaders.

Development of partnerships with humanitarian organizations and international NGOs will also help provide a short-term fix for the lack of coordination between district and regional management in the event that public structures are non-operational.

A "Task Force" including representatives from public and private organizations, NGOs and humanitarian associations involved with malaria will perform coordination, follow-up and evaluation of activities.

1. What are the strategies to improve coverage and reduce work overload?

This proposal covers the nineteen districts most affected by the endemic through the nineteen regions of the country. Within this proposal, a significant section involving strengthing of the system was selected concerning the rehabilitation of healthcare facilities in the districts targeted under the proposal based on needs identified during an initial analysis of the situation, improvement of logistical systems at the community and regional levels and personnel training. These measures will improve the service offering, accessibility and quality.

2. What are the strategies for reinforcing the monitoring and evaluation system?

The support granted to the Information, Planning and Evaluation Department (IPED) through the reproduction and provision of data collection levels at the periphery level, as well as the training of participant in the use of tools and supervision at each level of the health pyramid will enable improvement

of the role of the country's general information system. Strengthening the joint quarterly meeting PEV/Malaria involving the IPED proposed in this request and the annual publication of the annual health statistics report (AHSS) will be additional means of obstinaing morbidity and mortality data from healthcare facilities and promote feedback.

3. How can key aspects of the program at the community level be maintained when the system is affected by current social and political circumstances?

Involving local CBOs and NGOs in the implementation of promotional antimalaria activities will help increase usage of the newly rehabilitated facilities. Local CBOs and NGOs will conduct activities to distribute ITNs and raise awareness about their use. They will also help support community health centers in activities such as monitoring of mothers and families to quickly recognize fever at other levels of operational care facilities.

4. What are the strategies for scaling key interventions?

The selection of one district per health region enables coverage of the entire country. Information gained from this proposal may be easily extended to other districts within the same region. The involvement and responsibility assumed by local NGOs with rather widespread intervention areas can also increase the benefit of knowledge acquired through this proposal.

b) Explain why the proposed health systems strengthening activities are necessary to improve coverage to reduce the impact and spread of the disease and sustain interventions.

The change in protocol, both in terms of treatment of malaria and in prevention in pregnant women has required a strengthening of skills in all healthcare providers.

Achieving the objectives of the "Roll Back Malaria" initiative requires widespread implementation of promotion and prevention activities, which in turn requires strong participation by communities and partners.

Strengthening of the regional coordination team requires rehabilitation of the current premises so that there can be better monitoring of the implementation of activities. In addition, the rehabilitation of healthcare facilities in former conflict zones will allow the provision of correct treatment of malaria in the target population to be resumed.

Strengthening logistics and the production of data collection and analysis tools will allow the monitoring and evaluation system to be strengthened as well.

The significant acquisition of equipment and products requires improved inventory management skills to guarantee uninterrupted availability of medications and other products

Coordination meetings at the various levels are a forum for communication between the different project partners to ensure better monitoring of the implementation of activities.

c) Describe how activities to strengthen health systems, integrated within this component, will have positive system-wide effects and how it is designed in compliance with the surrounding context and aligned with government policies.

Strengthening human skills both at the community level and within the healthcare and monitoring/evaluation systems will contribute to revitalizing the disease prevention programs and the healthcare system.

Community involvement will bring preventative and promotional care services closer to the population itself, specifically in former conflict zones, thus improving healthcare coverage.

The support granted to the IPED and the nineteen districts will help revitalize the activities of the national health monitoring system.

d) Are there cross-cutting health systems strengthening activities integrated within this component that will benefit any other component included in this proposal?	☒ Yes ➔ *complete e) and f)* ☐ No ➔ *go to question g)*

e) If you answered yes for d), describe these activities and the associated budgets and identify and explain how the other components will benefit.
Activities to strengthen service providers' inventory management skills (112,800 euros), the increase in laboratories' number of microscopes, supplies and test strips (99,636 euros), training personnel in supervision and monitoring (69,810 euros) and purchasing bikes for community health providers (28,500 euros) will be beneficial to the tuberculosis and HIV/AIDS components as well. These will improve the quality of personnel in healthcare facilities and the quality of the collection of data generated by the healthcare system. In the regions where the same players take care of all three components, all of the acquisitions will be used to benefit the three components in a cooperative system implemented by the Director of the health district.
f) If you answered yes for d), confirm that funding for these activities has not also been requested within the other component. *Please refer to the Round 6 HSS Information Sheet on http://www.theglobalfund.org/en/apply/call6/documents/ before completing this section.*
All of the activities listed hereinabove have only been itemized in the budget for the malaria component. – Regarding the other activities to strengthen capacities that are apparently cross-cutting, it is of note that the healthcare facilities where care is provided are not always the same. In addition, in shared intervention facilities, the targets for activities to strengthen skills (equipment, human, institutional and financial) are not the same. The other components are planning the same activities to strengthen the healthcare system, bute they are not been conducted in the same geographic area as those for malaria.

g) Is this component reliant on any cross-cutting health systems strengthening activities that have been included within other components of this proposal?	☐ Yes ➔ *complete question h)*
	☒ No ➔ *go to 4.6.7*
h) If you answered yes for g), describe these activities and the associated budgets and identify and explain how this component will benefit.	

4.6.7 Common funding mechanisms	
a) Is part or all of the funding requested for the disease component intended to be contributed through a common funding mechanism?	☐ Yes ➔ *complete questions below.*
	☒ No ➔ *go to 4.8*

b) Indicate in respect of each year for which funds are requested the amount to be funded through a common funding mechanism.

c) Describe the common funding mechanism, whether it is already operational and the way it functions. Identify development partners who are part of the common funding mechanism. Please also provide documents that describe the functioning of the mechanism as an annex.

d) Describe the process of oversight for the common funding mechanism and how the CCM will participate in this process.

e) Provide an assessment of the incremental impact on projected targets as a consequence of the funds being requested for this component, which are to be contributed through the common funding mechanism.

f) Explain the process by which the applicant will ensure that funds requested in this application, that are contributed to a common finding mechanism, will be used specifically as proposed in this application.

4.6.8 Target groups

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

This proposal targets children under five and pregnant women in nineteen districts with a high incidence of malaria. This population is estimated at 5, 076,973 persons.

The national network of NGOs against malaria, which include women's community-based organizations were involved in all of the processes of creating this proposal. In terms of implementation, the women's and mothers' organizations will have a special role in promoting used of insecticide-treated bed nets and will assume responsibility for informing women of child-bearing age and their partner to increase their use of health services. It will also participate in the submission and approval of the results of the evaluation.

In addition, they will themselves benefit from the prevention and treatment activities included in the project and the financing for their associations resulting from their involvement in promotional activities.

4 Component Section *Malaria*

4.6.9 Social stratification

Provide estimates of how many of those expected to be reached are women, how many are youth, how many are living in rural areas and other relevant categories. The estimates must be based on a serious assessment of each objective.

Table 4.6.9 Social stratification

	Estimated number and percentage of affected persons in the following categories:			
	Women	Children under five	Rural residents (Pregnant women and children under five)	Other*(None)
DPS1: Insecticide-treated nets Goal of 80% of pregnant women (1,254,141) and children under five (955,708)	1,003,313	764,566	1,025,370	-
DPS2: Rapid and effective antimalaria treatment with ACDs Goal of 80% of children under five in the project area	-	3,511,594	2,036,724	-
DPS3: Prevention of malaria in pregnant women using SP Goal of 80% of women seen at PNVs in the project area	1,052,692	-	610,561	-
TOTAL	**2,056,005**	**4,266,160**	**3,672,655**	-

Malaria prevention and treatment in Côte d'Ivoire is not targeted at any particular group other than those considered to be vulnerable, namely children under five and pregnant women.

4.6.10 Gender issues

Describe gender and other social inequities regarding program implementation and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities.

- Situation overview

In Côte d'Ivoire like elsewhere in Western Africa, social and gender inequality are expressed in nearly the same ways but with variations depending on whether the area in question is rural, urban or suburban.

Overall, these inequalities are expressed in the areas of education and schooling, social status and the role of women in society as well as access to jobs and financial resources.

Literacy rates and rates of access to basic education are significantly higher for young men and adult males, particularly in rural areas where the risks of malaria are the highest.

The result of this is greater vulnerability to the disease for women due to their lack of education and the lack of attention they receive during decision-making about community health problems. However, women are still responsible for protecting their families' health. They are the first to take their children to be vaccinated, to examinations and to weight and nutrition check-ups. Their natural involvement in preventative and curative healthcare is highly beneficial for this project, since they are likely to follow through.

By involving women in a concrete manner and giving them the responsibility to participate in promotional activities and malaria prevention though community mobilization and awareness campaigns, the project can definitely expect to be a success.

- Reduction in gender inequality

This project will put an emphasis on strengthening the capacity of communities, and primarily that of women's organizations known for their institutional performance through the following strategies and interventions

- Granting a subsidy to women's CBOs for the implementation of awareness activities. These CBOs will receive training on inventory management and revenue from the receipts management system that will be implemented,
- Training for CBO women on awareness and community mobilization campaigns though question and answer sessions and the creation of general awareness-raising messages,
- Reducing socio-economic inequalities.

Ensuring correct treatment of malaria in community health facilities (Objective 3 of the project), particularly in the preventative phase, will undoubtedly have a positive economic impact by reducing the number of productive work days lost and direct and indirect costs of curative care. On the macro-economic level, these days of lost work and treatment costs are estimated at approximately 32% of the GDP of countries impacted by malaria over the past thirty-five years according to experts at the World Bank and International Labor Organization.

Strengthening CBOs and women's associations capacities to manage the promotion of insecticide-treated bed nets will be, in terms of earnings management, an excellent strategy to increase their financial independence, thus keeping them operational and able to continue these activities even after financing for the project has ended.

4.6.11 Stigma and discrimination

Unlike HIV/AIDS or tuberculosis, malaria rarely results in discrimination or stigmatization that results in temporary or permanent exclusion of directly or indirectly affected persons from society.

However, the basic health services offered are often overly "hospital-centric" and focused on treatment of existing cases, despite the fact that one of the major components of the program is prevention, health promotion and lifestyle change. This hospital focus automatically excludes some of the poorest populations from receiving services, who often living in the environments most conducive to the spread of malaria..

The project proposes to seek out the poorest populations, or those that are most vulnerable and have the greatest exposure to the illness. These are rural populations or those on the outskirts of urban areas in all of the covered districts, with the highest priority given to children under five and pregnant women. This will be possible due to the following:

- Increased awareness about malaria created through a network of community health workers and community outreach personnel using simple, appropriate IEC tools;
- Strong involvement of communities included in the project, and specifically women, in hygiene and community health issues.
- Increased awareness of populations for greater usage of available health

4.6.12 Equity

In reality, equity in the provision of health services is a daily challenge to be overcome in the implementation of the Bamako initiative. The related challenges increase for implementation of a health program, and specifically for an antimalaria program, since the disease is responsible for more than 40% of Côte d'Ivoire's primary-level medical visits.

The challenge: how can access to health care and LLINs be provided to the greatest number of people in an area where the system of cost recovery and the community financial participation can make it difficult to even obtain medical care to treat a fever? Equity is an issue in terms of financial accessibility and also in terms of geographic accessibility for those living in rural areas.

To address this challenge, the proposal includes the following actions:

- Providing LLINs at an affordable price for the poorest populations by way of a proposal subsidy
- Implementing a distribution system through local NGOs that can access rural areas

- Improving the geographic accessibility of healthcare services
- Promoting the use of Essential Generic Drugs (EGDs) with competitive pricing that make them affordable for a large portion of the population
- Exercising strict control over the availability of antimalaria drugs and insecticide-treated bed nets via a monitoring and evaluation system that will prevent untimely shortages.

Intervention will occur both in former conflict zones and in other areas. Rehabilitation activities, however, will primarily occur in the northern regions where the most significant destruction occurred.

4.6.13 Sustainability

Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the program term.

The NMP relies on its partners and on strengthening its partnerships. The reinstigation of the healthcare system in the Northern, Central and Western areas of the country, combined with the recovery of healthcare costs are a positive sign that the activities financed by the Global Fund will remain in operation. The interpersonal and media communications system are an essential support mechanism for the change in behavior necessary to support continued operations.

Implementation of a Task Force will enable more effective communication between local authorities and the various players in the field (local and international NGOs and CBOs).

Awareness campaigns and other community approaches will allow populations to better understand the challenges raised by malaria and take the necessary measures to encourage better health in their communities. Community-based activities strengthen both short and long-term compliance and the involvement in communities in efforts made to both improve their general state of health and prevent and treat malaria.

The distribution of LLINs to the proposal's target populations (pregnant women and children under five) at a lower cost (2.3 euros rather than 5.3 euros), with a subsidy paid to peripheral health centers, will reinforce the support granted to them.

Strengthening the capacities of various organizations (public, private and associations) involved in antimalaria efforts through training sessions will allow them to acquire the new skills and practices needed to fulfill community healthcare needs over the long-term.

In addition, the involvement of the regional boards and town councils will also help sustain the fight against malaria.

4.7 Principal Recipient Information

4.7.1 Principal Recipient Information

Table 4.7.1: Nominated Principal Recipient

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

Responsibility for implementation			
BBNominated Principal Recipient(s)	**Nominated Principal Recipient(s)**	**Nominated Principal Recipient(s)**	**Nominated Principal Recipient(s)**
National Bureau of	- Reception and	N'Dri Guillaume	04 BP 945 Abidjan 04

Technical Studies and Development (NBTSD)	management of Global Fund funding; - program implementation and monitoring; - effectuate allocations to sub-recipients; - monitor use of funds by sub-recipients	Gnamian (Director of Economic and Financial Research)	Tel : (225) 22 48 34 45 (225) 22 48 34 59 Fax: (225) 22 44 56 66 (225) 22 48 36 92 ngnamien@NBTSD.ci

4.8 Program and financial management

4.8.1 Management approach

Describe the proposed approach of management with respect to planning, implementation and monitoring the program. Explain the rationale behind the proposed arrangements.

Program and financial management will occur in accordance with a manual of administrative, financial and accounting procedures. This manual will define the roles and responsibilities of each player. It will ensure decentralized, flexible and responsive management. This procedure manual will be subject to CCM approval. The sub-recipients will be trained in the use of procedures in the manual to ensure effective implementation and avoid delays.

In terms of program management, the primary role of the principal recipient is to coordinate and supervise implementation of program activities. Program activities are divided into three types: activities implemented through national programs, capacity-strengthening activities and specific activities (not handled by national programs).

The NBTSD (principal recipient) will implement a flexible mechanism for collaboration preserving the autonomy of each of the different programs and a technical support system for the activities to strengthen their capacities.

The various national entities responsible for HIV/AIDS, tuberculosis and malaria have defined program activities. The principal recipient's role is to support and supervise the implementation of these programs.

In addition, based on their expertise and their role in fighting various pandemics, multiple sub-recipients will be added to the fund management. Thus, under CCM supervision and under the direction and monitoring of the NBTSD, the Ministry of Health will direct the implementation of all healthcare related activities (inventory management).

Each sub-recipient will be responsible for implementing its own programs with direction, monitoring and support from the NBTSD.

Implementation will be performed by facilities with expertise related to the activity in question. Through restricted or open calls for tenders, NGOs and other associations like CBOs will be selected by the sub-recipients as sub-contractors. The principal recipient's role shall be to ensure proper involvement of all entities during implementation of activities.

If necessary for specific activities, other sub-recipients may be selected. International NGOs and organizations within the United Nations system may not be selected as sub-recipients unless there is no qualified local candidate.

In general the principle of subsidiarity shall apply with regard to the involvement of various types of facilities in the management of activities.

Specific focus will be placed on monitoring and evaluation for the project. This activity will be performed by a multidisplinary team (project team) created by the NBTSD and supported by a system of contacts within sub-recipients and at the regional level.

In terms of financial management, based on the program management system described above, the

NBTSD's role will be to receive and centralize financial resources, ensure that they are secure and make them available to the sub-contractors approved by the CCM after they have concluded contracts with the sub-recipients. Sub-recipients will receive statements documenting the amounts allocated toward their activities that will be approved and paid by the principal recipient.

The fund resources will be placed in a bank account (project account) opened specifically for the project. In addition, specific bank accounts (satellites) will be opened based on the various intervention areas (components) or the nature of the activity or any other specification approved by the CCM. Management of these bank accounts is independent (separate and autonomous) from the NBTSD's general accounting. The principal recipient shall be responsible for general accounting, analytic accounting (by program area and cost center), receipt of financing requests, payment of expenses, supervision, monitoring and evaluation of sub-recipient activities as well as creation of financial activity reports for activities financed by the fund.

The NBTSD will ensure, before each new disbursement, that the amounts allocated for the components have been subject to technical and financial justification.

In accordance with its practices, the operations implemented by the NBTSD within the context of the project shall be subject to two rounds of audits: an internal audit and an external audit, conducted by a well-known international accounting firm (audit firm, etc.).

In the process of evaluating the performance of the program or that of the principal recipient, the CCM will conduct any technical or financial audits that it deems necessary.

Sub-recipients will assume the same tasks as the principal recipient for the funds allocated to them and will keep the principal recipient updated. Consequently, the principal beneficiary will order an audit of the funds allocated to the sub-recipients.

4.8.2 Principal Recipient capacities

a) Describe the relevant technical, managerial and financial capacities for each nominated Principal Recipient. Please also discuss any anticipated shortcomings that these arrangements might have 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.).

The **NBTSD** has a wide range of capacities (health, education, employment, economy and development, financial engineering, local development and urban planning, human development, construction, IT, technical auditing, market transfers, geographic information systems, agriculture, the environment, etc. NBTSD activities include conducting studies, managing large-scale development projects and counsel assistance. In the healthcare domain, the NBTSD has expertise in the following areas:

- the economy, planning, organization, programming, budget creation and healthcare, including:
  - support for the creation and implementation of the healthcare section of the Human Resources Development Program (restructuring of the healthcare system, cost recovery, drug policy: essential drugs and generic drugs);
  - support for the creation of the National Health Development Program (NHDP) and the Integrated Health Services Development Project (IHSDP);
  - review of public health expenditures.
- technical and financial feasibility studies for the creation of public and private health facilities: cancer study institute, Abidjan cancer study center (SERVIR Association), and multiple clinics for private developers in Bouaké and Abidjan;
- development of management tools: healthcare card, project cost estimates and healthcare investments;
- construction and rehabilitation of infrastructure (buildings and equipment) throughout the

healthcare pyramid (dispensary, maternity hospital, general hospitals, regional hospital centers, university hospital centers and the public health pharmacy).

This expertise is essentially concentrated within the Human Development Unit of the Department of Economic and Financial Studies, which played the role of technical committee of the Human Resources Development Program (HRDP). The Human Development Unit works in close collaboration with specialists in other departments such as social economists, urban planners, architects, engineers (biomedical, public works, IT, etc.).

In its role as principal recipient, the NBTSD will use its resident expertise, specifically a public health physician (with a master's degree in health economics, who assumed various management responsibilities within the healthcare system, specifically as Permanent Secretary of NHDP Monitoring Committee), an engineer with a Ph.D. in community health (healthcare organization and economics) planning and program specialists, market transfer specialists, bankers, etc.

Even with skills and experience in the healthcare field, the NBTSD still requires strengthening of the capacities of its technical personnel (doctors and public health specialists) to ensure that its actions are effective. The use of sub-recipients with significant skills in the area of program management will reinforce the NBTSD's role in its area of action. Also, if necessary the NBTSD may recruit specific expertise that will help it perform its role as principal recipient.

In terms of management, management of the project will be performed by a specific team (project management committee) consisting of various experts (technical, financial, etc.). This team will be exclusively dedicated to fund management. It will be allocated significant resources. The large number of projects managed by the NBTSD allowed it to use its rich experience in management of large-scale projects. In this way, the NBTSD developed expertise in planning and programming, management and coordination of large projects.

The project management committee will be structured around two major areas:

- a technical area (technical committee) structured around the different components (malaria, TB and SIDS prevention and treatment);
- and a financial area (financial committee).

Considering the significant involvement of sub-recipients in the implementation of activities the project management committee is essentially focused on supervision, monitoring and evaluation. The technical committee includes approximately seven experts, four of which are focused on AIDS, two on tuberculosis and malaria and one for monitoring and evaluation. To ensure effective management, the technical team calls on a network of contacts through sub-recipients and at the regional level. The sub-recipient contacts are responsible for monitoring activities implemented by the sub-recipient. At the regional level, the group of contacts consists of people from the regional monitoring and evaluation coordination committee implemented in the context of the strategic plan to fight AIDS for 2006-2010.

In terms of financial management, a team especially dedicated to fund management will be implemented. This team will consist of a director (with a master's degree or equivalent), and accountant ad two assistants. The activities of the financial team shall be subject to supervision by the financial and accounting director and subject to the same monitoring as those of the NBTSD.

The NBTSD is subject to the rules of the Organization for the Standardization of Business Law. The financial management is certified on an annual basis by a team of two accounting experts. The Finance and Accounting Department is structured in four (4) unites: (1. Finances – 2. Budget control – 3. Billing and recovery – 4. Accounting). All of the activities in the Department are coordinated by a director.

b) Has the nominated Principal Recipient previously administered a Global Fund grant?	☐ Yes ☒ No
c) Is the nominated PR currently implementing a large program funded by the Global Fund, or another donor?	☒ Yes ☐ No

d) If you answered yes for b) or c), provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous grants (Global Fund or other donor).

In the context of its activities, the NBTSD managed multiple subsidies from lenders (World Bank, European Union, etc.). Below are two specific examples:

1. Project to Support the Completion of Municipal Operations

This project was financed by the World Bank and the Côte d'Ivoire government to support the decentralization policy implemented by the Côte d'Ivoire government.

- Total cost of project: 41 million euros
- Results obtained:

A total of 40 million euros in resources were used, for an absorption rate of more than 93%. They served to finance urban works (28 million euros) and strengthen capacities (12 million euros).

Under the brand new formula created by the request, the PSCMO financed more than 459 projects in 132 towns (of a total of 196), distributed throughout the 16 regions of the Côte d'Ivoire.

The work completed primarily included:

- Construction and equipment for two hospital operating wings;
- Construction of ten (10) health centers;
- Construction of primary schools (20), elementary schools (8) and school cafeterias (5)
- transport of potable water (4 improved village hydraulic wells and 13 projects to expand the potable network);
- electrical network extension (19 projects) ;
- construction and equipment for 70 town halls and technical services;
- construction of 21 markets;
- etc.

Strengthening of capacities addresses training, support for the fight against AIDS (creation of the Municipal Intervention Committees, training of Municipal Intervention Committee coordinators) and support for the informal sector. The strengthening of capacities also applies to mobilization of resources and project management.

2. Coastal Community Development Program

The coastal community development program was financed by the European Union to support the development of coastal communities (specifically to develop basic social services such as health and education). Financing covered the period from 1994-1999.

- Total project coast: 30 million euros
- Results obtained:

The rate of mobilization of resources was 97.2%. A total of twenty towns received program financing.

The project resources enabled works projects to be financed and capacities to be strengthened

Operations in the healthcare sector (construction, hospital facilities and deliveries of medical

equipment) absorbed the majority of resources. There were fifteen towns involved with the health sector projects. The following specific results were obtained:

- 17 healthcare center constructions or rehabilitations;
- 16 hospital constructions or rehabilitations;
- 15 projects to equip health centers and laboratories.

e) If you answered yes for b) or c), describe how the PR would be able to absorb the additional work and funds generated by this proposal.

The NBTSD employs approximately 1,200 permanent agents, more than half of which are executive positions: engineers, economists, financiers, doctors, IT professionals, urban planners, lawyers, sociologists, psychologists, etc. The NBTSD is a company with a significant infrastructure with a presence in the field (missions throughout the country).

A specific project team will be created for the purpose of fund management. Various specialists (health issues, planning and programming, market transfers and financial) will be assigned to perform tasks that are the responsibility of the principal beneficiary. The project team will call upon other available expertise within the twelve (12) technical departments of the NBTSD as necessary.

If need be, the NBTSD may call upon external service providers to be selected via a call for tenders.

4.8.3 Sub-Recipient information

a) Are sub-recipients expected to play a role in the program?	☐ Yes ➔ *complete the rest of 4.8.3*
	☐ No ➔ *go to 4.9*
b) How many sub-recipients will or are expected to be involved in the implementation?	☐ 1 – 5
	☐ 6 – 20
	☐ 21 – 50
	☐ more then 50
c) Have the sub-recipients already been identified?	☐ Yes ➔ *complete 4.8.3. d) -e) and then go to 4.9*
	☐ No ➔ *go to 4.8.3. f) – g)*

d) 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.).

Based on their involvement into the National Pandemic Program and their areas of expertise the Ministries of Health, AIDS and social affairs were chosen as sub-recipients by the CCM.

Additional sub-recipients will be selected for other aspects such as community support.

e) Where sub-recipients applied to the Coordinating Mechanism, but were not selected, provide the name and type of all organizations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal.

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

g) 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.

The selection of sub-recipients will be conducted via a call for tenders.

Criteria include expertise, experience, ability to implement proposal activities, financial and program management capacities, monitoring and evaluation capacities and reporting capacities.

4.9 Monitoring and evaluation

4.9.1 Plans for monitoring and evaluation

Describe how the targets and activities indicated in the Targets and Indicator Table (attached as Attachment A to this proposal, see section 4.6) will be monitored and evaluated. Please identify any surveys to which this proposal is contributing.

The NBTSD has powerful methodological tools for data collection, processing and analysis. The data processing and management system includes an IT center, an internet service provider, a digitalization center, a mapping center and a copy and print center.

In the specific case of funds management, the monitoring and evaluation system includes three types of procedures: (i) monitoring, (ii) a priori evaluation essentially based on monitoring implementation and monitoring procedures and (iii) a posteriori evaluation.

In terms of operations, that which involves monitoring and a priori evaluation will be handled by the NBTSD. Due to decentralization, proper fulfillment of the project depends on implementation of the project by the sub-recipients.

In terms of evaluation, the NBTSD relies on the national monitoring and evaluation system The first activity to be conducted is development of a monitoring and evaluation plan.

Monitoring indicators will be collected monthly through various healthcare establishments through the national healthcare information system (NHIS).

The compilation will be made by entry of the district data and analysis by the district activities coordination committee during monthly meetings. Following this, the information will be transmitted on a monthly basis to the region and on a quarterly basis to the IPED and the NMP. Indicators related to ITNs will be obtained through surveys conducted every two years. The quality of drug treatment shall be evaluated through service surveys every two years

Supervision will be used to improve the quality of data collected.

An annual meeting with feedback delivered to service personnel and partners will be organized. The effect indicators will be collected via the geographic information services and the results will be published in the Annual Health Situation Report.

The information collected will be distributed and used at each level of the healthcare pyramid and to partners for decision-making purposes. Two evaluations will be conducted, one midway and one at the end of the project based on impact and coverage indicators.

4.9.2 Integration with national M&E Plan

Describe how performance measurement for this program is proposed to contribute to and/or strengthen the national Monitoring and Evaluation Plan for this component. If a national Monitoring and Evaluation strategy exists, please attach it as an annex to the proposal, and provide a summary of key linkages with the national Monitoring and Evaluation Plan and data collection methods.

The system described above is part of the national monitoring and evaluation system. The system of collection and management of data developed in the context of the project will improve the quality of data at the national level (IPED).

4.10 Procurement and supply management of health products

4.10.1 Organizational structure for procurement and supply management

Briefly describe the organizational 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.

In general, the NBTSD's project management role, and in certain cases, its management of large projects (Azito thermal center, renovation of the Félix Houphouët Boigny international airport, Pont de la Riviera (3rd Bridge), PACOM, PDCC, PVRH) on behalf of the Côte d'Ivoire government and in various African countries (Liberia, Benin, Equatorial Guinea, etc.) allowed it to accumulate experience on market transfer of goods and services. This solid, diversified expertise has allowed the NBTSD to master the procedures of multiple benefactors, namely the World Bank, the ADB the FED, USAID, AFD and UNOPS.

Through its support to the Ministry of Health and in the context of managing its development projects (including rehabilitation of the PHP, rehabilitation and acquisition of basic biomedical equipment in the rural health sector) the NBTSD acquired solid experience in the acquisition of biomedical equipment.

For supply purposes, the NBTSD has a Department of general means responsible for markets. It conducts the purchasing, transportation, security and storage of goods of all kinds. The market department has a software program to monitor market management. Together, these two departments provide supply management.

All of the purchasing management operations shall be performed by the principal recipient in compliance with Global Fund procedures and applicable international regulations. For the purchase of goods, the user makes the request (technical specifications, etc.) and the principal recipient is responsible for the actual acquisition (call for tenders, purchase, payment, etc.) for its profit.

Purchases of drugs shall be made by the principal recipient. However, the specification and the purchase request shall come from the sub-recipient.

Regarding inventory management, the NBTSD will rely on the principal recipient for the health segment (Ministry of Health).

The Ministry of Healthcare and Public Health has a drug and medical supply purchasing and management center called the PHP-CI (Public Health Pharmacy of Côte d'Ivoire).

The PHP-CI is a Industrial Commercial Public Establishment.

It falls within the dual aegis of the Ministry of Health and Public Health and the Ministry of the Economy and Finance and has the following primary missions:

- Ensure the supply and distribution of drugs and medical and surgical supplies;
- Organize and manage cost recovery;
- Ensure monitoring and evaluation of drug and product management.

To accomplish this it is responsible for supplying drugs, medical and surgical supplies and special

products throughout the country. ,

It provides these products to hospitals public health facilities and non-profit organizations. Because of this, it has a client portfolio estimated at over 600 clients nationwide. These clients, through their drug sales have raised its sales from 3,000,000 euros in 1991 to 23,000,000 euros in 2005.

The general policy of the PHP-CI is monitored by a management committee consisting of ten members from ministries or the following structures:

- Ministries of Health, Economy and Finance, Trade, Public Service and Higher Education;
- The Department of Pharmacy and Drugs, the National Laboratory of Public Health, the National Order of Physicians, Pharmacists and Surgical Dentists.

The PHP-CI employs a total of 200 people with a wide range of qualifications including pharmacists, pharmacy managers, executives and office staff, warehouse keepers and drivers.

Since January 2006, the PHP-CI has implemented a quality control process to obtain ISO 9001 version 2000 certification in 2008. The PHP has four primary functions:

1. Supply

The primary purchase method used by the PHP for its supplies is the open international call for tenders.

The selection of products is conducted on the basis of the national list of essential drugs and the quantity of products is based on the usage method and/or morbidity.

The call for tenders is published in the legal journal for announcements at both the national and international levels.

The commissioning for opening and selecting tenders consists of the Pharmacy and Drug Department, the National Public Health Laboratory, and the PHP-CI, and is chaired by the Public Market Department. It examines the validity of offers and, supported by specialists from various domains, selects suppliers based on the specification contained in the Call for Tenders application.

The PHP monitors orders so as to ensure compliance with supplier delivery deadlines based on the timelines originally established in the Call for tenders rules and regulations. The receipt of orders occurs after customs operations and shipping. It is of note that the drugs are not subject to customs duties under the West African Economic and Monetary Union shared external tariff agreement.

In the completion of its mission, the PHP-CI works in collaboration with the pharmacy and drug department, which is responsible for recording drugs and regulations, and the NPH and the WHO primary laboratory (Lanspex) in Nigeria, which are responsible for drug quality control.

2. Inventory storage and management

In accordance with PHP-CI procedures, received product is coded and stored in storage warehouses.

3. Distribution

Approved healthcare facilities in the country send an order form to the PHP-CI, which delivers the products in accordance with the timeframe for order placement and delivery agreed upon in advance. The PHP-CI has a fleet of twenty-six delivery vehicles at its central location and ten additional vehicles located in various districts.

4. Cost recovery

Operation of the PHP is compliant with the operating rules for National Public Establishments. Its funs are public holdings and are held at the Côte d'Ivoire public treasury, which is managed by the Ministry of the Economy and Finance. A budget auditor oversees implementation of the budget and an accounting agent manages spending.

4 Component Section *Malaria*

4.10.2 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

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

Table: Evolution of PHP-CI procurement

	2000	2001	2002	2003	2004	2005
Number of suppliers	123	118	120	99	87	66
Number of products procured	806	666	870	790	767	1 344
Procurement value (euros)	15,664,757	25,139,893	20,027,711	20,768,191	23,629,598	19,818,372.41

Sources: PHP-CI procurement documents

Since 2000, procurement volume has increased: between 15 million euros and 25 million euros depending on the year. The PHP-CI has annual contracts with around one hundred supplier with whom it concludes supply contracts under perfectly transparent terms and following a valid call for tenders.

4.10.3 Coordination

a) For the organizations involved in section 4.10.2.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.

4.10.4 Supply management (storage and distribution)

a) Has an organization already been nominated to provide the supply management function for this grant?	☒ Yes ➔ *continue* ☐ No ➔ *go to 4.10.5*

b) Indicate, which types of organizations will be involved in the supply management of drugs and health products. If more than one of the boxes below is ticked, describe the relationships between these entities.	☒	National medical stores or equivalent
	☐	Sub-contracted national organization(s) *(specify which one(s))*
	☐	Sub-contracted international organization(s) *(specify which one(s))*
	☐	Other *(specify)* INTERNATIONAL NGO

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

The PHP-CI has five (5) major storage centers and a refrigerated storehouse with a total area of approximately 10,000 m². The majority of the storage exists in the form of three levels of vertical pallet shelving (2,214 pallet capacity). Flammable products are stored in a separate 200 m² room and the cold chain is ensured by two 50m^3 refrigerated rooms. The layout of the storehouses and the storage of merchandise are organized according to proper storage practices. The storehouses have a fire protection system (fire door and fire alarm network). The storehouses are equipped with pallet loaders that allow maximum storage of products and the best vertical arrangement.

Inventory management is computerized. However, for additional monitoring purposes manual inventory lists are used to follow product movement. Product storage codes (geographic storage location) and management of expiration dates and product lot numbers are not computerized. Regular physical inspection of the stored products is conducted (inventory and expiration dates). Its methodology is described in the general procedural manual of the PHP-CI (rotating and annual inventory). A new piece of software, ORION that accounts for expiration dates and product location is in the process of being developed.

To increase storage capacity, rehabilitation of storehouses and construction plans for new storehouses are in progress. In addition a plan to create satellite storage areas on the periphery to reduce the concentration of inventory at the central location is underway.

d) Describe the organizations' 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.

The PHP distributes drugs and medical supplies to a large number of customers, primarily in the public and semi-public sectors, but also in the private sector. The number of its customers is in constant The PHP and is estimated at more than 600.

La PHP-CI uses the "pull" system for distribution of drugs in healthcare facilities. The established schedule involves a rotation in the distribution circuit so as to cover all of the regions. The institution pharmacies and/or warehouses are notified on the day of distribution and send their orders to the PHP-CI in advance. A standard supply order form prepared and circulated by the PHP-CI is used for this purpose. To provide deliveries to these establishments, the PHP-CI has eighteen vehicles. The health facilities served are: (i) at the regional level: Health Districts and Regional Hospital Centers and (ii) near Abidjan, all healthcare facilities regardless of the level of care (University Health Centers, Institutes, Health Centers, etc.). The PHP-CI thus supplies all regional and departmental healthcare departments for 100% nationwide coverage. All rural healthcare facilities obtain supplies at their central district facility. Urban facilities, district hospitals Regional Health Centers and University Health Centers obtain supplies directly from the PHP-CI. The population thus has access to drugs through health centers. However, with the social and political crisis, this national coverage has been interrupted.

With the redeployment of healthcare personnel, including Department and Regional Directors the PHP CI conducted an analysis at the end of 2004 of the situation that would allow it to resume activities in areas effected by the war.

Since this time, in collaboration with the projects supported by UNICEF and the European Union, the

government has reinstated the processes of delivery and cost recovery for healthcare in these areas.

[For tuberculosis and HIV/AIDS components only:]

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

4 Component Section *Malaria*

4.11 Technical and Management Assistance and Capacity-Building

4.11.1 Capacity building

1. Gaps

For healthcare providers

The Ministry of Health's introduction and implementation of IPT during prenatal visits is an initiative that has not yet been completely applied to all healthcare providers. This results in insufficient diagnostic capacities and treatment of disease, particularly in pregnant women.

For NGOs, CBOs and community healthcare providers

The dynamic nature and social activism of NGOs and certain CBOs are often thwarted by lack of capacities in the areas of management programming and ability to implement a communications strategy that will effectively change behavior patterns. Capacities in the area of inventory management, and specifically management of LLIN inventory, of healthcare personnel, NGOs and CBOs are deemed to be very weak at present. In actuality most of these players are unfamiliar with the processes of physical and financial management of supply and distribution systems for insecticide-treated bed nets or of the financial and administrative procedures related to the interventions financed by the Global Fund.

2. Strategies planned to bridge current gaps

Healthcare personnel in first contact facilities will receive training on provision of IPT, and the implementation of a pool of national trainers will allow regional teams to be formed, which will then service strengthen the capacities of healthcare personnel to provide IPT. This will include a section on the usage o monitoring and evaluation tools and media. Training is planned for community healthcare providers for each district regarding prevention of malaria and treatment of cases in the home. The personnel in distribution facilities will receive training on management of LLIN inventory including use of monitoring and evaluation tools.

At the NGO and CBO level, strengthening institutional capacities will require training in planning and technical and financial management of projects, including administrative procedures for projects financed by the Global Fund. Strengthening of operational capacities will occur through the implementation of a series of training session based on community-based approaches and increased awareness to promote behavior change. The implementation of regional antimalaria networks will increase the capacity of network members to fight malaria through sharing of experiences and best practices. A document plus any other form of media will be used to compile unique experiences and best practices related to fighting malaria within each district. This document will be widely distributed and be freely accessible so that it can be copied for all members of the network, plus the other NGOs and CBOs.

4.11.2 Technical and management assistance

Describe technical assistance needs, particularly the need for assistance to improve management capacities

The project will call upon periodic technical assistance in the form of short-term expertise specifically tailored to the envisioned need. This technical assistance will call upon national and international experts in the fields listed below.

1. Technical and financial management for the project

A consultant will be recruited to strengthen the capacities of project recipients in the areas of creation and financial management of projects and specifically those projects financed by the Global Fund. This consultant will also provide training on Global Fund procedures for personnel and project management personnel.

2. Creation of a monitoring and evaluation plan

A consultant will aid the sub-recipients in creating monitoring and evaluation plans for all of the project activities. The consultant will support the IPED and the sub-recipients in implementing a monitoring and evaluation plan.

3. Creation of an inventory management plan and evaluation of NGOs' storage capacities.

An expert consultant in the area of inventory management of pharmaceutical products and medical supplies shall evaluate the community distribution circuit, NGOs' capacities to store and distribute LLINs (condition and inventory). The consultant will assist the NGOs in inventory management by holding a training session.

4. Project evaluation

Two evaluations are planned, one midway through the project and the other six months from its completion. The first will be conducted an international consultant and two national consultants and will last three months. It will report on the progress of the project and its effectiveness and will include recommendations. The second will involve one international consultant and two national consultants.
All of the evaluations will be sent to the CCM and the various participants in the project.
Consultants will be chosen through applications or review of their Curriculum Vitae in accordance with the procedure jointly chosen by the three partners. The requirements for technical assistance, including the expected results, the timeline and the mission locations shall be provided by the Principal Recipient in collaboration with the other project partners. For each service, the experts should provide a technical and financial proposal that will be analyzed by a selection committee appointed for the duration of the project.

5 Component Budget *Malaria*

PLEASE NOTE THAT THIS SECTION IS TO BE COMPLETED FOR EACH COMPONENT.

In this section, applicants will need to provide summary budget information for the proposed duration of the component. Applicants are also required to provide a more detailed budget as an annex to the proposal. For more information on budget requirements, please refer to the Guidelines for Proposals, section 5.

If part or all of the funding requested for this component is to be contributed through a common funding mechanism (consistent with section 4.6.7), **applicants should provide:**

- Compile the Budget information in sections 5.1 – 5.6 on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and
- Provide, as an annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

5 Component Budget *Malaria*

5.1 Component budget summary

Insert budget information for this component broken down by year and budget category, in table 5.1 below.

Table 5.1 – Funds requested from the Global Fund

	Funds requested from the Global Fund (in euros)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Human resources	183,966	211,588	207,588	240,588		843,730
Infrastructure and equipment	333,126	246,829	55,392	78,492		713,839
Training	532,742	127,992	554,782	96,312		1,311,828
Commodities and products	2,474,475	49,666	2,424,505	49,666		4,998,312
Drugs	614,311	0	614,311	0		1,228,622
Planning and administration	1,074,051	668,802	816,274	685,802		3,244,929
Other management costs	521,267	130,488	467,286	115,086		1,234,127
Total funds requested from the Global Fund	5,733,938	1,435,365	5,140,138	1,265,946	0	13,575,387

5 Component Budget *Malaria*

55.2 Detailed Component Budget

The Component Budget Summary (section 5.1) must be accompanied by a more detailed budget covering the proposal period, attached as an annex to the proposal. The detailed budget should also be integrated with the Work Plan referred to in section 4.6.

5.3 Key budget assumptions

5.3.1 Drugs, commodities and products

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.

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.

c) Provide a list of commodities and products by main categories e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment. Include total costs, where appropriate unit costs.

5.3.2 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.

5.3.3 Other key expenditure items

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.

5 Component Budget *Malaria*

5.4 Breakdown by service delivery area

Please provide an approximate allocation of the annual budget for each service delivery area (SDA). The objectives and service delivery areas listed should resemble those in the Targets and Indicators Table (Attachment A to the Proposal Form). It is anticipated that this allocation of the budget across SDAs should be derived from the detailed component budget (see section 5.2).

Table 5.4: Estimated budget allocation by service delivery area and objective.

		Budget allocation per SDA (in euros)				
Objectives	**Service delivery area**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
OBJECTIVE 1: Ensure that 80% of pregnant women and children under five in the nineteen districts included in the proposal sleep under ITS between now and 2011	Insecticide-treated Nets	2,981,125	181,720	2,617,719	130,840	
OBJECTIVE 2: Ensure that 80% of women seen at PNVs use IPT with SP between now and 2011 in the nineteen districts covere by the project	Intermittent Preventative Treatment	53,280	0	33,280	0	
OBJECTIVE 3: Ensure proper management of 80% of cases of simple maaleia in children under five seen at health facilities in the nineteen districts between now and 2011	Biological Diagnosis of Malaria	116,536	58,026	58,026	58,026	
	Correct treatment of simple malaria cases	722,258	15,675	692,158	15,675	
OBJECTIVE 4: Ensure that 80% of CBOs under contract in the nineteen districts	Promotion of community-based activities	289,000	271,320	416,920	271,320	

5 Component Budget *Malaria*

		Budget allocation per SDA (in euros)				
Objectives	**Service delivery area**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
conduct awareness campaigns regarding malaria prevention and treatment in accordance with the performance contracts concluded with them.						
OBJECTIVE 5: Improve the monitoring and evaluation system in the nineteen districts	Information system and operational research	388,623	274,073	372,623	305,073	
	Partnership coordination and development	65,834	77,234	77,234	77,234	
	Human resources	203,958	218,580	218,580	218,580	
	Infrastructure	251,526	170,629	26,892	36,472	
	Provisioning and inventory management	140,610	37,620	159,420	37,620	
Total		5,212,750	1,304,877	4,672,852	1,150,840	0

5 Component Budget *Malaria*

5.5 Breakdown by implementing entities

Indicate in table 5.5 below how the resources requested in table 5.1 will, in percentage terms, be allocated among the following categories of implementing entities.

Table 5.5 – Allocations by implementing entities

	Fund allocation to implementing partners (in percentages)				
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Academic/educational sector	1.00%	3.00%	0.00%	3.00%	
Government	21.00%	48.00%	18.00%	47.00%	
Nongovernmental / community-based org.	13.00%	44.00%	16.00%	49.00%	
Organizations representing people living with HIV/AIDS, tuberculosis and/or malaria					
Private sector	65.00%	5.00%	66.00%	1.00%	
Religious/faith-based organizations					
Multi-/bilateral development partners					
Others. *Please specify:*					
Total	100.00%	100.00%	100.00%	100.00%	0.00%

5.6 Budgeted funding for specific functional areas

Table 5.6 – Budgets for specific functional areas

	Funds requested from the Global Fund (in euros)					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Monitoring and Evaluation	414,197	421,627	392,527	457,627		**1,685,978**
Procurement and Supply Management	2,710,518	34,200	2,399,411	0		**5,144,129**
Technical and Management Assistance	27,000	0	9,000	0		**36,000**

Monitoring and Evaluation:
Procurement and Supply Management:
Technical and Management Assistance:

5 Component Budget *Malaria*

LIST OF ANNEXES TO BE ATTACHED TO PROPOSAL *Malaria*

Section 5 (Component specific): Component Strategy		
4.4.1	Documentation relevant to the national disease program context, as indicated in section 4.4.1.	Annex 4a
4.6	**A completed Targets and Indicators Table**	Annex 4b
4.6	**A detailed component Work Plan** (quarterly information for the first year and indicative information for the second year).	Annex 4c
4.6.7 c) *(if common funding mechanism)*	Documentation describing the functioning of the common funding mechanism.	
4.8.3 e) *(where SRs applied but were not selected)*	Name and type of all Sub-Recipients not selected, the proposed budget amount and the reasons for non-selection.	
4.9.2	National Monitoring and Evaluation strategy (if exists)	
Section 5 (Component specific): Component Budget		
5.2	**Detailed component Budget**	Annex 4d
5.3.1	Preliminary Procurement List of Drugs and Health Products (tables B1 – B3)	Annex 4e
5.3.2	Human resources costs.	Annex 4f
5.3.3	Other key expenditure items.	Annex 4g
5.1 - 5.6 *(if common funding mechanism)*	Available annual operational plans/projections for the common funding mechanism, and an explanation of any link to the proposal.	
Other documents relevant to sections 4-5 attached by applicant:		
	Report on the impact of the crisis on health services	Annex 4h
	Abuja Indicator Questionnaire	Annex 4i
	NMP monitoring/evaluation	Annex 4j
	Evolution of *P. Falciparum* malaria resistance	Annex 4k
	Distribution of heath facilities over the project area	Annex 4l