The Elizabeth Glaser Pediatric AIDS Foundation
CÔTE D’IVOIRE ANNUAL PROGRESS REPORT 2013
The Elizabeth Glaser Pediatric AIDS Foundation seeks to prevent pediatric HIV infection and to eliminate pediatric AIDS through research, advocacy, and program implementation.

The Elizabeth Glaser Pediatric AIDS Foundation will work tirelessly to create a culture of hope, to accelerate scientific discovery, and to imagine a world in which children and families live free from HIV and AIDS.

Our Mission

Our Vision

Since 2004, the Elizabeth Glaser Pediatric AIDS Foundation - Côte d’Ivoire program (EGPAF-CDI) has provided more than one million women, and thousands of children, in Côte d’Ivoire with life saving HIV/AIDS care and treatment. Through work with numerous clinical partners, research institutions, and local entities that provide HIV care and support to local communities in Côte d’Ivoire, EGPAF-CDI continues to be a strong supporter to the Ministry of Health (MOH) and the U.S. President’s Emergency Fund for AIDS Relief (PEPFAR) implementing partners in reducing the incidence of HIV/AIDS in Côte d’Ivoire.

In 2013, the U.S. Centers for Disease Control and Prevention (CDC), through PEPFAR funding, enabled EGPAF-CDI to scale-up HIV services to new sites under project Didja, and strengthen capacity of community based organizations (CBOs) to provide HIV testing to over 19,000 children through project Keneya. Through the implementation of these projects, EGPAF-CDI continues to prevent mother-to-child HIV transmission, and save the lives of thousands of pregnant women and children.

We would like to take this opportunity to thank our partners, the government of Côte d’Ivoire, the MOH, CDC, PEPFAR, and our sub-partners. We also want to recognize Fondation Ariel Glaser, a local partner, providing prevention of mother-to-child HIV transmission (PMTCT), and HIV care and treatment, to pregnant women and infants, as well providing prevention services to at-risk populations.

In this 2013 Annual Progress Report we hope to provide a glimpse into the details of our work, and look forward to continued and new partnerships in creating an AIDS-free generation.

DR. JOSEPH ESSOMBO
Country Director
EGPAF Côte d’Ivoire
Background

THE ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION CÔTE D’IVOIRE PROGRAM

EGPAF has been supporting Côte d'Ivoire HIV program implementation efforts since 2004 – originally through a CDC Track 1.0-funded program, Project HEART, which helped to expand comprehensive, family-based HIV/AIDS care and treatment services in the country. EGPAF and its partners, including the MOH, University of Bordeaux/Institut de Santé Publique, d’Épidémiologie et de Développement, and the Ivorian non-governmental organization (NGO), ACONDA, have worked since 2004 to develop a network of care and treatment facilities across the country.

BY THE NUMBERS IN CÔTE D’IVOIRE (as of December 31, 2013)

Since 2004, EGPAF has reached more than one million women with access to services to prevent transmission of HIV of their babies

More than 95,000 individuals, including nearly 10,000 children, have been enrolled in HIV care and support programs

More than 875,000 pregnant women have been tested for HIV

Over 45,000 individuals, including more than 3,000 children, have been initiated on ART
EGPAF-CDI currently supports the provision of family-based HIV/AIDS care services through a broad range of activities under two CDC-funded projects: Didja (which means "To Preserve" in the local Malinke language) and project Keneya (translates to "Good Health" in Malinke).

- Under Project Didja, EGPAF provides capacity-building through technical assistance (TA) to 12 indigenous Ivorian organizations - enabling them to expand access to comprehensive HIV prevention, care and antiretroviral therapy (ART) programs. EGPAF provides technical and financial support to five regions and ten districts for the provision of quality health services including provider-initiated testing and counseling (PITC), tuberculosis (TB)/HIV co-infection care and treatment, care and support for orphans and vulnerable children (OVC) and HIV-infected adults and children, and ART for eligible patients. EGPAF has supported the MOH and sites with the transition to the World Health Organization’s (WHO) 2010 PMTCT guidelines, recommending access to a more efficacious regimen of ART among HIV-positive pregnant and breastfeeding women (Option B) and intensified the integration of HIV prevention activities with family planning services. EGPAF has also prioritized activities to improve data collection, analysis, quality assessment, and data use for decision-making among supported sites.

- Under Project Keneya, EGPAF strengthens access to prevention, care, and support services in Côte d’Ivoire, and adapts care and treatment to the needs of OVC and persons living with HIV/AIDS (PLHIV) in the central, western, and northern regions of Côte d’Ivoire. Key technical areas include identification, assessment, and support for OVC, care and support for PLHIV, voluntary counseling and testing, and behavior change communication for HIV prevention. EGPAF has fostered a family-based approach to health service delivery at supported facilities, built capacity of health centers and strengthened the technical capacity of its 10 local partners. In addition, trainings were implemented to improve partner and community capacity in early childhood development, financial education for households, holistic prevention of gender-based violence (GBV) and care and support for GBV victims.

**SUPPORT TO PLHIV**

EGPAF focuses on extending a full range of care and support for people living with HIV. In 2013, EGPAF provided nutritional assessments, counseling and appropriate care to more than 900 malnourished clients, as well as lifesaving treatment, including cotrimoxazole, water purifiers, and cervical cancer screening to women. Over the year, EGPAF distributed over 400,000 condoms, over 500,000 water purification tabs, and screened over 1,600 women for cervical cancer.
Project Djidja

OVERVIEW

Since October 2011, EGPAF has been implementing project Djidja. The main objective of Djidja is to support the government in implementing HIV prevention, care, and treatment to address population needs, particularly needs among children. During the second year of implementation (October 2012 to September 2013), Djidja supported 37 care and treatment sites and helped to enroll 3,797 HIV-positive patients into care and 3,395 patients onto ART.

PROGRAMMATIC OBJECTIVES*

| OBJECTIVE 1 | Promote primary HIV prevention and improve care, support, and treatment services |
| OBJECTIVE 2 | Contribute to the strengthening of health systems supporting HIV/AIDS service delivery |
| OBJECTIVE 3 | Build the technical and organizational capacity of selected local non-government and government partners to implement HIV prevention, care, and treatment services |
| OBJECTIVE 4 | Transfer program support from international organizations to local government and NGO partners |

* It should be noted that objectives during PY2 remained the same as in PY1.

ACCOMPLISHMENTS AGAINST OBJECTIVES

Promote Primary HIV Prevention and Improve Care, Support, and Treatment

EGPAF has continued its technical and financial support to the five EGPAF-supported regions and 10 districts covered under Djidja. EGPAF implements a package of services under this support: PITC, HIV care and treatment, screening for TB/HIV co-infection, and care and support for OVC.

Through Djidja, EGPAF expanded PITC services from 49 to 82 sites, scaled up the number of sites offering integrated HIV/family planning services from 13 to 32, and increased coverage of psychosocial support and education activities through partnerships with five community-based organizations (CBOs) from September 2012 to September 2013. EGPAF has also advocated at the national level for increased education and communications around HIV prevention and care.

Care and Treatment

As of September 2013, EGPAF supported 38 care and treatments sites (including 11 new sites in 2013) out of 82 EGPAF-supported sites in Côte d’Ivoire, providing regular TA (once monthly supportive supervisions visits) to 14 high-volume sites. Among achievements in the care and treatment program, Djidja-supported sites can claim piloting a successful ART task shifting initiative in one very high-volume site and increasing ART adherence through use of lay counselors affiliated with the six CBOs. These lay counselors work at care and treatment sites and now provide follow-up to women and families in communities.

Promotion of HIV prevention, care and treatment service use among women in catchment areas covered by Djidja was launched through advocacy at the national level for development of standardized messaging tools and materials in all support sites. The MOH supported this activity and EGPAF began developing these materials in 2013. EGPAF has conducted a baseline analysis of the tools and developed advanced drafts. The MOH and EGPAF will organize a national workshop for the validation of the tools and the tools will be launched for use in the coming year.
Before a January 2013 Office of the U.S. Global AIDS Coordinator visit, EGPAF increased efforts to address challenges in retention of enrolled HIV-infected individuals in care and treatment sites. EGPAF worked with the MOH to identify structural barriers related to the organization and management functioning of the health system and define areas of response. Since the visit, EGPAF has assisted the MOH in finalization of a national inspection repository and control system - a government entity which monitors health workers and ensures they are providing quality care according to national guidelines. The agency assisted in prioritizing structural constraints of the national health system, and developing messaging to build awareness among care providers and managers at supported sites to improve the quality of the care and services they provide, thereby increasing client retention in HIV treatment.

**Pediatric HIV Care and Treatment**

EGPAF has supported the MOH in implementation of the revised pediatric care and treatment guidelines following the WHO 2010 recommendations throughout 2013. EGPAF has also established a growing network of pediatric care providers through organization of pediatric care facilities to build capacity of the pediatric focal points, share experiences among providers, improve identification of children at risk, and increase ART enrollment for HIV-positive children. Throughout 2013, four technical exchange meetings were held.

Improvements have been made to the data collection system to strengthen monitoring of early infant diagnosis (EID). Improvements consist of more robust Dry Blood Spot (DBS) sample transportation from sites to reference laboratories in Abidjan and making polymerase chain reaction results quickly available to facilities and clients through phone calls from laboratories to health facilities. This new transport system has reduced the diagnosis response timing between initial infant blood testing and sharing results from 89 days in 2012 to 50 days by the end of 2013. As a result, this system has been adopted by PEPFAR as a standard for all implementing partners in Côte d’Ivoire.

**TB/HIV**

EGPAF supported the National TB Control Program and the National HIV Program in establishing three regional TB/HIV technical working groups in order to improve coordination of activities at the national level and to develop a joint HIV/TB action plan.

EGPAF also provided technical and financial support to improve TB/HIV co-infection care and treatment in the 38 care and treatment sites in four districts. Activities include:

- Defining a referral and counter referral system between services that support TB and those providing care for PLHIV to ensure continuity of services for co-infected and cured TB patients
- Improving TB/HIV data collection tools for better monitoring of patients
- Validating national guidelines on TB infection control in all 10 districts supported by EGPAF
- These activities resulted in integrated TB/HIV activities in all 38 sites. Of the 38 sites, 97% are reporting data for TB screening among PLHIV (adults and children).

**OVC**

EGPAF and five partner organizations were able to serve 2,663 out of 2,391 expected OVC with a package of services, including routine health care, HIV/AIDS care and treatment support, nutrition support, psychosocial support, and vocational training - consistent with national standards - at 38 sites.

EGPAF has also started to support three pre-service institutions (School of Medicine of Abidjan- Coody University, the School of Medicine of Bouake, and the General Hospital of Ayaume) to launch an e-learning initiative, primarily targeting alumni and other care providers and social workers. The objective of this initiative is to strengthen care providers’ knowledge of HIV treatment and program innovations and communication technologies. As of September 2013, 172 care providers (doctors, nurses, social workers) registered for the e-training.

**STRENGTHENING THE REGIONAL HEALTH INFORMATION SYSTEM**

During 2013, EGPAF overcame a lack of dedicated staff for data management through identification of six focal persons from six health facilities in Abidjan. These people received training on data collection, analysis, quality assessment, and data use for decision-making from both EGPAF-CDI and the National School of Statistics. EGPAF has also placed four data managers at four large, supported sites in two districts to improve data management.

**PROMOTE DATA USE AT SITE, DISTRICT, AND REGIONAL LEVELS TO IMPROVE SERVICE DELIVERY**

To improve use of data for programmatic decision making, EGPAF developed information bulletins for regional and district staff care providers at the site-level focused on key program indicators and improvements for supported sites. These bulletins include data on retention, prophylaxis ARV provision for mother and infants and eligibility screening for HIV-positive pregnant women.

To better tailor its TA around data promotion at site-level, EGPAF developed a matrix whereby PMTCT and care treatment initiation data, as well as data on 12-month ART retention, is populated by program staff and used to guide technical staff. The matrix is updated quarterly to show program managers trends in the program and better inform program decisions. An assessment will be conducted in 2014 to determine the added value of that tool on program management.

**BUILD THE TECHNICAL AND ORGANIZATIONAL CAPACITY OF SELECTED LOCAL NGO AND GOVERNMENT PARTNERS TO IMPLEMENT HIV PREVENTION, CARE, AND TREATMENT INTERVENTIONS**

EGPAF received an official mandate to assess the capacity of five regions, 10 districts, and 50 sites to provide sustainable and high-quality HIV services. EGPAF adapted the Organization Capacity and Viability Assessment Tool* to be consistent with national policies and performance standards. Preliminary findings from use of the tool revealed that major areas for improvement in most of the sites include: human resource management, infrastructure and equipment, delivery and quality of care and support services, and monitoring and evaluation. EGPAF has been working with the MOH to address these issues by working closely with the supported regions, districts and sites to identify gaps in the operational action plan and mitigate these challenges.

**TRANSFER PROGRAM SUPPORT FROM INTERNATIONAL ORGANIZATIONS TO LOCAL GOVERNMENT AND NGO PARTNERS**

EGPAF continues to support Fondation Ariel through a rigorous accreditation process to ensure the organizational systems remain at the highest standard of quality for effective program implementation. Simultaneously, EGPAF has continued to support a strong care and treatment sub-grantee in Bouake leveraging the support provided through another EGPAF project, Kenya, also funded by CDC.

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* The tool was designed by Macro and is available here: [http://b.3cdn.net/glaser/f196d8dc60001ecc_73m6h5ra.pdf](http://b.3cdn.net/glaser/f196d8dc60001ecc_73m6h5ra.pdf)
OVERVIEW

The EGPAF-supported Keneya project was launched in 2010 with the aim to strengthen access to prevention, care, and support among OVC, families and caregivers of OVC, and PLHIV in the central, western, and northern regions of Côte d’Ivoire. In its third year of implementation, Keneya partnered with two local NGOs to support 12 sites. This support has resulted in 18,960 clients counseled and tested for HIV, 208 HIV-positive patients enrolled in care and treatment services, and 8,073 OVC and 5,045 adult PLHIV receiving care services.

Keneya has continued its partnership with Centre SAS, a local NGO created in 1995 to provide comprehensive HIV/AIDS prevention, care and treatment services using a family-focused approach in facilities and communities. With technical support provided from EGPAF, the center has allocated sub-grantees to five local NGOs to implement care and support services to OVC and their families, PLHIV, counseling and testing and sexual prevention with youth and the general population. Additionally, EGPAF formed an eight-month site support agreement with four NGOs to support five sites in the Poro-Tchologo Bagoué Region to implement sexual education in youth and the general population, adult care and support, and OVC care and support.

PROGRAMMATIC OBJECTIVES

| OBJECTIVE 1 | Support activities at VCT sites to provide counseling and testing for 19,800 clients |
| OBJECTIVE 2 | Ensure quality care and support services to 9,500 OVC and their families |
| OBJECTIVE 3 | Contribute to strengthening the technical and operational capacities of welfare center two of Korhogo and welfare center of Bouna to support OVC programs |
| OBJECTIVE 4 | Ensure quality care and support services to 7,667 adult PLHIV |
| OBJECTIVE 5 | Strengthen technical and operational capacity of three local organizations to implement and monitor sustainable interventions for community-based prevention and care of HIV and prepare for eventual transition of service delivery activities |
| OBJECTIVE A | Build the capacity of community actors to provide prevention with positive and abstinence and be faithful services |
| OBJECTIVE B | Reinforce technical and material capacity of two NGO partners |

Promote primary HIV prevention and improve care, support, and treatment services

Contribute to the strengthening of health systems supporting HIV/AIDS service delivery

Support behavior change initiatives to reduce sexual transmission of HIV through messages that promote correct and consistent use of condoms and other prevention methods
ACCOMPLISHMENTS AGAINST OBJECTIVES

STRENGTHEN COORDINATION AND PARTICIPATORY M&E OF THE PROJECT

In 2013, EGPAF-CDI conducted a mapping exercise with CDC partner Health Alliance International, which resulted in development of a collaboration framework in Gbékéd'Hambol and Poro-Tchologo-Bagoué regions to reinforce coordination of care and support interventions and avoid duplication of services among PEPFAR partners. This exercise led to adoption of a care and support map, clarifying delegated areas of responsibility by each implementing partner. Regular meetings were also scheduled among implementing partners in 2013 to ensure that all were effecting change and problem-solving together.

EGPAF participated in national and regional coordination meetings and technical working groups to enhance technical leadership coordination. At these meetings, the expectations of EGPAF were presented to the regional health directorates of Gbéké and Hambol to facilitate buy in and collaboration between the different local parties. These meetings allowed for adoption of policies for PMTCT and pediatric care.

SUPPORT INITIATIVES TO PREVENT SEXUAL TRANSMISSION OF HIV IN CENTER AND NORTH REGIONS BY REACHING 6,000 PEOPLE WITH MESSAGES ON ABSTINENCE AND BEING FAITHFUL

By the end of 2013, Kenya had reached 5,248 youths (87% of the annual target) with messages around abstinence and being faithful. EGPAF organized 465 educational sessions on topics promoting delayed sexual debut among youth and reducing the number of sexual partners among adults. Roughly 369 educational sessions were held in the Bouaké area and 96 in Korhogo. Approximately 2,249 condoms were distributed to participants in educational sessions. Peer educators are a national cadre of community health workers responsible for organizing educational sessions on prevention of HIV among their peers. EGPAF organized two training sessions for Bouaké and Korhogo supervisors and 18 peer educators on individual follow-up cards – identification cards provided by sites to HIV-positive clients to ensure clients are communicating to peer educators, and receive the prescribed and necessary care and treatment.

SUPPORT BEHAVIOR CHANGE INITIATIVES TO REDUCE SEXUAL TRANSMISSION OF HIV THROUGH MESSAGES THAT PROMOTE CORRECT AND CONSISTENT USE OF CONDOMS AND OTHERS PREVENTION METHODS

EGPAF-Côte d’Ivoire has been collaborating with an NGO, Ivoirienne pour le Progrès (AIP) in Bouaké, to promote HIV prevention activities since June 2013. The program targets at-risk groups such as transportation workers (driving apprentices, money collectors, etc.) and female sex workers at bus stations in Bouaké and Katiola.

Peer educators are a national cadre of community health workers responsible for organizing educational sessions on prevention of HIV among their peers. EGPAF organized 522 thematic education sessions at intercity bus stations in Bouaké and Katiola; 2,229 people including 542 female sex workers and 1,687 intercity carriers have been reached with messages around HIV prevention and use of condoms. Women of the community, working in around the bus stations, were involved as peer leaders to provide peer-to-peer education on HIV and AIDS. Kenya also organized public entertainment at the bus station in Bouaké, promoting HIV testing and counseling and correct use of condoms on September 2013. On-site HIV testing was implemented for participants; of 54 individuals tested, no individual was HIV-positive. Altogether, 2,929 condoms were distributed at educational sessions; 90 people were referred and screened through community testing and counseling and treated in health centers for sexually transmitted infections.

EGPAF participated in a workshop on effects of the national AIDS program among at-risk populations. This workshop helped to define the national priorities for the implementation of interventions and identify the challenges related to HIV prevention. EGPAF also collaborated on a national technical working group to specifically address the epidemic among female sex workers in Côte d’Ivoire.

SUPPORT ACTIVITIES AT VOLUNTARY COUNSELING AND TESTING (VCT) SITES TO PROVIDE COUNSELING AND TESTING FOR 19,800 CLIENTS

In 2013, six clinics received training and supervision by Kenya project team, as well as standard operating procedures (SOPs) and commodities to ensure full implementation of VCT services. By September 2013, 18,960 clients were tested for HIV and received results (96% of target), with 208 testing positive and 206 referred to health facilities for enrollment into care.

Weekly campaigns were launched early in 2013 to educate the communities on HIV and care; weekly meetings established small groups for interpersonal contact among providers and clients and all clients were referred to community health workers for HIV testing.

Kenya organized two practical trainings; one for five VCT supervisors and counselors on counseling and testing techniques and management of biomedical waste at a community VCT site in Port Bouët and the second for four VCT counselors in Boundiali on national standards and procedures for VCT and testing by finger test. Kenya also coached counselors on testing couples and trained four VCT counselors and EGPAF program officers on engaging men around HIV / AIDS elimination, in collaboration with EngenderHealth. Kenya also supported VCT sites to manage their supply chain and laboratory functions and provided sites with commodities (condoms) and SOPs to guide workers.

ENSURE QUALITY CARE AND SUPPORT SERVICES TO 9,500 OVC AND THEIR FAMILIES

During 2013, HIV care and support services for OVC were offered in five sites through a partnership agreement with Centre SAS. These services were offered through a family-based approach and focused on identification of OVC at each site, implementation of child assessment using the child’s HIV-positive status to identify family members also infected with HIV and service delivery according to identified needs.

In 2013, EGPAF, with Centre SAS, worked to strengthen supported site-level capacity to utilize child survival tools, provide household economic strengthening, implement OVC guidance (per CDC/PEPFAR guidelines), gauge early childhood development (growth and development of motor skills), provide holistic care to OVC and adults, and implement services to support victims of GBV. EGPAF trained 37 community counselors on childhood development in Bouaké (Centre SAS) and Katiola (childhood protection center), organized a workshop for 30 community counselors and four social workers in charge of OVC on holistic care and support for victims of GBV, trained 16 community counselors on OVC care and support and use of OVC data collection tools in Korhogo, developed SOP for OVC care and support activities and provided 12,258 aquatabs (water purification tablets) to 483 adults and 681 OVC throughout 2013.

As of September 30, 8,073 OVC received some type of care and support. The services offered included: educational support (35%), health support (54%), psychological support (99%), nutritional support (79%), economic strengthening of OVC and families (31%), protection support (60%) and shelter and care support (80%).

CONTRIBUTE TO STRENGTHENING THE TECHNICAL AND OPERATIONAL CAPACITIES OF THE WELFARE CENTER OF KORHOGO AND THE WELFARE CENTER OF BOUNDIALI TO SUPPORT OVC PROGRAMS

To support the welfare center of Korhogo and the welfare center of Boundiali, EGPAF provided TA through two supportive supervision visits to provide guidance on HIV care and support standards, trained 10 staff on identified areas for needed improvement discovered through supportive supervision (including the use of current health data collection software), coached for community health workers, and provided anthropometric and nutrition materials.

ENSURE QUALITY CARE AND SUPPORT SERVICES TO 7,667 ADULT PLHIV

Partnering with Centre SAS and Caritas Korhogo, EGPAF-CDI offered HIV care and support services to adults in nine sites throughout 2013. At these sites, community counselors provided health care promotion, psychosocial support, nutritional support, and education on prevention of HIV. Palliative care was also offered to adults visiting these clinics. As of September 30, 5,045 adults received at least one care and support service. Of these clients, 100% received psychosocial support, 93% received nutritional support, and 9% were given economic guidance. Of the 5,045 adults, 2634 adults were HIV-positive and received prevention with positive counseling services.

In 2013, EGPAF provided monthly TA to Centre SAS, three NGOs in the north and the Caritas-CI Diocese of Korhogo on patient needs assessments, how to develop an HIV intervention program, provision of adult care and support and how to use data tools. In July 2013, EGPAF trained 18 community counselors at Korhogo hospital on community care and support for PLHIV including ARV adherence counseling.
EGPAF has developed SOPs on adult care and support to help community counselors in their work; these SOPs instruct community counselors on how to best provide adult care and support, how to develop community support groups, provide home visits, and delivery of services related to hygiene and water purification.

STRENGTHEN TECHNICAL AND OPERATIONAL CAPACITY OF LOCAL ORGANIZATIONS TO IMPLEMENT AND MONITOR SUSTAINABLE INTERVENTIONS FOR COMMUNITY-BASED PREVENTION AND CARE OF HIV AND PREPARE FOR EVENTUAL TRANSITION OF SERVICE DELIVERY ACTIVITIES WITH A SPOTLIGHT ON CENTRE SAS

Through provision of TA to Centre SAS, EGPAF strengthened technical, organizational, governance, human resource management, award management, M&E and financial management. EGPAF helped Centre SAS develop an operations procedures manual, develop a sub-grantee management manual, adopt use of timesheets, comply with Côte d’Ivoire labor laws and policies, and strengthen their M&E unit through hiring and training of a skilled M&E officers. EGPAF also provided financial assistance to support all training fees of two M&E staff. EGPAF helped Centre SAS to expand adult care and treatment services, support services to PLHIV, enhanced use of peer educators to strengthen counseling and testing and provide sexual health education to youths.

Table 1: Key results and targets for Kenya’s Project Year 3

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>TARGET</th>
<th>ACHIEVED RESULT</th>
<th>PERCENT OF TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful</td>
<td>8,000</td>
<td>5,248</td>
<td>66%</td>
</tr>
<tr>
<td>Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on condoms and other methods of prevention</td>
<td>5,000</td>
<td>2,229</td>
<td>45%</td>
</tr>
<tr>
<td>Number of individuals who received testing and counseling services for HIV and received their test results (including TB, pregnant women and infants)</td>
<td>19,800</td>
<td>18,960</td>
<td>96%</td>
</tr>
<tr>
<td>Number of eligible adults and children provided with a minimum of one care service</td>
<td>17,467</td>
<td>13,118</td>
<td>75%</td>
</tr>
<tr>
<td>Number of eligible OVC served</td>
<td>9700</td>
<td>8,073</td>
<td>83%</td>
</tr>
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The Way Forward

**DIJDJA**

In 2014, EGPAF-CDI will engage in the following priority activities to pursue the goals under its Djidja project:

- In strong collaboration with government entities and others organizations, ensure access to holistic and sustainable services to populations of supported regions
- Provide continuous quality assessment and improve services provided to PLHIV in EGPAF-supported areas
- Strengthen access to clients in need of ART and improve retention of at least 75% of those enrolled on ART
- Provide ongoing health staff training
- Encourage national policy development and implementation, especially around the elimination framework and Option B+/B+

**KENEYA**

EGPAF will continue its success in its Keneya project by prioritizing the following activities in the next fiscal year:

- Increased collaboration with government entities at all levels and local organizations for better management of activities and mutual accountability
- Closely working with implementing partners to ensure a more complementary interventions implemented to improve patient retention in services
- With the expansion of the OVC portfolio, extend care and support services in all districts covered by the three regions and establish an advanced technical post in the north to better respond to the needs of beneficiaries
- Support nine sub-grantees in three health regions (Ghêkê, Hambol and Poro-Tchologo-Bagoué) to improve their TA to partners and the quality of service delivery
- Continuous work at the national level on policy development and implementation, particularly targeting / supporting PLHIV and OVC
Financial Summary

Figures 1: Côte d’Ivoire FY 2012 v. 2013 expenses

Figures 2: FY 2013 expenses by program

Acknowledgements

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