



FIXED ASSET INVENTORY AWARE HIV/AIDS



AWARD # CA-688 -A-00-03-0006600

No.	Description	Acquisition Date	Acquisition value-Local Currency	Acquisition Value-US\$	Estimated Market Value-US\$	Location	Serial No.	ID No.	Current Condition
1	Brava L-Shape + Drawers + Keyboard Tray	12/1/2003	6,200,000.00	708.57	212.57	AWARE-HIV/AIDS Office	N/A	100-11-LD-001	Good
2	Brava L-Shape + Drawers + Keyboard Tray	12/1/2003	6,200,000.00	708.57	212.57	AWARE-HIV/AIDS Office	N/A	100-11-LD-002	Good
3	Brava L-Shape + Drawers + Keyboard Tray	12/1/2003	6,200,000.00	708.57	212.57	AWARE-HIV/AIDS Office	N/A	100-11-LD-003	Good
4	L-Shaped + Table	21/01/2005	4,500,000.00	514.29	257.14	AWARE-HIV/AIDS Office	N/A	100-11-LD-004	Good
5	L-Shaped + Table	21/01/2005	4,500,000.00	514.29	257.14	AWARE-HIV/AIDS Office	N/A	100-11-LD-005	Good
6	Brava bookcase with Glass	12/2/2003	3,500,000.00	400.00	120.00	AWARE-HIV/AIDS Office	N/A	100-11-BC-001	Good
7	Brava bookcase with Glass	12/2/2003	3,500,000.00	400.00	120.00	AWARE-HIV/AIDS Office	N/A	100-11-BC-002	Good
8	Brava bookcase with Glass	12/2/2003	3,500,000.00	400.00	120.00	AWARE-HIV/AIDS Office	N/A	100-11-BC-003	Good
9	Brava Down Cabinet	12/2/2004	1,500,000.00	171.43	68.57	AWARE-HIV/AIDS Office	N/A	100-11-FC-001	Good
10	Brava Down Cabinet	1/14/2004	1,800,000.00	205.71	82.29	AWARE-HIV/AIDS Office	N/A	100-11-FC-002	Good
11	Brava Down Cabinet	12/2/2003	1,500,000.00	171.43	51.43	AWARE-HIV/AIDS Office	N/A	100-11-FC-003	Good
12	Brava Down Cabinet	1/14/2004	1,800,000.00	205.71	82.29	AWARE-HIV/AIDS Office	N/A	100-11-FC-004	Good
13	Brava Down Cabinet	12/2/2003	1,500,000.00	171.43	51.43	AWARE-HIV/AIDS Office	N/A	100-11-FC-005	Good
14	Brava Oval Rectangle Desk	12/10/2003	4,266,666.67	487.62	146.29	AWARE-HIV/AIDS Office	N/A	100-11-DD-001	Good
15	Brava Desk + Drawers	12/2/2003	2,800,000.00	320.00	96.00	AWARE-HIV/AIDS Office	N/A	100-11-DD-002	Good
16	Brava Oval Rectangle Desk	12/10/2003	4,266,666.67	487.62	146.29	AWARE-HIV/AIDS Office	N/A	100-11-DD-003	Good
17	Brava Desk + Drawers	12/2/2003	2,800,000.00	320.00	96.00	AWARE-HIV/AIDS Office	N/A	100-11-DD-004	Good
18	Brava Office Desk + Drawers	12/10/2003	2,800,000.00	320.00	96.00	AWARE-HIV/AIDS Office	N/A	100-11-DD-005	Good
19	Brava Office Desk + Drawers	12/10/2003	2,800,000.00	320.00	96.00	AWARE-HIV/AIDS Office	N/A	100-11-DD-006	Good
20	Rio workstation Desk + Drawer	25/01/2005	3,900,000.00	445.71	222.86	AWARE-HIV/AIDS Office	N/A	100-11-DD-007	Good
21	Rio workstation Desk + Drawer	25/01/2005	3,900,000.00	445.71	222.86	AWARE-HIV/AIDS Office	N/A	100-11-DD-008	Good
22	Rio workstation Desk + Drawer	25/01/2005	3,900,000.00	445.71	222.86	AWARE-HIV/AIDS Office	N/A	100-11-DD-009	Good
23	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-001	Good
24	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-002	Good
25	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-003	Good
26	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-004	Good
27	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-005	Good
28	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-006	Good
29	Computer Table	12/2/2003	1,300,000.00	148.57	44.57	AWARE-HIV/AIDS Office	N/A	100-11-CT-007	Good
30	Round Conference Table	12/10/2003	2,488,888.89	284.44	85.33	AWARE-HIV/AIDS Office	N/A	100-11-RT-001	Good
31	Round Conference Table	12/10/2003	2,488,888.89	284.44	85.33	AWARE-HIV/AIDS Office	N/A	100-11-RT-002	Good
32	Round Conference Table	12/10/2003	2,488,888.89	284.44	85.33	AWARE-HIV/AIDS Office	N/A	100-11-RT-003	Good
33	Conference Table	12/10/2003	32,000,000.00	3,657.14	1,097.14	AWARE-HIV/AIDS Office	N/A	100-11-RT-004	Good
34	Round Conference Table	12/10/2003	2,488,888.89	284.44	85.33	AWARE-HIV/AIDS Office	N/A	100-11-RT-005	Good
35	Round Conference Table	31/08/2005	2,300,000.00	262.86	131.43	AWARE-HIV/AIDS Office	N/A	100-11-RT-006	Good
36	Canned Coffee Table	May-99	15,000.00	1.71	0.00	AWARE-HIV/AIDS Office	N/A	100-11-CCT-001	Good
37	Canned Coffee Table	May-99	15,000.00	1.71	0.00	AWARE-HIV/AIDS Office	N/A	100-11-CCT-002	Good
38	Plastic table	Apr-99	300,000.00	34.29	0.00	AWARE-HIV/AIDS Office	N/A	100-11-PT-001	Good
39	Executive writing table	Jan-02	3,500,000.00	400.00	80.00	AWARE-HIV/AIDS Office	N/A	100-11-ED-001	Good
40	Executive writing table	Jan-02	1,500,000.00	171.43	34.29	AWARE-HIV/AIDS Office	N/A	100-11-ED-002	Good
41	Writing Desk (Fax machine table)	N/A	N/A	N/A	N/A	AWARE-HIV/AIDS Office	N/A	100-11-ED-003	Good
42	Writing Desk (Server MO desk)	Jan-02	1,800,000.00	205.71	41.14	AWARE-HIV/AIDS Office	N/A	FHI/GH/AC/13	Good
43	Writing Desk	N/A	N/A	N/A	N/A	AWARE-HIV/AIDS Office	N/A	100-11-ED-004	Good
44	Writing Desk	Transfer from ABJ	N/A	N/A	N/A	AWARE-HIV/AIDS Office	N/A	100-11-ED-005	Good

45	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-001	Good
46	Book Shelf	12/11/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-002	Good
47	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-003	Good
48	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-004	Good
49	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-005	Good
50	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-006	Good
51	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-007	Good
52	Book Shelf	12/12/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-008	Good
53	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-009	Good
54	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-010	Good
55	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-011	Good
56	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-012	Good
57	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-013	Good
58	Book Shelf	12/10/2003	1,200,000.00	137.14	41.14	AWARE-HIV/AIDS Office	N/A	100-11-BS-014	Good
59	Billy Book Shelf	25/01/2005	1,200,000.00	137.14	68.57	AWARE-HIV/AIDS Office	N/A	100-11-BS-015	Good
60	Billy Book Shelf	25/01/2005	1,200,000.00	137.14	68.57	AWARE-HIV/AIDS Office	N/A	100-11-BS-016	Good
61	Billy Book Shelf	25/01/2005	1,200,000.00	137.14	68.57	AWARE-HIV/AIDS Office	N/A	100-11-BS-017	Good
62	Book Shelf	7/10/2004	5,485,000.00	626.86	250.74	AWARE-HIV/AIDS Office	N/A	100-11-BS-018	Good
63	Billy Book Shelf	18/11/2005	1,710,000.00	195.43	97.71	AWARE-HIV/AIDS Office	N/A	100-11-BS-019	Good
64	Billy Book Shelf	18/11/2005	1,710,000.00	195.43	97.71	AWARE-HIV/AIDS Office	N/A	100-11-BS-020	Good
65	Double door cabinet	7/10/2004	Ref above			AWARE-HIV/AIDS Office	N/A	100-11-BS-019	Good
66	Book Shelf	7/10/2004	Ref above			AWARE-HIV/AIDS Office	N/A	100-11-BS-020	Good
67	Double door cabinet	5/4/2006	5,652,174.00	645.96	387.58	AWARE-HIV/AIDS Office	N/A	100-11-BS-021	Good
68	Billy Book Shelf	14/09/2006	1,800,000.00	205.71	123.43	AWARE-HIV/AIDS Office	N/A	100-11-BS-022	Good
69	Serving Table	7/10/2004	Ref above			AWARE-HIV/AIDS Office	N/A	100-11-ST-001	Good
70	Serving Table	7/10/2004	Ref above			AWARE-HIV/AIDS Office	N/A	100-11-ST-002	Good
71	Executive Swivel Chair	12/2/2003	2,000,000.00	228.57	68.57	AWARE-HIV/AIDS Office	N/A	100-11-SC-001	Good
72	Executive Swivel Chair	12/2/2003	2,000,000.00	228.57	68.57	AWARE-HIV/AIDS Office	N/A	100-11-SC-002	Good
73	Executive Swivel Chair	2/16/2004	3,200,000.00	365.71	146.29	AWARE-HIV/AIDS Office	N/A	100-11-SC-003	Good
74	Executive Swivel Chair	12/1/2003	3,500,000.00	400.00	120.00	AWARE-HIV/AIDS Office	N/A	100-11-SC-004	Good
75	Executive Swivel Chair	Transfer from ABJ	n/a			AWARE-HIV/AIDS Office	N/A	100-11-SC-005	Good
76	Executive Swivel Chair	Transfer from ABJ	n/a			AWARE-HIV/AIDS Office	N/A	100-11-SC-006	Good
77	Executive Swivel Chair	12/1/2003	3,500,000.00	400.00	120.00	AWARE-HIV/AIDS Office	N/A	100-11-SC-007	Good
78	Executive Swivel Chair	Transfer from ABJ	n/a			AWARE-HIV/AIDS Office	N/A	100-11-SC-008	Good
79	Executive Swivel Chair	Transfer from ABJ	n/a			AWARE-HIV/AIDS Office	N/A	100-11-SC-009	Good
80	Executive Swivel Chair	Transfer from ABJ	n/a			AWARE-HIV/AIDS Office	N/A	100-11-SC-010	Good
81	Executive Swivel Chair	21/01/2005	2,173,913.33	248.45	124.22	AWARE-HIV/AIDS Office	N/A	100-11-SC-011	Good
82	Executive Swivel Chair	21/01/2005	2,173,913.33	248.45	124.22	AWARE-HIV/AIDS Office	N/A	100-11-SC-012	Good
83	Executive Swivel Chair	21/01/2005	2,173,913.33	248.45	124.22	AWARE-HIV/AIDS Office	N/A	100-11-SC-013	Good
84	Executive Swivel Chair	21/01/2005	2,434,782.50	278.26	139.13	AWARE-HIV/AIDS Office	N/A	100-11-SC-014	Good
85	Executive Swivel Chair	21/01/2005	2,434,782.50	278.26	139.13	AWARE-HIV/AIDS Office	N/A	100-11-SC-015	Good
86	Executive Swivel Chair	5/4/2006	2,173,913.00	248.45	149.07	AWARE-HIV/AIDS Office	N/A	100-11-SC-016	Good
87	Executive Swivel Chair	6/6/2006	1,434,782.50	163.98	98.39	AWARE-HIV/AIDS Office	N/A	100-11-SC-017	Good
88	Executive Swivel Chair	6/6/2006	1,434,782.50	163.98	98.39	AWARE-HIV/AIDS Office	N/A	100-11-SC-018	Good
89	Executive Swivel Chair	Transfer from ABJ	n/a			AWARE-HIV/AIDS Office	N/A	100-11-SC-019	Good
90	Executive Swivel Chair	Jan-02	1,500,000.00	171.43	34.29	AWARE-HIV/AIDS Office	N/A	100-11-SC-020	Defective
91	Executive Swivel Chair	Jan-02	1,500,000.00	171.43	34.29	AWARE-HIV/AIDS Office	N/A	100-11-SC-021	Defective
92	Executive Swivel Chair	Jul-99	450,000.00	51.43	0.00	AWARE-HIV/AIDS Office	N/A	100-11-SC-022	Good
93	Executive Swivel Chair	Jul-99	600,000.00	68.57	0.00	AWARE-HIV/AIDS Office	N/A	100-11-SC-023	Defective
94	Executive Swivel Chair	Jan-02	1,500,000.00	171.43	0.00	AWARE-HIV/AIDS Office	N/A	100-11-SC-024	Good
95	Visitors Chair	4/2/2005	743,750.00	85.00	42.50	AWARE-HIV/AIDS Office	N/A	100-11-VC-001	Good

96	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-002	Good
97	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-003	Good
98	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-004	Good
99	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-005	Good
100	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-006	Good
101	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-007	Good
102	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-008	Good
103	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-009	Good
104	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-010	Good
105	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-011	Good
106	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-012	Weak
107	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-013	Weak
108	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-014	Good
109	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-015	Good
110	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-016	Good
111	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-017	Good
112	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-018	Good
113	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-019	Good
114	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-020	Good
115	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-021	Good
116	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-022	Good
117	Visitor's Chair	12/1/2003	1,200,000.00	137.14	41.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-023	Good
118	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-024	Good
119	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-025	Good
120	Visitor's Chair	12/2/2003	743,750.00	85.00	25.50		AWARE-HIV/AIDS Office	N/A	100-11-VC-026	Good
121	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-027	Good
122	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-028	Good
123	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-029	Good
124	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-030	Good
125	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-031	Good
126	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-032	Good
127	Visitor's Chair	25/01/2005	750,000.00	85.71	42.86		AWARE-HIV/AIDS Office	N/A	100-11-VC-033	Good
128	Visitor's Chair	4/2/2005	743,750.00	85.00	42.50		AWARE-HIV/AIDS Office	N/A	100-11-VC-034	Good
129	Visitor's Chair	4/2/2005	743,750.00	85.00	42.50		AWARE-HIV/AIDS Office	N/A	100-11-VC-035	Good
130	Visitor's Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-VC-036	Good
131	Visitor's Chair	4/2/2005	743,750.00	85.00	42.50		AWARE-HIV/AIDS Office	N/A	100-11-VC-037	Good
132	Visitor's Chair	31/08/2005	600,000.00	68.57	34.29		AWARE-HIV/AIDS Office	N/A	100-11-VC-038	Good
133	Visitor's Chair	31/08/2005	600,000.00	68.57	34.29		AWARE-HIV/AIDS Office	N/A	100-11-VC-039	Good
134	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-040	need polishing
135	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-041	defective
136	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-042	need polishing
137	3-1 rest chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-043	need polishing
138	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-044	need polishing
139	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-045	need polishing
140	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-046	need polishing
141	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-047	need polishing
142	visitors Chair	Apr-99	427,500.00	48.86	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-048	need polishing
143	visitors Chair	May-99	650,000.00	74.29	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-049	Good
144	visitors Chair	Apr-99	1,020,000.00	116.57	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-050	need polishing
145	1 single rest chair	Apr-99	142,500.00	16.29	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-051	need polishing
146	1 single rest chair	Apr-99	142,500.00	16.29	0.00		AWARE-HIV/AIDS Office	N/A	100-11-VC-052	need polishing

147	Visitor's Chair	N/A	N/A				AWARE-HIV/AIDS Office	N/A	100-11-VC-053	Good
148	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-054	Good
149	Visitor's Chair	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-VC-55	defective
150	Receptionist counter	N/A	N/A				AWARE-HIV/AIDS Office	N/A		Good
151	Notice Board Sasco	2/16/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-001	Good
152	Notice Board Sasco	2/16/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-002	Good
153	Notice Board Sasco	2/16/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-003	Good
154	Yearly Planner	2/12/2004	2,222,222.22	253.97	101.59		AWARE-HIV/AIDS Office	N/A	100-11-NB-004	Good
155	White Board	2/4/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-005	Good
156	Notice Board Sasco	2/16/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-006	Good
157	White Board	2/4/2004	1,066,666.67	121.90	48.76		AWARE-HIV/AIDS Office	N/A	100-11-NB-007	Good
158	Notice Board	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-NB-008	Good
159	Notice Board Sasco	2/4/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-009	Good
160	Notice Board Sasco	2/4/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-010	Good
161	Notice Board Sasco	2/16/2004	755,555.56	86.35	34.54		AWARE-HIV/AIDS Office	N/A	100-11-NB-011	Good
162	Notice Board Sasco	16/11/2005	756,522.00	86.46	43.23		AWARE-HIV/AIDS Office	N/A	100-11-NB-012	Good
163	Notice Board	Transfer from ABJ	n/a				AWARE-HIV/AIDS Office	N/A	100-11-NB-013	Good
162	Notice Board Sasco	16/11/2005	756,522.00	86.46	43.23		AWARE-HIV/AIDS Office	N/A	100-11-NB-014	Good
164	Letter Boxes	2/16/2004	1,645,000.00	188.00	75.20		AWARE-HIV/AIDS Office	N/A	100-11-LB-001	Good
165	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-001	Good
166	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-002	Good
167	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-003	Good
168	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-004	Good
169	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-005	Good
170	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-006	Good
171	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-007	Good
172	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-008	Good
173	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-009	Good
174	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-010	Good
175	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-011	Good
176	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-012	Good
177	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-013	Good
178	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-014	Good
179	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-015	Good
180	Conference Chair	4/2/2005	650,000.00	74.29	37.14		AWARE-HIV/AIDS Office	N/A	100-11-CC-016	Good
181	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92372	100-11-MC-001	Good
182	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92208	100-11-MC-002	Good
183	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92337	100-11-MC-003	Good
184	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92367	100-11-MC-004	Good
185	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92233	100-11-MC-005	Good
186	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92385	100-11-MC-006	Good
187	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92375	100-11-MC-007	Good
188	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92923	100-11-MC-008	Good
189	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92266	100-11-MC-009	Good
190	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office	92205	100-11-MC-010	Good
191	4-1 Metal Cabinet	12/2/2003	1,840,000.00	210.29	63.09		AWARE-HIV/AIDS Office		100-11-MC-011	Good
192	4-1 Metal Cabinet	21/01/2005	1,608,695.50	183.85	91.93		AWARE-HIV/AIDS Office	92265	100-11-MC-012	Good
193	4-1 Metal Cabinet	21/01/2005	1,608,695.50	183.85	91.93		AWARE-HIV/AIDS Office	92337	100-11-MC-013	Good
194	4-1 Metal Cabinet	21/01/2005	1,608,695.50	183.85	91.93		AWARE-HIV/AIDS Office	92383	100-11-MC-014	Good
195	4-1 Metal Cabinet	21/01/2005	1,608,695.50	183.85	91.93		AWARE-HIV/AIDS Office	92267	100-11-MC-015	Good
196	3-1 metal cabinet	Jul-99	495,000.00	56.57	0.00		AWARE-HIV/AIDS Office	342	FHJ/GH-AC-06	Good

197	Money Safe	16/02/2004	5,780,000.00	660.57	264.23	AWARE-HIV/AIDS Office	Ref SD 106	100-11-MS-001	Good
198	Money Safe	7/9/2004	2,500,000.00	285.71	114.29	AWARE-HIV/AIDS Office	(AS 991 Kdg)	100-11-MS-002	Good
199	Projector Screen 180"180	7/9/2004	3,500,000.00	400.00	160.00	AWARE-HIV/AIDS Office		100-11-PS-001	Good
200	LCD Stand	12/10/2003	1,600,000.00	182.86	54.86	AWARE-HIV/AIDS Office		100-11-LS-001	Good
201	Acco Rexel CB405 Binding Machine	21/01/2005	5,043,478.00	576.40	288.20	AWARE-HIV/AIDS Office	11040128204	100-11-BM-001	Good
202	Flipchartboard	-	5,043,478.00	576.40	288.20	AWARE-HIV/AIDS Office	-	UG/SPH/E/48	Good
203	Panasonic Speakerphone handset + Display	12/22/2003	600,000.00	68.57	20.57	AWARE-HIV/AIDS Office	KX-T2375MXW / 3DAKB221723	200-11-HS-001	Good
204	Panasonic Speakerphone handset + Display	12/22/2003	600,000.00	68.57	20.57	AWARE-HIV/AIDS Office	KX-T2375MXW / 3DAKB221721	200-11-HS-002	Good
205	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA513480	200-11-HS-003	Good
206	Panasonic Speakerphone Handset + Display	12/22/2003	600,000.00	68.57	20.57	AWARE-HIV/AIDS Office	KX-T2375MXW / 3CAKA215336	200-11-HS-004	Good
207	Panasonic Speakerphone Handset + Display	12/22/2003	600,000.00	68.57	20.57	AWARE-HIV/AIDS Office	KX-T2375MXW / 3CAKA216638	200-11-HS-005	Good
208	Panasonic Speakerphone Handset + Display	12/22/2003	600,000.00	68.57	20.57	AWARE-HIV/AIDS Office	KX-T2375MXW / 3CAKA215335	200-11-HS-006	Good
209	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA502998	200-11-HS-007	Good
210	Panasonic Speakerphone Handset	12/22/2003	480,000.00	54.86	16.46	AWARE-HIV/AIDS Office	KX-T2373MXW / 3DAKB266602	200-11-HS-008	Good
211	Panasonic Speakerphone Handset	12/22/2003	480,000.00	54.86	16.46	AWARE-HIV/AIDS Office	KX-T2373MXW / 2KBFB213508	200-11-HS-009	Good
212	Panasonic Speakerphone Handset	12/22/2003	480,000.00	54.86	16.46	AWARE-HIV/AIDS Office	KX-T2373MXW / 3CAKA215337	200-11-HS-010	Good
213	Panasonic Speakerphone Handset	12/22/2003	480,000.00	54.86	16.46	AWARE-HIV/AIDS Office	KX-T2373MXW / 3GCCKB308731	200-11-HS-011	Good
214	Panasonic Speakerphone Handset + Display	12/22/2003	600,000.00	68.57	20.57	AWARE-HIV/AIDS Office	KX-T2373MXW / 3DAKB266608	200-11-HS-012	Good
215	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA513479	200-11-HS-013	Good
216	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA511348	200-11-HS-014	Good
217	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA502995	200-11-HS-015	Good
218	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2373MXW / 3GCCKB308732	200-11-HS-016	Good
219	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA502997	200-11-HS-017	Good
220	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA511349	200-11-HS-018	Good
221	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA511350	200-11-HS-019	Good
222	Panasonic Data Port System	Jul-99	135,000.00	15.43	0.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 1HAF038010	200-11-HS-020	Good
223	Main Tel. Switchboard	N/A	N/A			AWARE-HIV/AIDS Office	KX-T7433X / 3ABSF035645	200-11-HS-021(a)	Good
224	Panasonic Digital super hybrid System	N/A	N/A			AWARE-HIV/AIDS Office	KX-T7441X / 0JAVE004459	200-11-HS-021(b)	Good
225	Panasonic Data Port handset	Jul-99	450,000.00	51.43	15.43	AWARE-HIV/AIDS Office	KX-TS10MX-W / 80ABA189727	200-11-HS-022	Good
226	Panasonic Speakerphone Handset	12/22/2003	480,000.00	54.86	16.46	AWARE-HIV/AIDS Office	KX-T2373MXW / 31AKB323808	200-11-HS-023	Good
227	Panasonic Handset	12/22/2003	350,000.00	40.00	12.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 3DBKA513454	200-11-HS-024	Good
228	Panasonic Handset	26/02/2007	450,000.00	51.43	36.00	AWARE-HIV/AIDS Office	KX-T2371MXW / 4BBKA783281	200-11-HS-025	Good
229	Polycorn 2-Line Telephone	2/4/2004	7,457,812.00	852.32	340.93	AWARE-HIV/AIDS Office	92113537	200-11-PT-001	Good
230	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	306KA01079	200-11-AC-001	Good
231	GE Split Air Conditioner (CFC Free Model)	11/11/2003	8,100,000.00	925.71	277.71	AWARE-HIV/AIDS Office	LF000385	200-11-AC-002	Good
232	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	303KA01006	200-11-AC-003	Good
233	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	306KA00904	200-11-AC-004	Good
234	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	306KA00653	200-11-AC-005	Good
235	GE Split Air Conditioner (CFC Free Model)	11/11/2003	8,100,000.00	925.71	277.71	AWARE-HIV/AIDS Office	LF000378	200-11-AC-006	Good
236	GE Split Air Conditioner (CFC Free Model)	11/11/2003	8,100,000.00	925.71	277.71	AWARE-HIV/AIDS Office	LF000381	200-11-AC-007	Good
237	GE Split Air Conditioner (CFC Free Model)	11/11/2003	8,100,000.00	925.71	277.71	AWARE-HIV/AIDS Office	LF000365	200-11-AC-008	Good
238	GE Split Air Conditioner (CFC Free Model)	11/11/2003	8,100,000.00	925.71	277.71	AWARE-HIV/AIDS Office	LF000376	200-11-AC-009	Good
239	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	303KA00575	200-11-AC-010	Good
240	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	306KA00291	200-11-AC-011	Good
241	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	306KA00297	200-11-AC-012	Good
242	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	303KA00618	200-11-AC-013	Good
243	LG Gold Split Air Conditioner	2/6/2004	5,671,111.11	648.13	259.25	AWARE-HIV/AIDS Office	303KA00212	200-11-AC-014	Good
244	LG Split Air Conditioner	May-99	2,972,272.00	339.69	0.00	AWARE-HIV/AIDS Office	711KA00237	200-11-AC-017	Good
245	LG Split Air Conditioner	Oct-02	8,130,000.00	929.14	185.83	AWARE-HIV/AIDS Office	202KA00535	200-11-AC-018	Good
246	LG Split Air Conditioner	Jan-02	2,109,630.00	241.10	48.22	AWARE-HIV/AIDS Office	008KA00037	200-11-AC-019	Good
247	LG Split Air Conditioner	May-99	2,972,292.00	339.69	67.94	AWARE-HIV/AIDS Office	806KA00208	200-11-AC-020	Good

248	LG Split Air Conditioner	May-99	2,972,272.00	339.69	0.00	AWARE-HIV/AIDS Office	806KA00211	200-11-AC-021	Good
249	LG Split Air Conditioner	N/A	N/A			AWARE-HIV/AIDS Office	306KA00651	200-11-AC-022	Good
250	sharp Split Air Conditioner	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	to be provided	200-11-AC-023	Defective
251	GE Split Air Conditioner	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	to be provided	200-11-AC-024	Good
252	LG Split Air Conditioner	Jan-02	3,164,445.00	361.65	72.33	AWARE-HIV/AIDS Office	101KA00383	200-11-AC-025	Good
253	LG Split Air Conditioner	Jan-02	2,109,630.00	241.10	48.22	AWARE-HIV/AIDS Office	101KA00062	200-11-AC-026	Good
254	Split Air Conditioner	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	to be provided	200-11-AC-027	Defective
255	Fujitech 2.5 HP Split A/C	15/04/2004	7,900,000.00	902.86	361.14	AWARE-HIV/AIDS Office	401018	FHI/AWARE/200/17	Good
256	Split Air Conditioner	N/A	N/A			AWARE-HIV/AIDS Office	211KA00574	FHI/AWARE/200/18	Good
257	hp Laserjet Printer 1300n	1/7/2004	8,004,000.00	914.74	365.90	AWARE-HIV/AIDS Office	CNCKN15498	200-11-LP-001	Good
258	hp Laserjet Printer 1300n	1/7/2004	8,004,000.00	914.74	365.90	AWARE-HIV/AIDS Office	CNCKP07574	200-11-LP-002	Good
259	hp Laserjet Printer 1300n	1/7/2004	8,004,000.00	914.74	365.90	AWARE-HIV/AIDS Office	CNCKG42001	200-11-LP-003	Good
260	hp Laserjet Printer 1300n	1/7/2004	8,004,000.00	914.74	365.90	AWARE-HIV/AIDS Office	CNCJG73067	200-11-LP-004	Good
261	HP Laserjet Printer 1300n	20/12/2004	7,850,000.00	897.14	358.86	AWARE-HIV/AIDS Office	CNCJJ21756	200-11-LP-005	Good
262	HP Laserjet Printer 4250dtn	20/12/2004	33,725,000.00	3,854.29	1,541.71	AWARE-HIV/AIDS Office	CNBN4CYG41	200-11-LP-006	Good
263	HP Laserjet Printer 2430dtn	17/11/2005	14,800,000.00	1,691.43	845.71	AWARE-HIV/AIDS Office	CNHWS9PG53	200-11-LP-007	Good
264	HP business colour Printer 2300	20/12/2004	17,500,000.00	2,000.00	800.00	AWARE-HIV/AIDS Office	CN496130X6	200-11-CP-001	Good
265	Canon Fax - L290 (H12250)	20/12/2004	6,492,000.00	741.94	296.78	AWARE-HIV/AIDS Office	EZW25867	200-11-CF-001	Good
266	Canon IR3300 Photocopier	3/1/2005	104,500,000.00	11,942.86	5,971.43	AWARE-HIV/AIDS Office	DADF-HI / JFL82596	200-11-PC-001	Good
267	HP Scanjet 3970	13/01/2005	2,300,000.00	262.86	131.43	AWARE-HIV/AIDS Office	CN44HB155T	200-11-SJ-001	Good
268	HP Scanjet 4890	30/03/2007	2,782,609.00	318.01	254.41	AWARE-HIV/AIDS Office	CN55UTA1G2	200-11-SJ-002	Good
269	HP Scanjet 4890	30/03/2007	2,782,609.00	318.01	254.41	AWARE-HIV/AIDS Office	CN55JTA0R5	200-11-SJ-003	Good
270	Dell Laptop	Feb. 2004	Kshs218,200.00	3217	1286.8	AWARE-HIV/AIDS Office	CN-OX2034-48643-3BO-3381	200-11-LT-001	Good
271	Dell Laptop	March. 2005	22,160,500.00	2,532.63	1,266.31	AWARE-HIV/AIDS Office	CN-OX2034-48643-3B12-4404	200-11-LT-002	Good
272	Dell Latitude D600 Notebook	Feb. 2004	Kshs218,200.00	3217	1,286.80	AWARE-HIV/AIDS Office	CN-02U442-48643-3B4-3934	200-11-LT-004	Good
273	Dell Laptop	Feb. 2004	Kshs218,200.00	3217	1,286.80	AWARE-HIV/AIDS Office	CN-OX2034-48643-3CC-3213	200-11-LT-007	Good
274	Dell Laptop	Feb. 2004	Kshs218,200.00	3217	1,286.80	AWARE-HIV/AIDS Office	CN-OX2034-48643-38R-4411	200-11-LT-008	Good
275	Dell Laptop	Transfer from ABJ	Transfer from ABJ			AWARE-HIV/AIDS Office	CN-07X092-12961-2CE-3683	200-11-LT-009	Good
276	Dell Latitude D600 Notebook	April. 2005	22,160,500.00	2,532.63	1,266.31	AWARE-HIV/AIDS Office	CN-0D4571-48643-520-3778	200-11-LT-012	Good
277	Dell Latitude D600 Notebook	April. 2005	22,160,500.00	2,532.63	1,266.31	AWARE-HIV/AIDS Office	0D4571-48643-52M-2759	200-11-LT-013	Good
278	Dell Latitude D600 Notebook	March. 2005	22,160,500.00	2,532.63	1,266.31	AWARE-HIV/AIDS Office	CN-0G5152-48643-432-0837	200-11-LT-015	Good
279	Dell Latitude D600 Notebook	March. 2005	22,160,500.00	2,532.63	1,266.31	AWARE-HIV/AIDS Office	CN-0G5152-48643-432	200-11-LT-016	Good
280	Dell Latitude D600 Notebook	17/11/2005	15,217,391.00	1,739.13	869.57	AWARE-HIV/AIDS Office	B3TXV1J	200-11-LT-017	Good
281	Dell Latitude D410	2/10/06	17,217,391.30	1,967.70	1,180.62	AWARE-HIV/AIDS Office	69HWC25	200-11-LT-018	Good
282	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1253	200-11-UPS-001	Good
283	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1338	200-11-UPS-002	Good
284	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1334	200-11-UPS-003	Good
285	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RX236A0319	200-11-UPS-004	Defective
286	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1253	200-11-UPS-005	Defective
287	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1342	200-11-UPS-006	Good
288	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	UU055A0482	200-11-UPS-007	Good
289	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1332	200-11-UPS-008	Good
290	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1331	200-11-UPS-009	Good
291	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1346	200-11-UPS-010	Good
292	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1339	200-11-UPS-011	Good
293	UPS (Powerware 9120)	12/12/2003	5,452,000.00	623.09	186.93	AWARE-HIV/AIDS Office	RV442A1323	200-11-UPS-012	Good
294	UPS (Powerware 9120)	18/04/2006	4,500,000.00	514.29	308.57	AWARE-HIV/AIDS Office	RV442A1337	200-11-UPS-013	Good
295	UPS (Powerware 9120)	12/12/2003	Ref. Monitor			AWARE-HIV/AIDS Office	3913A116	FHI/GH/102	Defective
296	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor			AWARE-HIV/AIDS Office	ADA215	200-11-CS-001	Good
297	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor			AWARE-HIV/AIDS Office	CN-R0242-69800-34N-1086	200-11-CS-002	Good
298	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor			AWARE-HIV/AIDS Office	ADA215	200-11-CS-003	Good

299	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-OR0242-69800-38U-4096	200-11-CS-004	Good
300	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-R0242-69800-34N-1061	200-11-CS-005	Good
301	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	ADA215	200-11-CS-006	Good
302	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	#REF!	200-11-CS-007	Good
303	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	#REF!	200-11-CS-008	Good
304	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-ORO242-63800-34N-1019	200-11-CS-009	Good
305	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	#REF!	200-11-CS-010	Good
306	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-ORO242-69800-38U-4195	200-11-CS-011	Good
307	Computer Speaker (Altec Lansing)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	ADA215	200-11-CS-012	Good
308	Cold/hot Water Dispenser - ok 2003	3/10/2004	1,800,000.00	205.71	82.29		AWARE-HIV/AIDS Office	W2-300 (T) 82-34-988-4747	200-11-WD-001	Good
309	Computer Speaker	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-5N403-69800-275-0309	FHI/GH/102	Good
310	Computer Speaker (Harman / Kardon)	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	hk206	FHI/GH/102(sm no.)	Good
311	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-387-32JS	200-11-MO-001	Good
312	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-372-31N9	200-11-MO-002	Good
313	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-36S-31RK	200-11-MO-003	Good
314	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-387-3295	200-11-MO-004	Good
315	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-387-328H	200-11-MO-005	Good
316	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-38D-343U	200-11-MO-006	Good
317	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-372-33UJ	200-11-MO-007	Good
318	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-387-328D	200-11-MO-008	Good
319	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-38B-33AE	200-11-MO-009	Good
320	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-38B-339U	200-11-MO-010	Good
321	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-387-328T	200-11-MO-011	Good
322	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-372-33SK	200-11-MO-012	Good
323	Dell Monitor & Accessories	20/09/2005	11,739,190.00	1,341.62	670.81		AWARE-HIV/AIDS Office	CN-OR3517-47804-564-LOGU	200-11-MO-013	Good
324	Dell Monitor & Accessories	20/09/2005	11,739,190.00	1,341.62	670.81		AWARE-HIV/AIDS Office	CN-OR3517-47804-564-LOG6	200-11-MO-014	Good
325	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-OR3517-47804-491-L415	200-11-MO-015	Defective
326	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-38D-341S	200-11-MO-016	Good
327	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-38D-343R	200-11-MO-017	Good
328	Dell 17" TFT Monitor	18/14/2006	12,478,260.87	1,426.09	855.65		AWARE-HIV/AIDS Office	CN-0Y4417-64180-58D-018C	200-11-MO-018	Good
329	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	MX-02E599-41011-24M-035X	FHI/GH/101	Good
330	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	HU-093CUR-47802-18T-B1CD	FHI/GH/PC-17	Good
331	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office	HU-093CUR-47802-18T-B1AT	FHI-GH/CE/01-02	Good
332	Dell Monitor & Accessories	12/12/2003	13,959,000.00	1,595.31	478.59		AWARE-HIV/AIDS Office		FHI-GH-230	Good
333	Dell Monitor & Accessories	12/13/2003	13,959,001.00	1,595.31	478.59		AWARE-HIV/AIDS Office	CN-0Y0289-64180-372-33UJ	200-11-MO-019	Good
334	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C277	200-11-KB-001	Good
335	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C234	200-11-KB-002	Good
336	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C225	200-11-KB-003	Good
337	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C233	200-11-KB-004	Good
338	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-06N170-37171-3AH-0900	200-11-KB-005	Good
339	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-06N170-37171-393-5203	200-11-KB-006	Good
340	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N29237171-36L-C225	200-11-KB-007	Good
341	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C276	200-11-KB-008	Good
342	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-06N170-37171-393-5265	200-11-KB-009	Good
343	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C228	200-11-KB-010	Good
344	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-05N292-37171-36L-C559	200-11-KB-011	Good
345	Dell Keyboard	20/09/2005	Ref. Monitor				AWARE-HIV/AIDS Office	CN-OW7657-37172-51Q-06H8	200-11-KB-012	Good
346	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-OW7657-37172-51Q-02B1	200-11-KB-013	Good
347	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-06N170-37171-3AH-0347	200-11-KB-014	Good
348	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	TH-06N170-37171-3AH-0899	200-11-KB-015	Good
349	Dell Keyboard	12/12/2003	Ref. Monitor				AWARE-HIV/AIDS Office	CN-OJ4628-71616-482-OSQG	200-11-KB-016	Good

350	Dell Keyboard	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	CN-OJ4628-71616-482-OSQG	200-11-KB-017	Good
351	Dell Keyboard	18/04/2006	Ref. Monitor						AWARE-HIV/AIDS Office	CN-OJ4632-71616-58K-08IH	200-11-KB-018	Good
352	Dell Keyboard	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	TH-06N170-37171-3AH-0341	200-11-KB-019	Good
353	Dell Keyboard	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	CN-OJ4628-71616-482-OSQG	200-11-KB-020	Good
355	Dell Keyboard	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	TH-0332TR-37171-18M-3809	FHI-GH/CE-53-02	Good
356	Dell Keyboard (Server)	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	TH-05N292-37171-245-1911		Good
357	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	4LD6WOJ / 0999075475	200-11-CPU-001	Good
358	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	7LD6WOJ	200-11-CPU-002	Defective
359	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	3KD6WOJ / 67761826963	200-11-CPU-003	Defective
360	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	HKD6WOJ / 38236779667	200-11-CPU-004	Good
361	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	9LD6WOJ	200-11-CPU-005	Good
362	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	CKD6WOJ / 27352867987	200-11-CPU-006	defective
363	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	C6LL90J / 27850704355	200-11-CPU-007	Good
364	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	BQLL90J / 25552989667	200-11-CPU-008	Defective
365	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	1KD6W07 / 03408262291	200-11-CPU-009	Defective
366	Dell CPU	20/09/2005	Ref. Monitor						AWARE-HIV/AIDS Office	2KD6WOJ / 05585044627	200-11-CPU-010	good
367	Dell CPU	20/09/2005	Ref. Monitor						AWARE-HIV/AIDS Office	98P715	200-11-CPU-011	Good
368	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	CSNIBIJ	200-11-CPU-012	Good
369	Dell CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	7CP7PJ	200-11-CPU-013	Good
370	Dell Optiplex GX520 CPU	18/04/2006	Ref. Monitor						AWARE-HIV/AIDS Office	D8MNVJ	200-11-CPU-014	Good
371	Digital Camera Sony DSC	3/12/2004		5,857,778.00	669.46	267.78			AWARE-HIV/AIDS Office	1920139 / CE3-051-150-01	200-11-DC-001	Good
372	VPL-CS3 LCD projector	(trasfer from Abidjan)		N/A					AWARE-HIV/AIDS Office	VPL-CS3 / 23109	200-11-LD-001	Defective
373	Samsung LPP Laser Pointer	20/02/2006		820,000.00	93.71	56.23			AWARE-HIV/AIDS Office	PMUMP100TX	200-11-PO-001	Good
374	TV Deck	23/02/2006		3,300,000.00	377.14	226.29			AWARE-HIV/AIDS Office	505914732	200-11-TVD-001	Good
375	Sharp TV DV-NC100	23/02/2006		11,927,652.00	1,363.16	817.90			AWARE-HIV/AIDS Office	C412511466	200-11-TV-001	Good
376	Keenwood kettle	Jun-99		126,000.00	14.40	0.00			AWARE-HIV/AIDS Office		200-11-TK-001	Defective
377	Philippis comfort Kettle	N/A		N/A					AWARE-HIV/AIDS Office	HD4628	200-11-TK-002	Defective
378	Kenwood Kettle	22/11/2006		810,000.00	92.57	55.54			AWARE-HIV/AIDS Office	SJ406	200-11-TK-003	Good
379	LG microwave Oven	N/A		N/A					AWARE-HIV/AIDS Office	208KM00044	200-11-OV-001	Good
380	LG Express Cool Fridge	Jan-02		2,330,000.00	266.29	53.26			AWARE-HIV/AIDS Office	GR182SF	200-11-FR-001	Defective
381	1.0hp electronic water pump	23/03/06		1,260,000.00	144.00	86.40			AWARE-HIV/AIDS Office	N/A	200-11-WP-001	Defective
382	Pentax 1.0 hp 220V electrical water pump	17/08/06		1,350,000.00	154.29	92.57			AWARE-HIV/AIDS Office	N/A	200-11-WP-002	Good
383	Multi-functioning money detector	31/10/06		3,043,478.00	347.83	208.70			AWARE-HIV/AIDS Office	BJ-13926018	200-11-MD-001	Good
384	External floppy disc drive	N/A		N/A					AWARE-HIV/AIDS Office	PH-02R152-17601-3AB-C213	200-11FDM-001	Good
385	External floppy disc drive	N/A		N/A					AWARE-HIV/AIDS Office	PH-02R152-17601-3A1-11NA	200-11FDM-002	Good
386	External floppy disc drive	N/A		N/A					AWARE-HIV/AIDS Office	CN-OY6933-12591-4C2-08BN	200-11FDM-003	Good
387	External floppy disc drive	N/A		N/A					AWARE-HIV/AIDS Office	PH-02R152-17601-3AB-C1R4	200-11FDM-004	Good
388	External floppy disc drive	N/A		N/A					AWARE-HIV/AIDS Office	PH-02R152-17601-3AB-C211	200-11FDM-005	Good
389	External floppy disc drive	N/A		N/A					AWARE-HIV/AIDS Office	PH-02R152-17601-3AD-A0JX	200-11FDM-006	Good
390	Dell CD drive	N/A		N/A					AWARE-HIV/AIDS Office	CN-OH7531-42940-581-00CZ	200-11FDM-007	Good
391	USB2.0 External Case (light Wave)	N/A		N/A					AWARE-HIV/AIDS Office	MT200408 / 350055305	200-11FDM-008	Good
392	Dock Station	N/A		N/A					AWARE-HIV/AIDS Office	CN-06U643-42940-41H-02CA	200-11-DS-001	Good
393	Dock Station	N/A		N/A					AWARE-HIV/AIDS Office	CN-06U643-42940-41H-0261	200-11-DS-002	Good
394	Dock Station	N/A		N/A					AWARE-HIV/AIDS Office	CN-06U643-42940-425-0071	200-11-DS-003	Good
395	Dock Station	N/A		N/A					AWARE-HIV/AIDS Office	CN-06U643-42940-01B4	200-11-DS-004	Good
396	Dock Station	N/A		N/A					AWARE-HIV/AIDS Office	CN-06U643-42940-41H-02AY	200-11-DS-005	Good
397	Dock Station	N/A		N/A					AWARE-HIV/AIDS Office	CN-06U643-42940-425-006T	200-11-DS-006	Good
398	Dell processor	Jan-02		N/A					AWARE-HIV/AIDS Office	00019-051-018-442		Good
399	Dell processor	N/A		N/A					AWARE-HIV/AIDS Office	00045-453-140-941		Good
400	Sollatek Voltage Stabilizer	5/3/2006		1,776,500.00	203.03	121.82			AWARE-HIV/AIDS Office	2774900054	200-11-VS-001	Good
401	Sollatek Voltage Stabilizer	May-07		3,316,450.00	379.02	303.22			AWARE-HIV/AIDS Office	-	200-11-VS-002	Good

402	CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	-	FHI/GH/EE-40-02	Good
403	CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	3GUPJOJ	FHI/GH/80/235	defective
404	LG Split Air Conditioner	Jan-02	3,164,445.00	361.65	72.33				AWARE-HIV/AIDS Office	012KA00645		Good
405	CPU	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	LP452A105	FHI/GH/OP/11	defective
406	UPS	12/12/2003	Ref. Monitor						AWARE-HIV/AIDS Office	VT071A0615	FHI/GH/CE/09-02	Good
407	LG Split Air Conditioner	N/A	N/A						AWARE-HIV/AIDS Office	009KA00090	FHI/GH/AC/24	Good
408	Ford Explorer	17/06/2004	US\$30,970.00	US\$30,970.00	12,388.00				AWARE-HIV/AIDS Office	GT 6137V	300-11-MV-001	Good
409	Ford Explorer	17/06/2004	US\$30,970.00	US\$30,970.00	12,388.00				AWARE-HIV/AIDS Office	GT 6138V	300-11-MV-002	Good
410	Nissan	13/03/2004	159,000,000.00	18,171.43	7,268.00				AWARE-HIV/AIDS Office	GR 4579V	300-11-MV-003	Good
411	Whirlpool Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	1292433703	sfps-250-CLM-02	Good
412	Split Air Conditioner (Daewood)	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	130-CLM-43	N/A	Good
413	Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	N/A	N/A	Good
414	Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	N/A	N/A	Good
415	Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	None	130-CLM-14	Good
416	Welling Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	5171516	N/A	Good
417	Welling Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	5171932	N/A	Good
418	Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	DM075398	250-CLM-11	Good
419	Split Air Conditioner	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	None	130-CLM-12	Good
420	Vono Mattress (from Alpha's res. To office)	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	None	N/A	Good
421	Vono Mattress (from Alpha's res. To office)	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	None	N/A	Good
422	Fujitech 7017J Microwave Oven	5/10/2005	784,783	89.69	45				Staff Residence	M7017P-J/02629578	FHI/AWARE/200/01	Good
423	Ariston C057 Stainless Steel Gas Cooker	5/10/2005	7,352.17	0.84	0				Staff Residence	G30/31-28-30/37 mbar (3+)	FHI/AWARE/200/02	Good
424	Ariston AVL62 Washing Machine	5/10/2005	4,460,870	509.81	255				Staff Residence	410111023	FHI/AWARE/200/03	Good
425	Ariston MOT350 Freezer	5/10/2005	3,717,391	424.84	212				Staff Residence	409274106	FHI/AWARE/200/04	Good
426	General Electric 16 CU FT Refrigerator	5/10/2005	8,673,913	991.30	496				Staff Residence	TG836949	FHI/AWARE/200/05	Good
427	General Electric Clothes Dryer	5/10/2005	7,220,000	825.14	413				Staff Residence	500A063P005	FHI/AWARE/200/06	Good
428	Washing Machine	1/13/2004	5,400,000.00	617.14	246.86				Staff Residence	23611493	FHI/AWARE/200/07	Good
429	Panasonic Cordless telephone Handset	1/26/2004	1,715,000.00	196.00	78.40				Staff Residence	KX-TC1713BX / 3FBXD042693	FHI/AWARE/200/08	Good
430	Panasonic Basic Keyboard Handset Ts-3	1/26/2004	285,000.00	32.57	13.03				Staff Residence	KX-TS3MXW / 3GAF972064	FHI/AWARE/200/09	Good
431	Panasonic Basic Keyboard Handset Ts-3	1/26/2004	285,000.00	32.57	13.03				Staff Residence	KX-TS3MXW / 3GAF972065	FHI/AWARE/200/10	Good
432	Deep Freezer	1/30/2004	3,400,000.00	388.57	155.43				Staff Residence	S40/08/90145	FHI/AWARE/200/11	Good
433	Fridge	1/31/2004	6,800,000.00	777.14	310.86				Staff Residence	To be provided	FHI/AWARE/200/12	Good
434	2.5 HP Split A/C	1/26/2004	9,333,333	1,066.67	426.67				Staff Residence	To be provided	FHI/AWARE/200/13	Good
435	2.5 HP Split A/C	1/26/2004	9,333,333	1,066.67	426.67				Staff Residence	To be provided	FHI/AWARE/200/14	Good
436	Gas Cooker	2/1/2004	4,600,000.00	525.71	210.29				Staff Residence	32432003	FHI/AWARE/200/15	Good
437	15 KVA GenSet	3/24/2004	US\$8,500	US\$8,500	3,400.00				Staff Residence	PEE0219146	FHI/AWARE/200/16	Good
438	Fujitech 2.5 HP Split A/C	15/04/2004	7,900,000.00	902.86	361.14				Reception	401018	FHI/AWARE/200/17	Good
439	LG 1.5 HP Split A/C	15/04/2004	4,900,000.00	560.00	224.00				Staff Residence	211KA00505	FHI/AWARE/200/18	Good
440	Outdoor Motor Unit	15/04/2004	Ref above		0.00				Staff Residence	211KA00114	FHI/AWARE/200/18B	Good
441	Fridge guard	19/04/2004	263,000.00	30.06	12.02				AWARE-HIV/AIDS Office	807005544	FHI/AWARE/200/19	Good
442	Fridge guard	19/04/2004	263,000.00	30.06	12.02				Staff Residence	N/A	FHI/AWARE/200/20	Good
443	AVS 13	19/04/2004	395,000.00	45.14	18.06				Staff Residence	To be provided	FHI/AWARE/200/21	Good
444	AVS 13 micro	19/04/2004	395,000.00	45.14	18.06				Staff Residence	559000628	FHI/AWARE/200/22	Good
445	SVS-3500W Stabiliser	19/04/2004	1,956,000.00	223.54	89.42				AWARE-HIV/AIDS Office	To be provided	FHI/AWARE/200/23	defective
446	SVS-3500W Stabiliser	19/04/2004	1,956,000.00	223.54	89.42				Staff Residence	97544472	FHI/AWARE/200/24	Good
447	Panasonic Cordless telephone Handset	30/04/2004	1,650,000.00	188.57	75.43				Staff Residence	KX-TC1713BX / 3DAXD035393	FHI/AWARE/200/25	Good
448	Panasonic Cordless telephone Handset	30/04/2004	1,650,000.00	188.57	75.43				Staff Residence	To be provided	FHI/AWARE/200/26	Good
449	Whirlpool Fridge/Freezer (Large C)	Transfer from ABJ	N/A						AWARE-HIV/AIDS Office	SJ8533989	FHI/AWARE/200/27	Good
450	Whirlpool Fridge - Chest Type CF33-T	Transfer from ABJ	N/A						Staff Residence	3098460110475S	FHI/AWARE/200/28	Good
451	Whirlpool Dryer Machine	Transfer from ABJ	N/A						Staff Residence	70002508475	FHI/AWARE/200/29	Good
452	Supraclimatics Dehumidifier Amcor	Transfer from ABJ	N/A						Staff Residence	DU140	FHI/AWARE/200/30	Good

453	Whirlpool Washing Machine	Transfer from ABJ	N/A				AWARE-HIV/AIDS Office	3400150128475/	FHI/AWARE/200/31	Good
454	Daewoo Multi-flowsystems Fridge	Transfer from ABJ	N/A				AWARE-HIV/AIDS Office	SP8JM08310689	FHI/AWARE/200/32	Good
455	Daewoo Fridge	Transfer from ABJ	N/A				AWARE-HIV/AIDS Office	FR86AB-KE94290003	FHI/AWARE/200/33	Good
456	Whirlpool Gas Cooker	Transfer from ABJ	N/A				AWARE-HIV/AIDS Office	591042	FHI/AWARE/200/34	Good
457	Whirlpool Washing Machine	Transfer from ABJ	N/A				AWARE-HIV/AIDS Office	3LSR6233E00	FHI/AWARE/200/35	Good
458	1.5HP pedrollo electric water Pump	6/5/2006	1,850,000	211.43	127		Staff Residence	2259/A	FHI/AWARE/200/36	Good
459	LG 2.5 HP Split A/C	10/6/2006	8,260,869.56	944.10	566		Staff Residence	511KAUU00806	FHI/AWARE/200/37	Good
460	Outdoor Motor Unit	Ref. above	Ref. above				Staff Residence	510KAFX00635	FHI/AWARE/200/37B	Good
461	Kipor 12kva Silent Set Generator	1/9/2006	41,739,130.43	4,770.19	2,862.11		Staff Residence	KDE12STA	FHI/AWARE/200/38	Good
462	SVS-2000W Stabiliser	17/10/2006	1,180,000.00	134.86	80.91		Staff Residence	PZ699700052	FHI/AWARE/200/39	Good
463	Fujitech 1.5 HP Split A/C	15/04/2004	4,900,000.00	560.00	224.00		Staff Residence	42512005722	200-11-AC-015	Good
464	AC Outdoor Motor Unit	15/04/2004	4,900,000.00	560.00	224.00		Staff Residence	44041002621	200-11-AC-015B	Good
465	Fujitech 1.5 HP Split A/C	15/04/2004	4,900,000.00	560.00	224.00		Staff Residence	42512005671	200-11-AC-016	Good
466	AC Outdoor Motor Unit	15/04/2004	4,900,000.00	560.00	224.00		Staff Residence	44041002623	200-11-AC-016B	Good
467	LG Refrigerator	24/12/2003	6,800,000.00	777.14	233.14		Staff Residence	GR-S592QVC/308KR00024	FHI/AWARE/200/40	Good
468	LG Ocean Freezer	24/12/2003	4,650,000.00	531.43	159.43		Staff Residence	1293C051	FHI/AWARE/200/41	Good
469	Fujitech 1.5 HP Split A/C	24/12/2003	5,720,000.00	653.71	196.11		Staff Residence	42512005663	FHI/AWARE/200/42	Good
470	Outdoor Motor Unit	Ref above	Ref above				Staff Residence	44041002624	FHI/AWARE/200/42B	Good
471	LG 1.5 HP Split A/C	24/12/2003	6,380,000.00	729.14	218.74		Staff Residence	306KA00312	FHI/AWARE/200/43	Good
472	Outdoor Motor Unit	Ref above	Ref above				Staff Residence	306KA00483	FHI/AWARE/200/43B	Good
473	LG 1.5 HP Split A/C	24/12/2003	6,380,000.00	729.14	218.74		Staff Residence	306KA00201	FHI/AWARE/200/44	Good
474	Outdoor Motor Unit	Ref above	Ref above				Staff Residence	306KA00500	FHI/AWARE/200/44B	Good
475	Binatone Stabilizer Deluxe Series						Staff Residence	AVR-5000DLX	FHI/AWARE/200/45	Good
476	Supraclimatics Dehumidifier	Transfer from ABJ	N/A				Staff Residence	G.142.ABS	FHI/AWARE/200/46	Good
477	Microwave						AWARE-HIV/AIDS Office	N/A	FHI/AWARE/200/47	Good
478	Washing Machine						AWARE-HIV/AIDS Office	N/A		Good
479	Dining room set - chair	1/6/2004	8,500,000.00	971.43	388.57		Staff Residence	N/A	FHI/AWARE/100/01 (	Good
480	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
481	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/03 (	Good
482	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/04 (	Good
483	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/05 (	Good
484	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/06 (	Good
485	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/07 (	Good
486	Dining room set - chair	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/08 (	Good
487	Dining room set - table	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/01 (	Good
488	Dining room set -cabinet 1	1/6/2004	ref above				AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/01 (	Good
489	Dining room set -cabinet 2	1/6/2004	ref above				AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/01 (	Good
490	Living room set-sofa single	1/6/2004	9,000,000.00	1,028.57	411.43		Staff Residence	N/A	FHI/AWARE/100/02 (	Good
491	Living room set-sofa single	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
492	Living room set-sofa double	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
493	Living room set-sofa triple	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
494	Living room set- coffee table 1	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
495	Living room set- coffee table 2	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
496	Living room set- coffee table 3	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
497	Living room set- coffee table 4	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
498	Living room set- center table	1/6/2004	ref above				Staff Residence	N/A	FHI/AWARE/100/02 (	Good
499	Double Bed + Mattress (Light Wood Color)	Transfer from ABJ	N/A				Staff Residence	N/A	FHI/AWARE/100/03 (	Good
500	Double Bedside cabinet	Transfer from ABJ	N/A				Staff Residence	N/A	FHI/AWARE/100/03B	Good
501	Tripple Bed (Dark Wood Color)	Transfer from ABJ	N/A				Staff Residence	N/A	FHI/AWARE/100/04 (	Good
502	Tripple Bedside cabinet	Transfer from ABJ	N/A				Staff Residence	N/A	FHI/AWARE/100/04B	Good
503	Tripple Bedside cabinet	Transfer from ABJ	N/A				Staff Residence	N/A	FHI/AWARE/100/04C	Good

504	Coffee Table (Light Wood Color)	Transfer from ABJ	N/A			Staff Residence	N/A	FHI/AWARE/100/05	Good
505	Armchair	Transfer from ABJ	N/A			Staff Residence	N/A	FHI/AWARE/100/06	Good
506	Dressing Cupboard/Mirror	Transfer from ABJ	N/A			Staff Residence	N/A	FHI/AWARE/100/07	Good
507	Swivel Chair	Transfer from ABJ	N/A			Staff Residence	N/A	FHI/AWARE/100/08	Good
508	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/09	Good
509	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/10	Good
510	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/11	Good
511	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/12	Good
512	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/13	Good
513	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/14	Good
514	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/15	Good
515	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/16	Good
516	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/17	Good
517	Chair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/18	Good
518	Armchair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/19	Good
519	Armchair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/20	Good
520	Armchair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/21	Good
521	Armchair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/22	Good
522	Armchair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/23	Good
523	10-Seater Dining Table	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/24	Good
524	Pedestal Table	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/25	Good
525	Armchair	Transfer from ABJ	N/A			AWARE-HIV/AIDS Office	N/A	FHI/AWARE/100/26	Good

Fixed Assets Inventory Management

**Country/Project:** GHANA/AWARE 688-A-00-00065-00  
 [State above, country and/or subagreement number]  
**Report date:** 25-Jan-08  
 [State above, date report prepared]

**Procurement Values:** Procurement prices should be listed in the currency in which the item was procured. The US \$ equivalent can be shown in the column "US \$ Equivalent" but the exchange rate used is the rate in effect on the procurement date.

**Depreciation Method/Calculation:** The "straight-line" method was used in calculating depreciation. The depreciation period for office equipment (such as typewriters, copiers, airconditioners and printers) is 5 years. Same depreciation period also applies for computers and peripheral equipment. Office furniture is 7 years. This is in accordance with US IRS regulations.

**Market Value:** This column is to be used only for disposition.

**Funder and % of Funding:** List the funder(s) and the percent of the procurement that the funder paid towards the procurement.

**Title or Ownership:** All property currently being used under the award.

**Disposition:** All equipment will be provided as government furnished equipment.

Description and Markings				Procurement and Value					Funder and Ownership			Location/condition			
No.	Item description including model	Serial number	EH tag number	Date or Acquisition or Procurement	Local procured Local price	US procured or US \$ US \$ price	Use for Disposition Only		Vendor purchased from	Funder(s) and % of funding	Donor Agreement/Contract Number	Title or Ownership	Location	Current Condition	Suggested Disposition
							Depreciation	Market Value							
1	CLASSICO DESK	N/A	AW0001	Nov-03	6,500,000.00	\$742.86	\$495.24		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
2	CLASSICO DESK	N/A	AW0002	Nov-03	6,500,000.00	\$742.86	\$495.24		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
3	WOOD OFFICE DESK	N/A	AW0003	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
4	WOOD OFFICE DESK	N/A	AW0004	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
5	WOOD OFFICE DESK	N/A	AW0005	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
6	WOOD OFFICE DESK	N/A	AW0006	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
7	WOOD OFFICE DESK	N/A	AW0007	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
8	WOOD OFFICE DESK	N/A	AW0008	Nov-03	4,000,000.00	\$457.14	\$304.76		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
9	WOOD OFFICE DESK	N/A	AW0009	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
10	WOOD OFFICE DESK	N/A	AW0010	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
11	WOOD OFFICE DESK	N/A	AW0011	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
12	WOOD OFFICE DESK	N/A	AW0012	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
13	WOOD OFFICE DESK	N/A	AW0013	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
14	WOOD OFFICE DESK	N/A	AW0014	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
15	WOOD OFFICE DESK	N/A	AW0015	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
16	WOOD OFFICE DESK	N/A	AW0016	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
17	WOOD OFFICE DESK	N/A	AW0017	Nov-03	2,222,222.22	\$253.97	\$169.31		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
18	EXECUTIVE CHAIR	N/A	AW0018	Nov-03	2,488,888.89	\$284.44	\$189.63		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
19	EXECUTIVE CHAIR	N/A	AW0019	Nov-03	2,488,888.89	\$284.44	\$189.63		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
20	ORDINARY CHAIR	N/A	AW0020	Nov-03	1,500,000.00	\$171.43	\$114.29		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	



55	PANASONIC TELEPHONE SET SCF	3BBCB207741	AW0055	Nov-03	450,000.00	\$51.43	\$48.00		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
56	PANASONIC TELEPHONE SET SCF	3CAKB259135	AW0056	Nov-03	450,000.00	\$51.43	\$48.00		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
57	PANASONIC TELEPHONE SET SCF	3BBKB207743	AW0057	Nov-03	450,000.00	\$51.43	\$48.00		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
58	ORDINARY PANASONIC TELEPHO	3CAKB257771	AW0058	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
59	ORDINARY PANASONIC TELEPHO	2KBFB213382	AW0059	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
60	ORDINARY PANASONIC TELEPHO	3CAKB259137	AW0060	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
61	ORDINARY PANASONIC TELEPHO	2KBFB213521	AW0061	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
62	ORDINARY PANASONIC TELEPHO	3CAKB257773	AW0062	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
63	ORDINARY PANASONIC TELEPHO	3CAKB259264	AW0063	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
64	ORDINARY PANASONIC TELEPHO	3CAKB257772	AW0064	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
65	ORDINARY PANASONIC TELEPHO	3CAKB259265	AW0065	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
66	ORDINARY PANASONIC TELEPHO	2KBFB213381	AW0066	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
67	ORDINARY PANASONIC TELEPHO	2KBF213475	AW0067	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
68	ORDINARY PANASONIC TELEPHO	2KBFB213469	AW0068	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
69	ORDINARY PANASONIC TELEPHO	2KBF213290	AW0069	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
70	ORDINARY PANASONIC TELEPHO	2KBFB212951	AW0070	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
71	PANASONIC TELEPHONE SCREEN	3BBKB207745	AW0071	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
72	ORDINARY PANASONIC TELEPHO	3CAKB259266	AW0072	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
73	ORDINARY PANASONIC TELEPHO	2KBFB213379	AW0073	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
74	ORDINARY PANASONIC TELEPHO	3CAKB259136	AW0074	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
75	ORDINARY PANASONIC TELEPHO	2KBFB213289	AW0075	Nov-03	360,000.00	\$41.14	\$38.40		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
76	PANASONIC STANDARD PABX	3DAVPO33251	AW0076	Nov-03	16,000,000.00	\$1,828.57	\$1,706.67		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
77	PANASONIC KXT7433	3CBSF038475	AW0077	Nov-03		\$0.00			Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
78	HP LASERJET PRINTER 4200N	CNCX536238	AW0078	Nov-03	15,555,555.56	\$1,777.78	\$1,659.26		IPMC	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
79	1KM-1500 Digital COPIER- kyocera	XAU 3609056	AW0079	Nov-03	7,704,000.00	\$880.46	\$821.76		GNANIE & CO	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
80	DELL PC-CPU	9KXYTOJ	AW0080	Nov-03		\$1,681.87	\$1,569.75		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
81	DELL PC MONITOR	GB07R41547604361A5N	AW0080	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
82	DELL PC SPEAKER		AW0080	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
83	DELL PC KEYBOARD	H-05N29237171-35U201	AW0080	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
84	DELL PC MOUSSE	LZA322647-34	AW0080	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
85	DELL PC-CPU	3HPQS0J	AW0081	Nov-03		\$1,681.87	\$1,569.75		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
86	DELL PC MONITOR	GB07R41547604360A8M	AW0081	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
87	DELL PC SPEAKER		AW0081	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
88	DELL PC KEYBOARD	RT7D20	AW0081	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	

89	DELL PC MOUSSE	PNX06-08477	AW0081	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
90	DELL PC-CPU		AW0082	Nov-03		\$1,681.87	\$1,569.75		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
91	DELL PC MONITOR	GB07R41547604361A5M	AW0082	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
92	DELL PC SPEAKER		AW0082	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
93	DELL PC KEYBOARD	TH-05N292-37171-35U-A	AW0082	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
94	DELL PC MOUSSE	F466B0K5BMB1B5R	AW0082	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
95	DELL PC-CPU		AW0083	Nov-03		\$1,681.87	\$1,569.75		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
96	DELL PC MONITOR	GB07R41547604360A8M	AW0083	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
97	DELL PC SPEAKER		AW0083	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
98	DELL PC KEYBOARD	RT7D20	AW0083	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
99	DELL PC MOUSSE	LNA32191199	AW0083	Nov-03					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
100	IBM THINK PAD T30 LAPTOP	2366FBU99XVVK	AW0084	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
101	IBM THINK PAD T30 LAPTOP	2366FBU99XVVK	AW0085	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
102	IBM THINK PAD T30 LAPTOP	2366FBU99XVVKR	AW0086	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
103	IBM THINK PAD T30 LAPTOP	2366FBU99XVFLA	AW0087	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
104	IBM THINK PAD T30 LAPTOP	2366FBU99XVFLF	AW0088	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
105	IBM THINK PAD T30 LAPTOP	2366FBU99XVFLG	AW0089	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
106	IBM THINK PAD T30 LAPTOP	2366FBI99XVPPA	AW0090	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
107	IBM THINK PAD T30 LAPTOP	2366FBU99XVVRH	AW0091	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
108	IBM THINK PAD T30 LAPTOP	2366FBU99XVVR	AW0092	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
109	IBM THINK PAD T30 LAPTOP	2366FBU99XVVNB	AW0093	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
110	IBM THINK PAD T30 LAPTOP	2366FBU99XVVPK	AW0094	Nov-03		\$2,100.00	\$1,960.00		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
111	GENERATOR 150KVA Acoustic Dies	FGWPEPOZJCOAO1856	AW0095	Nov-03		\$37,000.00	\$24,666.67		G&J	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
112	AIR CONDITIONNER 1.5 INDOOR	15LF000154	AW0096	Nov-03	6,300,000.00	\$720.00	\$672.00		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
113	OUTDOOR	16LF000162	AW0096						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
114	AIR CONDITIONNER 1.5	LF000109	AW0097	Nov-03	6,300,000.00	\$720.00	\$672.00		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
115	OUTDOOR	LF000109	AW0097						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
116	AIR CONDITIONNER 1.5	15LF000172	AW0098	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
117	OUTDOOR	16LF000189	AW0098						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
118	AIR CONDITIONNER 2.5	19LF000085	AW0099	Nov-03	8,900,000.00	\$1,017.14	\$949.33			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
119	OUTDOOR	20LF000025	AW0099						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
120	AIR CONDITIONNER 1.5	15LF000182	AW0100	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
121	OUTDOOR	16LF000191	AW0100						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
122	AIR CONDITIONNER 2.5	19LF000056	AW0101	Nov-03	8,900,000.00	\$1,017.14	\$949.33			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	

123	OUTDOOR	20LF000010	AW0101						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
124	AIR CONDITIONNER 2	17LF000018	AW0102	Nov-03	8,100,000.00	\$925.71	\$864.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
125	OUTDOOR	18LF000035	AW0102						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
126	AIR CONDITIONNER 2	17LF000053	AW0103	Nov-03	8,100,000.00	\$925.71	\$864.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
127	OUTDOOR	18LF000039	AW0103						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
128	AIR CONDITIONNER 2.5	19LF 000070	AW0104	Nov-03	8,900,000.00	\$1,017.14	\$949.33			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
129	OUTDOOR	20LF000041	AW0104						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
130	AIR CONDITIONNER 1	15LF000183	AW0105	Nov-03	4,400,000.00	\$502.86	\$469.33			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
131	OUTDOOR	16LF000186	AW0105						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
132	AIR CONDITIONNER 1.5	15LF000261	AW0106	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
133	OUTDOOR	16LF000188	AW0106						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
134	AIR CONDITIONNER 1.5	15LF000189	AW0107	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
135	OUTDOOR	16LF000176	AW0107						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
136	AIR CONDITIONNER 1.5	15LF000179	AW0108	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
137	OUTDOOR	16LF000159	AW0108						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
138	AIR CONDITIONNER 1.5	15LF000184	AW0109	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
139	OUTDOOR	16LF000166	AW0109						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
140	AIR CONDITIONNER 1.5	15LF000206	AW0110	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
141	OUTDOOR	16LF000197	AW0110						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
142	AIR CONDITIONNER 1	15LF000105	AW0111	Nov-03	4,400,000.00	\$502.86	\$469.33			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
143	OUTDOOR	LF000101	AW0111						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
144	AIR CONDITIONNER	19LF000062	AW0112	Nov-03	8,900,000.00	\$1,017.14	\$949.33			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
145	OUTDOOR	20LF000032	AW0112						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
146	AIR CONDITIONNER	15LF000152	AW0113	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
147	OUTDOOR	16LF000199	AW0113						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
148	AIR CONDITIONNER	15LF000199	AW0114	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
149	OUTDOOR	16LF000187	AW0114						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
150	AIR CONDITIONNER	15LF000185	AW0115	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
151	OUTDOOR	16LF000198	AW0115						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
152	AIR CONDITIONNER	15LF000200	AW0116	Nov-03	6,300,000.00	\$720.00	\$672.00			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
153	OUTDOOR	16LF000161	AW0116						KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
154	VSAT	25NO78627148	AW0117	Nov-03		\$13,500.00	\$9,000.00		GS Telecom	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
155	SERVER	JZ8FP31	AW0118	Nov-03		\$5,594.40	\$5,221.44		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
156	1 RACK CABINET	N/A	AW0119	Nov-03	15,440,000.00	\$1,764.57	\$1,176.38		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	

157	3 COM SWITCH 24 PORT	0101/LU5G2L0092871	AW0120	Nov-03	3,424,000.00	\$391.31	\$365.23		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
158	3 COM SWITCH 24 PORT	0101/LV5G2L0092792	AW0121	Nov-03	3,424,000.00	\$391.31	\$365.23		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
159	3 COM SWITCH 24 PORT	0101/LV5G2L0092879	AW0122	Nov-03	3,424,000.00	\$391.31	\$365.23		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
160	3 COM SWITCH 24 PORT	0101/LV5G2Y0125342	AW0123	Nov-03	3,424,000.00	\$391.31	\$365.23		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
161	SILVER LINE PATCH PANEL		AW0124	Nov-03	51,556.00	\$5.89	\$5.50		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
162	SILVER LINE PATCH PANEL		AW0125	Nov-03	51,556.00	\$5.89	\$5.50		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
163	SILVER LINE PATCH PANEL		AW0126	Nov-03	51,556.00	\$5.89	\$5.50		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
164	SHREDDER-REXEL	A755089	AW0127	Dec-03	4,000,000.00	\$453.00	\$415.25		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
165	BOSCH HOOVER	VC 290	AW0128	Dec-03	2,311,111.11	\$261.73	\$239.92		Bosch	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
166	WHIRPOOL MICROWAVE	MT 42\BL	AW0129	Dec-03	3,022,222.22	\$342.27	\$313.75		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
167	PHILIPS COFFEE MAKER	99219800	AW0130	Dec-03	666,666.67	\$75.50	\$69.21		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
168	TABLE TOP FRIDGE	WR12C9B484289EWM9	AW0131	Dec-03	1,466,666.67	\$166.10	\$152.26		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
169	TABLE TOP FRIDGE	WR12C9B221248EWM9	AW0132	Dec-03	1,466,666.67	\$166.10	\$152.26		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
170	FRIDGE	43CNA00013L	AW0133	Dec-03	4,000,000.00	\$453.00	\$415.25		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
171	GE BIG FRIDGE	GA733241	AW0134	Dec-03	6,755,555.56	\$765.07	\$701.31		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
172	ARISTON GAS COOKER 4 FIRE	303074445	AW0135	Dec-03	3,644,444.44	\$412.73	\$378.34		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
173	WASHING MACHINE	MOD-AWZ220/3	AW0136	Dec-03	3,866,666.67	\$437.90	\$401.41		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
174	DRYER MACHINE	MOD-FL5053/1	AW0137	Dec-03	3,777,777.78	\$427.83	\$392.18		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
175	FLIPCHART STAND	N/A	AW0138	Dec-03	755,555.56	\$85.57	\$78.44		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
176	FLIPCHART STAND	N/A	AW0139	Dec-03	755,555.56	\$85.57	\$78.44		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
177	FLIPCHART STAND	N/A	AW0140	Dec-03	755,555.56	\$85.57	\$78.44		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
178	FLIPCHART STAND	N/A	AW0141	Dec-03	755,555.56	\$85.57	\$78.44		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
179	BINATONE STANDING FAN	A 1685	AW0142	Jan-04	200,000.00	\$22.64	\$20.37		Binatone	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
180	3 IN ONE FILING CABINET	N/A	AW0143	Jan-04	2,222,222.22	\$251.52	\$161.69		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
181	3 IN ONE FILING CABINET	N/A	AW0144	Jan-04	2,222,222.22	\$251.52	\$161.69		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
182	3 IN ONE FILING CABINET	N/A	AW0145	Jan-04	2,222,222.22	\$251.52	\$161.69		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
183	3 IN ONE FILING CABINET	N/A	AW0146	Jan-04	2,222,222.22	\$251.52	\$161.69		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
184	CONFERENCE TABLE	N/A	AW0147	Jan-04	2,488,888.89	\$281.71	\$181.10		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
185	BOOK SHELF	N/A	AW0148	Jan-04	1,422,222.22	\$160.98	\$103.48		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
186	BINDING MACHINE-REXEL	A728967	AW0149	Jan-04	5,155,555.56	\$583.54	\$525.18		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
187	FAX MACHINE FX FL502CX	2LCFC020325	AW0150	Jan-04	4,000,000.00	\$452.74	\$407.47		Panasonic - Kumes	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Not in use	
194	AIR CONDITIONNER 1.5	SF000010	AW0154	Jan-04	6,300,000.00	\$713.07	\$641.77		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
195	OUTDOOR	SF000060	AW0154	Jan-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
196	AIR CONDITIONNER 1.5	SF00011	AW0155	Jan-04	6,300,000.00	\$713.07	\$641.77		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	

197	OUTDOOR	SF000007	AW0155	Jan-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
198	AIR CONDITIONNER 1.5	SF000066	AW0156	Jan-04	6,300,000.00	\$713.07	\$641.77		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
199	OUTDOOR	SF000001	AW0156	Jan-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
200	APC SMART UPS 3000 VA	YS0307110273	AW0157	Jan-04	9,813,333.30	\$1,110.73	\$999.66		OMAN FOFOR	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
201	COMPLETE RECEPTION COUNTER	N/A	AW0158	Jan-04	9,200,000.00	\$1,041.31	\$669.42		MOBILIA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
202	CENTER TABLE WITH GLACE	N/A	AW0159	Jan-04	2,450,000.00	\$277.31	\$178.27		MOBILIA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
203	OFFICE SOFA VISITOR SEATS	N/A	AW0160	Jan-04	3,111,111.11	\$352.13	\$226.37		MOBILIA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
204	HP LASERJET PRINTER 4200N	CNHX102928	AW0161	Feb-04	15,200,000.00	\$1,711.71	\$1,512.01		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
205	HP DESKJET 5652 COLOR INKJET	MY3C34K04Q	AW0162	Feb-04	1,620,000.00	\$182.43	\$161.15		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
206	2 DRAWER CABINET WITH SAFE	N/A	AW0163	Feb-04	2,222,222.22	\$250.25	\$157.90		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
207	BRAVA BOOK CASE	N/A	AW0164	Feb-04	4,000,000.00	\$450.45	\$284.21		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
208	PROJECTOR SCREEN	N/A	AW0165	Feb-04	4,266,666.67	\$480.48	\$424.42		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
209	APC UPS 1000 VA PRO	JB0314047849	AW0166	Feb-04	3,420,000.00	\$385.14	\$340.20		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
210	APC UPS 1000 VA PRO	JB0314012250	AW0167	Feb-04	3,420,000.00	\$385.14	\$340.20		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
211	APC UPS 1000 VA PRO	JB0314047872	AW0168	Feb-04	3,420,000.00	\$385.14	\$340.20		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
212	APC UPS 1000 VA PRO	JB0314047867	AW0169	Feb-04	3,420,000.00	\$385.14	\$340.20		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	On repair	Good	
213	MICRONET SP214A MULTY SWITC	N/A	AW0170	Feb-04	2,763,556.00	\$311.21	\$274.90		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
214	GE BIG FRIDGE	GTG16FBMCRWW	AW0171	Mar-04	7,700,000.00	\$870.02	\$754.01		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
215	GE GAS COOKER 5 FIRE	QE262161	AW0172	Mar-04	3,450,000.00	\$389.81	\$337.84		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
216	GE GAS COOKER 5 FIRE	QE262168	AW0173	Mar-04	3,450,000.00	\$389.81	\$337.84		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
217	DRYER MACHINE	MP0602199	AW0174	Mar-04	4,000,000.00	\$451.96	\$391.70		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
218	WASHING MACHINE	CPO804867	AW0175	Mar-04	6,000,000.00	\$677.94	\$587.54		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
219	KM 4035 Digital copier - kyocera	AJL3009515	AW0176	Mar-04	102,830,583.00	\$11,618.75	\$10,069.58		GNANIE & CO	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
220	LCD PROJECTOR/ INFOCUS	ACAN40500302	AW0177	Mar-04		\$1,900.00	\$1,646.67		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
221	LCD PROJECTOR/ INFOCUS	ACAN40600862	AW0178	Mar-04		\$1,900.00	\$1,646.67		New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
222	Metalique filling cabinet 2 draws	N/A	AW0179	Mar-04	2,222,222.22	\$251.09	\$155.43		KINDOM B&S	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
223	WATER DISPENSER	3110155	AW0180	Mar-04	2,311,111.11	\$261.13	\$226.31		VOLTIC	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
224	SHELVES	N/A	AW0181	Mar-04	1,066,666.67	\$120.52	\$74.61		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
225	SCANNER- SCANJET 8200 SERIES	CN364T0108	AW0182	Mar-04	6,226,666.67	\$703.55	\$609.74		ULTIMATE SUPPL	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
226	AIR CONDITIONNER 2.5	19ZF000088	AW0183	Mar-04	8,900,000.00	\$1,005.60	\$871.52		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
227	OUTDOOR	20ZF000021	AW0183	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
228	AIR CONDITIONNER 2.5	19ZF000072	AW0184	Mar-04	8,900,000.00	\$1,005.60	\$871.52		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
229	OUTDOOR	20ZF000002	AW0184	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
230	AIR CONDITIONNER 2.5	19ZF000071	AW0185	Mar-04	8,900,000.00	\$1,005.60	\$871.52		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	

231	OUTDOOR	20ZF000018	AW0185	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
232	AIR CONDITIONNER 2.5	19ZF00005	AW0186	Mar-04	8,900,000.00	\$1,005.60	\$871.52		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
233	OUTDOOR	20ZF00001	AW0186	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
234	AIR CONDITIONNER 2.5	SF000030	AW0187	Mar-04	8,900,000.00	\$1,005.60	\$871.52		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
235	OUTDOOR	SF000061	AW0187	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
236	AIR CONDITIONNER 1.5	SF000020	AW0188	Mar-04	6,200,000.00	\$700.53	\$607.13		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
237	OUTDOOR	SF000058	AW0188	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
238	AIR CONDITIONNER 1.5	SF000055	AW0189	Mar-04	6,200,000.00	\$700.53	\$607.13		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
239	OUTDOOR	SF000031	AW0189	Mar-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
240	SITTING ROOM SET+CENTER TAB	N/A	AW0190	Mar-04	11,000,000.00	\$1,242.88	\$769.40		EKAFCO LTD	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
241	DINING SET FOR 6 PERSONS	N/A	AW0191	Mar-04	6,200,000.00	\$700.53	\$433.66		EKAFCO LTD	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
242	SOLLATEK STABILIZER 3500	975000052	AW0192	Mar-04	1,738,666.67	\$196.45	\$170.26		SOLLATEK	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
243	SOLLATEK STABILIZER 3500	975000051	AW0193	Mar-04	1,738,666.67	\$196.45	\$170.26		SOLLATEK	USAID 100	CA-688-A-0-00065-	EH	Staff residence	NEW	
244	NOKIA 2100	352931005271887	AW0194	Apr-04	1,150,000.00	\$127.92	\$108.73		HEC Osu	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
245	NOKIA 2010	352938007125508	AW0195	Apr-04	900,000.00	\$100.11	\$85.09		HEC Osu	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
246	NOKIA 2110	351465607797198	AW0196	Apr-04	900,000.00	\$100.11	\$85.09			USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
247	AIR CONDITIONNER 2.5	DG000042	AW0197	May-04	8,850,000.00	\$983.23	\$819.36		KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
248	OUTDOOR	DG000032	AW0197	May-04					KAY GEE	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
249	POWERSHOT S 400/CANON	7123515950/PC1038 853804299281/3704048	AW0198	May-04		\$350.00	\$291.67		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
250	MICROWAVE	00340	AW0199	May-04	3,111,111.11	\$345.64	\$288.04		Whirlpool	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
251	GENERATOR 27 KVA	045643/02	AW0200	May-04	123,211,200.00	\$13,688.75	\$8,148.07		G&J	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
252	GENERATOR 27 KVA	0170009/58	AW0201	May-04	123,211,200.00	\$13,688.75	\$8,148.07		G&J	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
253	SHUTTLE X server 50K (Thai Baht)	B65G00418D01043	AW0202	Jun-04		\$1,250.00	\$1,020.83		BANGKOK	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
254	WOOD OFFICE DESK	N/A	AW0203	Jun-04	2,666,666.67	\$295.48	\$172.36		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
255	WOOD OFFICE DESK	N/A	AW0204	Jun-04	2,666,666.67	\$295.48	\$172.36		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
256	WOOD OFFICE DESK	N/A	AW0205	Jun-04	2,666,666.67	\$295.48	\$172.36		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
257	WOOD OFFICE DESK	N/A	AW0206	Jun-04	2,666,666.67	\$295.48	\$172.36		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
258	WOOD OFFICE DESK	N/A	AW0207	Jun-04	2,666,666.67	\$295.48	\$172.36		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
259	ORDINARY CHAIR D11	N/A	AW0208	Jun-04	1,600,000.00	\$177.29	\$103.42		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
260	ORDINARY CHAIR D11	N/A	AW0209	Jun-04	1,600,000.00	\$177.29	\$103.42		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
261	ORDINARY CHAIR D11	N/A	AW0210	Jun-04	1,600,000.00	\$177.29	\$103.42		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
262	ORDINARY CHAIR D11	N/A	AW0211	Jun-04	1,600,000.00	\$177.29	\$103.42		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
263	ORDINARY CHAIR D11	N/A	AW0212	Jun-04	1,600,000.00	\$177.29	\$103.42		BATIMAT	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
264	SCISCO ROUTER 2600	CNM6AYOARA	AW0213	Jun-04		\$3,412.43	\$2,786.82		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	

265	2 WHITE TABLES	N/A	AW0214	Apr-04	300,000.00	\$33.37	\$20.26		GARDEN PLASTIC	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
266	KENWOOD KETTLE	N/A	AW0215	Mar-04	360,000.00	\$40.68	\$35.25		ESDAS	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
267	IBM THINK PAD T40 LAPTOP	99-ZDNFD 03/10	AW0216	Jan-04		\$1,625.00	\$1,462.50		New york	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
268	1ASH PLASTIC TABLE + 4CHAIRS	N/A	AW0217	Dec-03	248,000.00	\$28.09	\$18.39		MARKET	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
269	AIR CONDITIONNER 1.5	FG 000358	AW0218	Aug-04	6,000,000.00	\$665.05	\$520.96		KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
270	OUTDOOR	FG000763	AW0219	Aug-04					KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
271	PANASONIC-DSS CONSOLE	KX-T7440X	AW0220	Aug-04	888,888.89	\$98.53	\$77.18		Panasonic - Kumes	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
272	WASHER MACHINE	CP0804880	AW0221	Aug-04	6,173,913.00	\$684.33	\$536.06		EDERICH LIMITED	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
273	AIR CONDITIONNER 1.5	DG0000231	AW0222	Jul-04	6,133,333.33	\$678.34	\$542.67		KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	Sold	Good	
274	OUTDOOR	DG000249	AW0222						KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	Sold	Good	
275	DOWN CABINET 2 DOORS (2)	N/A	AW0223	Jul-04	4,100,000.00	\$453.46	\$362.77		MOBILIA	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
276	AIR CONDITIONNER 1.5	GG001835	AW0224	Oct-04	6,000,000.00	\$664.57	\$498.43		KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
277	OUTDOOR	GG001830	AW0224	Oct-04					KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
278	AIR CONDITIONNER 1.5	GG0001836	AW0225	Oct-04	6,000,000.00	\$664.57	\$498.43		KAY GEE	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
279	OUTDOOR	GG001836	AW0225	Oct-04					SOLLATEK	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
280	SVS 5000 UPS SOLLATEK		AW0226	Aug-04	2,933,000.00	\$325.10	\$254.66		SOLLATEK	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
281	PRINTER -LASERJET 1300		AW0227	Aug-04	4,000,000.00	\$443.37			OMEGA COMPU S	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
282	OFFICE CHAIRS	N/A	AW0228	Oct-04	4,266,666.67	\$472.59	\$354.44		KINGDOM	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
283	IBM THINK PAD T42 LAPTOP	99-H81WH -04/07	AW0229	Oct-04		\$1,885.00	\$1,413.75		New york	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
284	IBM THINK PAD T42 LAPTOP	99-H81NB-04/07	AW0230	Oct-04		\$1,885.00	\$1,413.75		New york	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	out of use	
285	IBM THINK PAD T42 LAPTOP	99-H81RD-04/07	AW0231	Oct-04		\$1,885.00	\$1,413.75		New york	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
286	IBM THINK PAD T42 LAPTOP	99-H84MT04/05	AW0232	Oct-04		\$1,885.00	\$1,413.75		New york	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
287	1 SMALL BOOK SHELF	N/A	AW0233	Nov-04	565,217.39	\$62.59	\$32.79		KINGDOM	USAID 100%	CA-688-A-0-00065-	EH	Staff residence	Good	
288	1 SMALL BOOK SHELF	N/A	AW0234	Nov-04	565,217.39	\$62.59	\$32.79		KINGDOM	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
289	Peugeot 306/GR 9874 U	UF37EWJZT33018628	AW0235						From FHA	USAID 100%		EH	AWARE Parking	Good	
290	Jeep Cherokee- GW9992U	IJ4GI45KY42W281331	AW0236						From FHA	USAID 100%		EH	AWARE Parking	Good	
291	Ford Explorer-GW 6045V -7 seats	IFMZU72K94ZB06608	AW0237	Jun-04		\$27,825.00	\$22,723.75		BUKKEHAVE USA	USAID 100%	CA-688-A-0-00065-	EH	AWARE Parking/Ad	Good	
292	Ford Explorer-GW 6044 V - 5 seats	IFMZU72K84ZB06602	AW0238	Jun-04		\$27,175.00	\$22,192.92		BUKKEHAVE USA	USAID 100%	CA-688-A-0-00065-	EH	AWARE Parking/Ju	Good	
293	Wall Clock	QXA231	AW0239	Jan-05	400,000.00	\$44.25	\$30.97		Kwatson Electricals	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
294	Wall Clock	QXA231	AW0240	Jan-05	400,000.00	\$44.25	\$30.97		Kwatson Electricals	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
295	Wall Clock	OXA229	AW0241	Jan-05	450,000.00	\$49.78	\$34.85		Kwatson Electricals	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
296	TV -samsung	06373YAXA0044IJ	AW0242	Jan-05	4,913,043.48	\$543.48	\$380.43		AFKO IMEX Ltd	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
297	DVD-Samsung	DVDP247A	AW0243	Jan-05	1,086,956.52	\$120.24	\$84.17		AFKO IMEX Ltd	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
298	VCR-Samsung	SV-L80K	AW0244	Feb-05	1,113,043.48	\$123.02	\$84.06		AFKO IMEX Ltd	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
299	TV Stand	N/A	AW0245	Feb-05	826,086.96	\$91.29	\$44.56		KINGDOM	USAID 100%	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	

300	Panasonic Digital phone	4BAKB332575	KXT2375	AW0246	Feb-05	432,173.91	\$47.76	\$32.64		Kumesh GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
301	Panasonic Digital phone	4BAKB332576	KXT2375M	AW0247	Feb-05	432,173.91	\$47.76	\$32.64		Kumesh GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
302	Metalique filling cabinet 4 draws	N/A		AW0248	Jan-05	1,608,695.65	\$177.95	\$88.98		KINGDOM	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
303	FRIDGE SINGLE DOOR	INC043906882		AW0249	Feb-05	2,086,956.52	\$230.63	\$157.60		EDERICH LIMITED	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
304	3 COM SWITCH 24 PORT	LV5Q4F0067932		AW0250	Mar-05	2,535,652.00	\$280.37	\$186.91		ATLANTIC COMPU	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
305	BOOK SHELF	N/A		AW0251	Aug-04	1,036,666.67	\$114.91	\$64.29		OT, CAPENTER	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
306	BOOK SHELF	N/A		AW0252	Aug-04	1,036,666.67	\$114.91	\$64.29		OT, CAPENTER	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
307	BOOK SHELF	N/A		AW0253	Aug-04	1,036,666.67	\$114.91	\$64.29		OT, CAPENTER	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
308	BOOK SHELF	N/A		AW0254	Apr-05	1,185,000.00	\$131.81	\$61.20		OT, CAPENTER	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
309	BOOK SHELF	N/A		AW0255	Apr-05	1,185,000.00	\$131.81	\$61.20		OT, CAPENTER	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
310	4 DRAW FILING CABINET	N/A		AW0256	Apr-05	1,608,695.35	\$178.94	\$83.08		KINDOM B&S	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
311	CANON POWERSHOT DIGITAL CAM	S/N219121100081		AW0257	Apr-05		\$767.70	\$499.01		B&H PHOTO. USA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
312	LUMNES PROJECTOR	V11AA4C20580		AW0258	Apr-05		\$1,549.95	\$1,007.47		B&H PHOTO. USA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
313	IBM THINK PAD T42 LAPTOP	99NM8XN		AW0259	Jun-05		\$1,700.00	\$1,048.33		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
314	IBM THINK PAD T42 LAPTOP	99NM8VP		AW0260	Jun-05		\$1,700.00	\$1,048.33		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
315	IBM THINK PAD T42 LAPTOP	99NM8XK		AW0261	Jun-05		\$1,700.00	\$1,048.33		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
316	IBM THINK PAD T42 LAPTOP	99NM8VT		AW0262	Jun-05		\$1,700.00	\$1,048.33		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
317	NOKIA-2600 Grey	356231004533718		AW0263	Jun-05		\$129.00	\$79.55		Geneve Airaort	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
318	Camera Sony Handycam	451019		AW0264	Jul-05		\$666.50	\$399.90		PC mall USA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
319	DVD- video camera	1428765		AW0265	Jul-05		\$936.00	\$561.60		PC mall USA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
320	Nokia 3800	35-0145203330381		AW0266	Sep-05	600,000.00	\$66.30	\$37.57		Ultimate phone	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	out of use	
321	Panasonic KX-TSC35	A019670		AW0267	Sep-05	521,739.13	\$57.65	\$32.67		Kumesh GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
322	Panasonic KX-TSC35	A019671		AW0268	Sep-05	521,739.13	\$57.65	\$32.67		Kumesh GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
323	Panasonic KX-TSC35	A019672		AW0269	Sep-05	521,739.13	\$57.65	\$32.67		Kumesh GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
324	Dell CPU	CN0UC281-70821-54F-6		AW0270	Sep-05	6,400,000.00	\$707.18	\$400.74		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
325	Dell CPU	CNOUC2817082154F6G		AW0271	Sep-05	6,400,000.00	\$707.18	\$400.74		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
326	Double door metal cabinet	N/A		AW0272	Nov-05	2,608,696.00	\$287.09	\$109.37		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
327	OFFICE DESK ARC	N/A		AW0273	Jan-06	3,043,478.26	\$334.94	\$119.62		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
328	OFFICE DESK ARC	N/A		AW0274	Jan-06	3,043,478.26	\$334.94	\$119.62		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
329	P10 Chair	N/A		AW0275	Feb-06	1,800,000.00	\$198.54	\$95.96		Batimat	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
330	P10 Chair	N/A		AW0276	Feb-06	1,800,000.00	\$198.54	\$95.96		Batimat	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
331	GENERATOR 27 KVA	0194555/001		AW0277	Jan-06		\$11,500.00	\$4,107.14		G&J	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
332	4 DRAW FILING CABINET	N/A		AW0278	Mar-06	1,608,695.65	\$177.34	\$82.76		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
333	IBM Thinkpad T43 Laptop	L3 WXMMM0602		AW0279	Apr-06					New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	

334	IBM Thinkpad T43 Laptop	L3WXMMG	AW0280	Apr-06					New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
335	IBM Thinkpad T43 Laptop	L3WXMMK	AW0281	Apr-06					New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
336	COUNTERFEIT DETECTION MACH	20032252	AW0282	Apr-06	1,043,478.26	\$114.70	\$51.62		Kingdom Books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
337	STEELINE LATERAL DRAWER CAB	N/A	AW0283	Apr-06	3,913,043.48	\$430.19	\$138.28		Kingdom Books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
338	STEELINE LATERAL DRAWER CAB	N/A	AW0284	Apr-06	3,913,043.48	\$430.19	\$138.28		Kingdom Books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
339	HPLASERJET PRINTER 4250N	CNHXC12055	AW0285	Apr-06	13,800,000.00	\$1,516.90	\$682.61		IPMC	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
340	300 GB MAXTOR HARD DISK - EXT	L81B59YH	AW0286	Jun-06		\$199.87	\$83.28		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
341	300 GBMAXTOR HARD DISK - EXT	L50QT8FG	AW0287	Jun-06		\$199.87	\$83.28		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
342	DELL POWEREDGE FILE SERVER	19DCQ91	AW0288	Jun-06		\$2,871.00	\$1,196.25		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
343	TRENDNET WIRELESS CAMERA	500W1613Z00001	AW0289	Jun-06		\$335.47	\$139.78		PC Connection - NY	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
344	TRENDNET WIRELESS CAMERA	500w1613Z00005	AW0290	Jun-06		\$335.47	\$139.78		PC Connection - NY	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
345	PETTY CASH BOX	N/A	AW0291	Apr-06	313,043.48	\$34.14	\$15.36		Kingdom Books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
346	POWER WARE 5115.0 KVA UPS	UX193A0062	AW0292	Sep-05	2,900,000.00	\$320.77	\$181.77		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
347	POWER WARE 5115.0 KVA UPS	UX193A0095	AW0293	Sep-05	2,900,000.00	\$320.77	\$181.77		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
348	B820 FAX MACHINE	SDL03270	AW0294	Aug-05	2,956,521.74	\$211.43	\$123.33		OMAN FOFOR	USAID 100	CA-688-A-0-00065-	EH	Replaced	out of use	
349	BOSCH MICROWAVE	506KM00058	AW0295	Aug-06	3,043,478.00	\$331.85	\$127.21		NOVOTEC LIMITED	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
350	NATIONAL GAS COOKER	18904/001-018-7	AW0296	Aug-06	2,956,522.00	\$322.36	\$123.57		NOVOTEC LIMITED	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
351	BOSCH FRIDGE	KGS43123	AW0297	Aug-06	7,130,435.00	\$777.47	\$298.03		NOVOTEC LIMITED	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
352	OCEAN WASHING MACHINE	60123600091180000	AW0298	Aug-06	4,152,174.00	\$439.15	\$168.34		KOALA SHOPING	USAID 100	CA-688-A-0-00065-	EH	Staff residence	Good	
353	PANASONIC TELEPHONE	6BBKB545029	AW0299	Aug-06	500,000.00	\$54.52	\$20.90		KUMESH GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
354	PANASONIC TELEPHONE	KX-T2375MXW	AW0300	Sep-06	500,000.00	\$54.49	\$20.89		KUMESH GH Ltd	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
355	CISCO SYSTEM		AW0301	Apr-07		\$416.73	\$104.18		CDW Direct- NY	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
356	CISCO SYSTEM		AW0302	Apr-07		\$416.73	\$104.18		CDW Direct- NY	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
357	MOTOROLLA CELL PHONE - SILVE	358267-000287196	AW0303	Mar-07		\$165.00	\$44.00		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
358	MOTOROLLA CELL PHONE - BLUE	356042-00-197456-9	AW0304	Mar-07		\$165.00	\$44.00		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
359	MOTOROLLA CELL PHONE - BLAC	353913-01-241916-1	AW0305	Mar-07		\$165.00	\$44.00		New york	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
360	CANON FAX MACHINE L100+HAND	KPN59931	AW0306	Apr-07	2,087,000.00	\$226.07	\$56.52		OMAN FOFOR	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
361	IBM THINKPAD T60 LAPTOP	T60132V42A06/11	AW0307	Jan-07		\$2,085.00	\$625.50		LENOVO-New York	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
362	STEELINE DOUBLE DOOR CABINE	N/A	AW0308	May-07		\$282.11	\$65.83		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
363	STEELINE DOUBLE DOOR CABINE	N/A	AW0309	May-07		\$282.11	\$65.83		Kingdom books	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
364	Dell CPU	2HF7R2J	AW0310	May-07	9,775,000.00	\$917.93	\$214.18		DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
365	Dell Keyboard	CN-ODJ329-71616-6CS-	AW0310	May-07					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
366	Mouse	F/F00W2X	AW0310	May-07					DIGITRONIX	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	
367	Polycom		AW0311	Mar-07		\$103.16	\$27.51		PC mail USA	USAID 100	CA-688-A-0-00065-	EH	AWARE-RH Office	Good	





# **ACTION FOR WEST AFRICA REGION-HIV/AIDS (AWARE-HIV/AIDS)**

**FINAL TECHNICAL REPORT  
OCTOBER 1, 2003 – JULY 15, 2008**



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## Acronyms

AARN	African AIDS Research Network
AED	Association Espoir pour Demain
AfriCASO	African Council of AIDS Service Organizations
AIDS	Acquired immune deficiency syndrome
AIM	AIDS Impact Model
ALCO	Abidjan Lagos Corridor Organization
AMASOT	Association de Marketing Social pour le Tchad
ANECA	African Network for Care of People Living with HIV/AIDS
ANECCA	African Network for the Care of Children Affected by AIDS
ANEPA	Africa Network of AIDS Physicians
APC	Advocacy for Policy Change
ARCAD-SIDA	Association for Research, Communication and Home Support of People Living with HIV/AIDS
ARG	AIDS Response Group
ART	Antiretroviral therapy
ARV	Antiretroviral drug
ASPF	São Tomé Association for Family Planning
AWARE	Action for West Africa Region
BASP'96	Bureau d'Appui en Santé Publique 96
BCC	Behavior change communications
C&T	Care and treatment
CBCHB	Cameroon Baptist Convention Health Board
CBHFS	Community-based health financing scheme
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CERPOD	Centre d'Etudes et de Recherche sur la Population pour le Développement
CHA	Centre Hospitalier Affilié à l'Universitaire du Québec
CHAL	Christian Health Association of Liberia
CHP	Care and Health Program
CHUS	Centre Hospitalier Universitaire de Sherbrooke
CICDoc	Centre d'Information, de Conseil et de Documentation
CMT	Core Management Team
CNLS	Comité Nationale de Lutte contre le SIDA
CREJE	Centre pour la Réflexion pour l'Emergence des Jeunes
CRJ/ACO	Coordination Régionale des Réseaux des Jeunes dans la Lutte contre le VIH/SIDA en Afrique Centrale et de l'Ouest
CRS	Catholic Relief Services
CS	Care and support
ECOWAS	Economic Community of West African States
EPP	Estimation and Projection Package
FAAPPD	Forum of African and Arab Parliamentarians on Population and Development
FHA	Family Health and AIDS Project
FHI	Family Health International
FP	Family planning
FY	Fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GHARF	Global Health Awareness Research Foundation
HIV	Human immunodeficiency virus
HMIS	Health management information system

ID	Infectious disease
IEC	Information, education, and communication
IGA	Income-generating activities
IMPACT	Implementing AIDS Prevention and Care Project
IR	Intermediate result
IRC	International Rescue Committee
IPC	Initiative Privée et Communautaire
KAP	Knowledge, attitudes, and practices
KATH	Komfo Anokye Teaching Hospital
LMIS	Logistics management information systems
M&E	Monitoring and evaluation
MOH	Ministry of Health
MOHS	Ministry of Health and Sanitation
MOU	Memorandum of understanding
MS/PS	Marketing Social/Prévention SIDA
NACP	National AIDS Control Program
NAP+WA	Network of African People Living with HIV/AIDS, West Africa
NAS	National AIDS Secretariat
NGO	Nongovernmental organization
OGAC	Office of the US Global AIDS Coordinator
OSIWA	Open Society Institute for West Africa
OVC	Orphans and other vulnerable children
PAMAC	Programme d'Appui au Monde Associatif et Communautaire
PAWA	Pan African Writers' Association
PCMH	Princess Christian Maternity Hospital
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV/AIDS
PMP	Performance Management Plan
PMG	Partner Management Group
PMTCT	Prevention of mother-to-child transmission of HIV
PNSR	Programme National de Santé de la Reproduction
PSAMAO	Prévention du SIDA sur les Axes Migratoires de l'Afrique de l'Ouest
PSAMAC	Prévention du SIDA sur les Routes Migratoires de l'Afrique Centrale
PSI	Population Services International
RAIL/SIDA/IST	Réseau des Acteurs Intervenant dans la Lutte contre le SIDA et les Infections Sexuellement Transmissibles
RAS+	Network of People Living with HIV in Togo
RENAPS/AJ	Réseau National pour la Promotion de la Santé Reproductive des Adolescents et des Jeunes
RESAPSI	Réseau Africain des Praticiens Assurant la Prise en Charge Médicale des Personnes Vivant avec le VIH/SIDA
RH	Reproductive health
SFL	Sport for Life
SIDA-3	Projet d'Appui à la Lutte contre le SIDA en Afrique de l'Ouest
SMIT-CRCF	Services des Maladies Infectieuses et Tropicales–Centre de Recherche Clinique et de Formation
SO	Strategic objective
STI	Sexually transmitted infection
SWAA	Society for Women Against AIDS in Africa
TA	Technical assistance
TDO	Total Development Organization

TFGI	The Futures Group International
TOCAT	Technical and Organizational Capacity Assessment Tool
UCMSB	Union of Communal Mutual Health Insurers of Bembèrèkè in Benin
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNIFEM	United Nations Development Fund for Women
USAID	US Agency for International Development
USG	US Government
VCT	Voluntary counseling and testing
WA	West Africa
WAAF	West Africa Ambassadors’ AIDS Fund
WAHO	West Africa Health Organization
WHO	World Health Organization
WANASO	West African Network of AIDS Service Organizations
WAPCAS	West Africa Project to Combat AIDS and STIs
YPIP	Young Professional Internship Program

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We are grateful for the collaborative work of the national AIDS control councils and programs of Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

Special recognition goes to the following regional institutions and networks for their outstanding contributions to AWARE-HIV/AIDS efforts to assist countries to scale up their HIV and AIDS response: African Network for Care of Children Affected by AIDS (ANECCA); Cameroon Baptist Convention Health Board (CBCHB); Centre d'Etudes et de Recherche en Population et Développement (CERPOD); Centre d'Information, de Conseil et de Documentation (CICDoc); Komfo Anokye Teaching Hospital (KATH); the Pan African Writers Association (PAWA); Coordination Régionale des Réseaux des Jeunes dans la Lutte contre le VIH/SIDA en Afrique Centrale et de l'Ouest (CRJ/ACO); Regional Network of Journalists; Forum of African and Arab Parliamentarians for Population and Development (FAAPPD); Regional Network of Religious Leaders; Service des Maladies Infectieuses et Tropicales/Centre de Recherche Clinique et de Formation (SMIT/CRCF); Society for Women Against AIDS in Africa (SWAA); Network of African People Living with HIV (NAP+); and West Africa Network of AIDS Service Organizations (WANASO).

We offer special thanks to the following partners for their enthusiastic collaboration and commitment: West Africa Health Organization (WAHO), UNAIDS, UNICEF, UNFPA, UNDP, WHO, UNIFEM, Plan International, and the Abidjan-Lagos Corridor Organization (ALCO).

The AWARE-HIV/AIDS team is indebted to all those who directly or indirectly contributed to the success of the project, more specifically to members of the best practice taskforce, leaders of organizations and institutions that initiated the best practices documented under the project, and colleagues from Family Health International (FHI) in Arlington, Va, who provided valuable support.

The tremendous achievements of AWARE-HIV/AIDS owe a great deal to the excellent collaboration between FHI and its partners: Constella Futures, Population Services International (PSI), Care and Health Program (CHP), Bureau d'Appui en Santé Publique '96 (BASP'96), JHPIEGO, Centre Hospitalier Affilié à l'Université du Québec (CHA), West Africa Project to Combat AIDS and STIs (WAPCAS), and Centre Hospitalier Universitaire de Sherbrooke (CHUS).

## Executive Summary

In July 2003, the West Africa Mission of the US Agency for International Development (USAID/WA) launched Action for West Africa Region (AWARE), a five-year project to improve the health of West Africans and contribute to the mission's ultimate strategic goal of a politically stable and economically prosperous West Africa. Funded under two cooperative agreements—one with Family Health International (FHI) and the other with EngenderHealth—the two sister projects, AWARE-HIV/AIDS and AWARE-RH, aimed to increase the adoption of selected high-impact health policies and approaches in 18 countries in the region: the 15 in the Economic Community of West African States (ECOWAS) plus Cameroon, Chad, and Mauritania.

The launching of AWARE was based on the mission's conviction that harmonized and practical approaches and solutions that transcended national boundaries were required to tackle the region's common problems and health needs. Developing these approaches within a regional framework was not going to be a simple task, given the region's extraordinary cultural and linguistic diversity, high poverty levels, and endemic health-system weaknesses and communication problems, as well as the political instability and conflict in some countries that caused repercussions in others.

AWARE-HIV/AIDS took up these challenges, working with several local implementing partners and other stakeholders to foster African leadership in the health sector and build the technical and organizational capacities of regional institutions and networks. AWARE-HIV/AIDS facilitated region-wide technical exchanges, disseminated proven best practices and assisted their replication, supported regional advocacy for policy change, and increased countries' participation in cross-border interventions. Rather than focusing on services, AWARE-HIV/AIDS, in line with the USAID/WA vision, concentrated on establishing the conditions that make excellent service delivery possible and enabling a positive operating environment for national HIV and AIDS programs across West and Central Africa.

Funded at \$34.7 million over five years, AWARE-HIV/AIDS contributed the USAID/WA mission's strategic objective of *“Increased Adoption of Selected High-Impact Health Policies and Approaches in West Africa”* and focused on the following key components:

- dissemination and replication of best practices
- advocacy for policy change
- capacity building
- cross-border interventions
- support for the West Africa Ambassadors' AIDS Fund (WAAF)

The AWARE-HIV/AIDS project was implemented by a consortium of three key partners with Family Health International as the lead and two key partners—The Futures Group International (TFGI) and Population Services International (PSI)—that each played substantial roles. Efforts of the consortium were supported by five associate partners—BASP'96, CHA, CHP, CHUS/WAPCAS, and JHPIEGO—during the first two-and-a-half years of the project and by three associate partners (CHA, CHP, WAPCAS) for the remainder of the project. FHI was responsible for overall program management and monitoring and evaluation (M&E) and led the project's best practices and institutional strengthening components. TFGI was responsible for the project's policy component, while PSI managed the cross-border component and WAAF-funded projects.

To ensure efficient use of limited resources and promote cross-fertilization of collective efforts, AWARE-HIV/AIDS strived to collaborate with sister project AWARE-RH and the USAID/WA health team in the implementation of the program.

Recognizing and supporting the “Three Ones” principle, AWARE-HIV/AIDS established excellent working relationships with the national AIDS coordinating bodies of the 18 countries covered by the project based on trust and mutual respect.

AWARE-HIV/AIDS also developed and maintained coordination and partnerships with other key organizations in the region, such as the UNAIDS Regional Support Team, UNICEF-Central Africa Regional Office, UNDP, UNFPA, West Africa Health Organization (WAHO), Plan International, the Abidjan-Lagos Corridor Organization (ALCO), Open Society Institute for West Africa (OSIWA), UNIFEM, the African Network for Care of Children Affected by AIDS (ANECCA), the African Network for Care of People Living with HIV/AIDS (ANECA). These collaborations—and a range of implementing partners in every country—not only allowed the project to achieve results that were out of proportion to the limited funding available, but helped to leverage funds from other donors and built regional and national ownership and sustainability.

AWARE-HIV/AIDS successfully completed the five years of the project. On the management front, the project team collectively managed 22 subagreements, 58 grants, and 14 MOUs and achieved an overall burn rate of 99 percent, as of October 2008. The project underwent a review by the Office of the US Global AIDS Coordinator (OGAC) in February 2006, a midterm review in May 2006, and a technical audit in November 2007. Although official written reports were never provided to AWARE-HIV/AIDS for the OGAC review and the technical audit, the AWARE-HIV/AIDS team received very positive assessments from these exercises.

On the technical front, the following are highlights of the project’s achievements, listed by component:

### **Dissemination and Replication of Best Practices**

AWARE-HIV/AIDS identified and promoted 19 best practices. Of the 18 countries covered by the project, 14 adapted at least one of the selected best practices, with AWARE-HIV/AIDS support for a total of 38 replications. In support of best-practice replications, six learning sites were established: in Benin (STI treatment for Francophone countries); Burkina Faso (counseling and testing); Cameroon (prevention of mother-to-child transmission of HIV); Ghana (STI treatment and HIV care and treatment for Anglophone countries); and Senegal (HIV care and treatment for Francophone countries), and more than 700 providers were trained in HIV voluntary counseling and testing (VCT), STI and prevention of mother-to-child transmission of HIV (PMTCT) services, and care and treatment.

Although AWARE-HIV/AIDS was not a service delivery project and therefore not set to monitor the number of individuals reached by specific HIV services, it is safe to suggest that through the many providers trained and the many service sites established and/or strengthened by the project, thousands of people indirectly benefited from quality HIV VCT, PMTCT, and STI and HIV care and treatment services. For example, through the replication of the Burkina Faso HIV VCT experience, more than 50,000 young people were counseled and tested during four 10-day campaigns supported by the project.

### **Advocacy for Policy Change**

AWARE-HIV/AIDS assisted the development of more than 20 advocacy tools and trained hundreds of stakeholders in their use and in advocacy. Its participatory approach served the project well as it built skills, mobilized agents of change, helped to develop advocacy tools, and assisted the drafting of a model HIV/AIDS law and the implementation of regional and national action plans that have increased and focused advocacy activities.

Over the five years, AWARE-HIV/AIDS and its partners combined to forge alliances across the region

and facilitate wider involvement in advocacy by the civil society, including by people living with HIV/AIDS (PLHIV), religious leaders, women, and youth. By the end of the project, 11 countries in the region had adopted a national HIV law: Benin, Burkina Faso, Guinea, Togo, Mali, Niger, Guinea-Bissau, Sierra Leone, Mauritania, Cape Verde, and Chad. In addition to the HIV law, four countries have adopted national policies relating to the involvement of religious leaders in the response: Burkina Faso, Chad, Mali, and Niger. In addition, four countries—Burkina Faso, The Gambia, Niger, and Togo—have adopted national policies on youth counseling and testing and care and treatment of young PLHIV.

### **Capacity Building**

The AWARE-HIV/AIDS capacity building efforts strengthened four technical leadership institutions in the region. In turn, the strengthened institutions have been steadily and expertly providing technical assistance (TA) and building capacity within the region. They have trained more than 700 providers. In addition to the institutions, AWARE-HIV/AIDS improved the capacity of three regional networks that are now active, visible, and capable of building the capacities of their respective member NGOs to participate in local responses to HIV and AIDS.

These institutions and networks are now channels and agents for technology and skills transfer, and contribute importantly to the scaling up of HIV testing, care, and treatment and the replication of best practices across West and Central Africa. They have collectively supplied more than 175 person-weeks of TA.

### **Cross-border Interventions**

With facilitation from AWARE HIV/AIDS, the different countries participating in the cross-border HIV prevention activities arrived through a participatory process at a common strategy and synchronized messages for use in cross-border prevention programs in the region. In addition to the document on the harmonized strategy and messages, several other tools were developed and used in the countries participating in cross-border programs. These tools are part of the legacy of AWARE HIV/AIDS, and they will continue to be used and updated as appropriate.

Through direct support and collaboration with partners across the region, AWARE-HIV/AIDS achieved the expansion of cross-border interventions from four countries inherited from the Family Health and AIDS Project (FHA) in 2003 to 13 countries by the end of AWARE-HIV/AIDS in July 2008. The countries involved are: Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Senegal, Sierra Leone, The Gambia, and Togo. A total of 59 cross-border sites (including four demonstration sites) along more than 10 major transport routes in West Africa were established. Integrated prevention activities were effectively delivered to cross border populations at these sites.

### **West Africa AIDS Ambassadors' Fund**

More than 50 local NGOs and community-based organizations (CBOs) in the 14 countries were supported and implemented more than 70 projects focusing on training, behavior change communication, counseling and testing, and care and support. Through the implementation of these projects, the capacities of supported NGOs and CBOs were strengthened and HIV prevention and care services were brought closer to the communities by these organizations.

WAAF fully played the role for which it was established by offering an effective programming mechanism in non-presence countries. As put by the US Ambassador to Niger Gail Denise Mathieu, "Without the Ambassadors' AIDS Fund, the Mission's role as an important partner in the fight against

HIV/AIDS would be greatly diminished, and local non-governmental organizations would lose significant source of funds that currently enable them to proactively fight against the spread of the epidemic.”

### Summary by the Performance Management Plan

<i>USAID/WA Result</i>	<i>Indicators</i>	<i>Life of Project</i>	
		<i>Targets</i>	<i>Achieved</i>
<b>SO 9 Adoption of Selected High-Impact Health Policies and Approaches in West Africa</b>	<b>SO Indicator 9 A</b> Number of countries that have adopted a new policy in FP/RH and STI/HIV/AIDS supported by AWARE	13	14
	<b>SO Indicator 9 B</b> Number of countries implementing at least one AWARE-selected best practice in FP/RH, STI/HIV/AIDS, CS, and infectious diseases	14	14
	<b>SO Indicator 9 C</b> Number of countries that are participating in cross-border integrated FP/RH, STI/HIV/AIDS interventions	12	13
<b>IR 9.1: Improved Approaches to FP/RH, STI/HIV/AIDS, and CS Services Disseminated Region-wide</b>	<b>IR Indicator 9.1.A</b> Number of AWARE-supported applications of selected best practices in FP/RH, STI/HIV/AIDS, CS, and infectious diseases	36	38
	<b>IR Indicator 9.1.B</b> Number of applications of best practices being implemented in collaboration with other donors	14	22
<b>IR 9.2: Increased Regional Advocacy for Policy Change</b>	<b>IR Indicator 9.2.A</b> Number of newly adopted policies at regional and national levels in FP/RH and STI/HIV/AIDS	16	29
<b>IR 9.3: Increased Capacity of Regional Institutions and Networks</b>	<b>IR Indicator 9.3 A</b> Number of person-weeks of TA provided by AWARE-supported regional partners	150	178

### Challenges and Lessons Learned

During the last four months of the project, AWARE-HIV/AIDS organized dissemination workshops for all major stakeholders and interested parties in the region to document the project’s experience and achievements and offer participants the chance to suggest and record the lessons they learned and their recommendations for the future.

#### *Challenges*

There were constraints inherent in the West Africa Region that made project implementation more difficult and costly, including poor communication systems across the region, the weaknesses of existing health systems, and the language divide between countries. In addition, the implementation of the project encountered the following challenges:

*Need to coordinate:* The necessity of coordinating activities with other stakeholders in the region who had differing priorities often caused delay in undertaking activities. To minimize the negative impact on the project and speed the process, AWARE-HIV/AIDS often had to do most of the ground work and/or pay

for activities.

*Geographic scope:* Although the project had limited financial resources (US\$34.7 million over five years), it was called on to cover 18 countries, and Gabon and São Tomé and Príncipe were added to this number during the project's last two years. This made it quite challenging: resources available were spread thin, and it became impossible to provide a sufficient level of resources for activities and respond to the many requests for technical and financial support from countries.

*Insufficient and changing information from USAID/WA:* The implementation of the project was quite challenging due to the lack of clear, consistent, and sufficient information from USAID/WA on the project's direction (i.e., strategy, technical areas, countries of focus), especially during its last three years. For example, the original directive from USAID/WA to minimize the project's involvement in PEPFAR and bilateral countries represented an additional hurdle to reaching some of the project indicator targets, such as SOs 9A and 9B. In addition, the AWARE-HIV/AIDS team was instructed at the beginning of FY2007 to phase out any activities in PEPFAR countries and/or those with USAID bilateral missions. In the course of the year, however, the team was informed that a portion of project funding in FY2008 would be coming through these countries. The team therefore had to think about activities that might benefit these countries.

### ***Lessons Learned and Looking to the Future***

AWARE-HIV/AIDS served as a catalyst for action, promoting increased dialogue and experience-sharing, forging vibrant partnerships, and stimulating leadership. The platform thus provided by the project helped to build ownership and consensus on vital issues, including on policies that provide an enabling environment, best practices that warrant replication to scale up the response, and on HIV prevention messages and interventions for migratory populations.

Bringing together stakeholders from across the region to reach consensus on key issues is important, but it is not enough. To ensure that decisions made and agreements reached are implemented, these decisions and agreements need to be turned into action plans and integrated into existing national frameworks for their implementation. AWARE-HIV/AIDS provided TA that maintained the momentum that had been created and developed tools and manuals to expedite action-plan implementation in different countries.

Bringing countries together around a task such as passing an HIV law also speeded up its passage in countries that wanted to be among the first to record this success or not be left behind. A focused regional project was required to accomplish these objectives, but they also required one that effectively consulted and partnered with national AIDS control bodies and respected their legitimate leadership roles.

AWARE-HIV/AIDS always respected the "Three Ones" principle and aligned its support accordingly. This was very much appreciated in all countries and contributed to the project's positive working relationships with national entities.

The project demonstrated that countries of the region are eager to learn from each other and that efforts to facilitate this provide enormous, sustainable returns on the investment. The project also demonstrated that attention from a regional project adds value to successful country-focused interventions and mobilizes their rollout by bilateral stakeholders, especially when customized technical expertise is provided to support their replication or adaptation. The regional efforts of AWARE-HIV/AIDS resulted in the leveraging of funds and other support from in-country donors for the replication of best practices, policy change, institutional strengthening, and cross-border prevention interventions. The project's achievements were thus multiplied beyond its limited resources.

The platform AWARE-HIV/AIDS provided for West African countries to engage in regular exchanges and dialogue and obtain technical support was very valuable and should be maintained, perhaps by regional entities such as WAHO or UNAIDS. Such exchanges and collaborative relationships they engender hold the key to a strengthened response and the increased adoption of high-impact health policies and approaches.

To improve efficiency and more productive collaboration between countries across the region, it will be critical to identify groups of countries with common health challenges and bring them together to design concerted responses.

There is also a need to devise a robust M&E system to count and track the number of secondary beneficiaries of regional programs whose support for best-practice replication and training ultimately results in lives saved and improved health outcomes.

AWARE-HIV/AIDS demonstrated the merits of facilitating south-to-south assistance with support for infrastructural capacity development and health system strengthening. New regional projects need to include concerted attention to these areas and to long-term sustainability. Though the project did much to build the capacities of regional institutions and networks, additional assistance in marketing and resource development is required to sustain and build on their achievements. Civil society organizations are also likely to need capacity building and other kinds of support, including from government entities and bilateral partners, to improve their governance, responsiveness to beneficiaries, and contributions to the response.

## 1. Introduction

AWARE-HIV/AIDS was a USAID-funded regional project that ran over the period of October 2003 through July 2008 and aimed at contributing to the control of the HIV epidemic in the West Africa region. The project covered 18 countries, including the 15 ECOWAS countries in addition to Cameroon, Chad, and Mauritania. Its activities related to the USAID/WA mission's strategic objective (SO) of "*Increased Adoption of Selected High-Impact Health Policies and Approaches in West Africa*" and focused on the following key components:

- dissemination and replication of best practices
- advocacy for policy change
- capacity building
- cross-border interventions
- support for the West Africa Ambassadors' AIDS Fund (WAAF)

This report represents the efforts by AWARE-HIV/AIDS between October 2003 and July 2008. The reported activities are based on the yearly work plans developed for various fiscal years and approved by USAID/WA during the respective fiscal years. Although mainly working at the regional level, AWARE-HIV/AIDS activities contributed to the US President's Emergency Plan for AIDS Relief (PEPFAR), which aimed at preventing 7 million new HIV infections, providing antiretroviral treatment for 2 million PLHIV, and providing care for 10 million people infected and affected by HIV.

This final report begins with a succinct description of how the project was managed. Activities and accomplishments under each major component of the project are then presented, followed by a summary of results according to the Performance Monitoring Plan (PMP). It ends with a presentation of challenges encountered during the implementation of the project and key lessons learned.

## **2. Program Management**

### **2.1. Institutional Arrangements and Management Approach**

The AWARE-HIV/AIDS project was implemented by a consortium of three key partners, with FHI as the lead, and two key partners—TFHI and PSI—that each played substantial roles. Efforts of the consortium were supported by five associate partners during the first two-and-a-half years of the project, and by three associate partners for the remainder of the project. The roles and areas of intervention of each partner were as follows:

- *FHI* was responsible for the overall program management, implementation, and M&E. In addition to its overall management responsibility, FHI was also responsible for two components: the dissemination and replication of best practices and the capacity development.
- *PSI* led two components: cross-border interventions and the West Africa AIDS Ambassadors' Fund.
- *TFGI* led the advocacy for policy change component.
- *BASP'96* supported M&E.
- *CHP* supported the project's efforts in HIV counseling and testing.
- *CHA* supported efforts on STI care for sex workers in Francophone countries.
- *CHUS/WAPCAS* supported the project's efforts on STI for sex workers in Anglophone countries.
- *JHPIEGO* worked on the quality of STI care services.

The management structure of AWARE-HIV/AIDS was designed to ensure timely, efficient, and effective implementation of the project. This management structure was made up of the Core Management Team (CMT) and the Partner Management Group (PMG).

The CMT, comprising FHI and its two key partners, was responsible for ensuring synergy between the three key partners and coordinating TA for management and technical aspects of AWARE-HIV/AIDS. The CMT met on an ongoing basis to discuss and deliberate on the project's programmatic and technical issues. The PMG was established to provide a forum to facilitate synergy of activities, identify program opportunities, and resolve implementation issues. The PMG consisted of the CMT and the associate partners, and was responsible for ensuring that the project's complex web of activities and collaborative engagements were synchronized and on track. The PMG came together for joint annual planning. Planning exercises were conducted annually toward the PMP. During these work-planning exercises, the team determined the work objectives of key and associate partners and the resources that would be needed to meet these objectives, how much each partner would contribute to reaching targets, and reporting schedules. Agreements reached during the joint planning process were formalized by signing sub-agreements with key partners and associate partners.

The respective home offices of the key partners provided management and technical support to the CMT through review of documents, field visits, monitoring of field interventions, and inputs in technical decisions pertaining to the project as appropriate.

### **2.2. Coordination and Collaboration**

To ensure efficient use of limited resources and promote cross-fertilization of collective efforts, AWARE-HIV/AIDS strove to collaborate with the sister project AWARE-RH and the USAID/WA health team in the implementation of the project. AWARE-HIV/AIDS also developed and maintained coordination and partnerships with other organizations in the region, such as the Abidjan-Lagos Corridor Organization (ALCO) to coordinate cross borders activities; and with UNICEF-West and Central Africa Regional Office, Plan International, and the UNAIDS Regional Support Team to coordinate common interventions in the area of orphans and other vulnerable children. To provide coordinated support to countries in the replication of best practices and advocacy for policy change, AWARE-HIV/AIDS worked closely with other international organizations working at the national level.

### **3. Activities and Accomplishments by Program Area**

Activities undertaken and project achievements are described under the corresponding program area.

#### **3.1. Dissemination and Replication of Best Practices**

##### **3.1.1. Introduction**

The West Africa region requires large-scale efforts to prevent the explosion of the epidemic, mitigate its impact, and provide care and treatment for those infected and affected by HIV. To rapidly scale up evidence-based interventions, countries need to learn from each other's experiences and avoid wasting valuable time trying to "reinvent the wheel." To contribute to this urgent need, AWARE-HIV/AIDS identified, disseminated, and supported the replication of proven best practices and facilitated the sharing of experiences and lessons learned between countries.

While the process of defining, selecting, and disseminating best practices was not new, the AWARE-HIV/AIDS Project introduced a very significant innovation. Instead of ending with documentation and dissemination, a critical step was added: AWARE-HIV/AIDS would provide support to national AIDS coordinating bodies in the region that expressed interest in replicating or applying the best practices identified, and would work collaboratively with development partners and donors in so doing. This meant that countries could embark on this course with confidence, without wasting time and resources

##### **3.1.2. Identification, Documentation and Dissemination of Best Practices**

AWARE-HIV/AIDS started its efforts on best practices with a consensus-building process. During a consensus-building workshop in Dakar, Senegal, in March 2004, AWARE-HIV/AIDS brought together regional stakeholders (including national AIDS control programs (NACPs), NGOs, networks, regional institutions, and UN agencies) from 16 of the 18 countries covered by the project. During this important workshop, building on previous experiences on best practices, participants reached consensus on

- a best-practice definition and a set of selection criteria
- the process to be followed in the identification, documentation, and dissemination of best practice
- priority areas of focus, such as behavior change communication (BCC), HIV VCT, PMTCT, STI care and treatment, advocacy for policy change, and community-based health financing schemes
- the need to establish task forces around these areas of focus

A best practice was defined as "an experience, initiative, or program that had been proved effective; contributed to the response to HIV; and could serve as an inspiring model for program planners, managers, implementers, and other actors." The selection criteria were that a best practice had to be practical, capable of bearing fruit within a reasonable time, relevant, cost-effective, ethically acceptable, and sustainable.

To standardize the rating and selection process, AWARE-HIV/AIDS produced scoring forms, guidance, and explanatory notes on criteria. The project sent out a call for submissions through national AIDS coordinating bodies and other regional experts and partners in July 2004, and 122 were received from across the region.

Members of each task force individually reviewed and rated the submissions in their technical area, then arrived at consensus at a meeting. They reported to AWARE-HIV/AIDS on their deliberations and recommendations, and remained engaged in the process as much as possible, providing any needed technical support to originators to document their best practices.

The task forces selected 19 submissions as best practices (see table in 3.1.4), including nine in community health financing, three in care and treatment, two each in PMTCT and advocacy for policy change, and one each in behavior change communication, STI services, and counseling and testing. In addition to the 19 best practices newly documented, five more best practices from the UNAIDS best-practice collection (three in BCC, one in HIV VCT, and one in STI) were recommended by the task force experts for dissemination in West Africa (see annex 1 for a list of these best practices). Those selected were thoroughly documented by their originators, with support from AWARE-HIV/AIDS to guide replication efforts.

The project then published compilations in English and French of the best practices<sup>1</sup> selected. The document was widely disseminated in electronic and hard copies across the region, including to national AIDS control programs and national AIDS councils, USAID, UN agencies, and a range of national and regional partners. The dissemination efforts culminated in a regional dissemination workshop in July 2005 in Accra, Ghana, to showcase the documented best practices and bring together their originators with representatives of national AIDS coordinating bodies and other stakeholders across the region. At this workshop, the coordinating bodies expressed interest in adapting and applying specific best practices and indicated whether they wished to receive support from AWARE-HIV/AIDS to do so.

### **3.1.3. Replication/Application of Best Practices**

Recognizing the importance that PEPFAR places on people-level programs, AWARE-HIV/AIDS focused on supporting the application/replication of best practices to ensure that these applications translate into prevention and care and treatment services provided to individuals on the ground.

As a result of the dissemination efforts, AWARE-HIV/AIDS received many requests from national AIDS coordinating bodies and NGOs for support with the replication of best practices of interest to them. Before being recommended for support, all requests for replication of best practices that were received were analyzed by the AWARE-HIV/AIDS technical team in light of each country's HIV epidemiologic situation and the existing response. Once the decision was made to support a given replication, AWARE-HIV/AIDS engaged national-level stakeholders and secured their participation and support for the replication. As much as possible, collaborations between AWARE-HIV/AIDS, national AIDS authorities, and in-country development partners were memorialized in memoranda of understanding. The project also signed subagreements that detailed the support it would provide.

In general, AWARE-HIV/AIDS support to the replication consisted in skills transfer, building national capacities, and providing expert and ongoing TA.

#### *Facilitating skills transfer*

To facilitate the process of best-practice application, AWARE-HIV/AIDS supported organizations that had originated or been closely associated with a best practice to establish six regional learning centers that provided training and TA to countries interested in the application of best practices:

- Adabraka STI Clinic in Ghana: training and/or TA to Anglophone countries, including Liberia, Nigeria, and Sierra Leone, in STI adapted services for sex workers
- Cotonou STI Clinic in Benin: training and/or TA to Francophone countries, including Benin, Burkina Faso, Cape Verde, Guinea, Mali, Mauritania, Niger, Senegal, and Togo, in STI adapted services for sex workers
- Cameroon Baptist Convention Health Board (CBCHB) in Cameroon: training and TA in PMTCT to The Gambia, Liberia, Mauritania, and Sierra Leone

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<sup>1</sup> In addition to the best practices documented under the AWAREHIV/AIDS project, the experience on prevention of HIV on migratory routes in West Africa implemented under the USAID/WA FHA Project was retained by USAID as a best practice to be expanded under AWARE-HIV/AIDS.

- Centre d'Information Conseil et Documentation (CICDoc) in Burkina Faso: training and TA in HIV counseling and testing to Benin, Burkina Faso, Cameroon, Chad, Guinea-Bissau Mali, Niger, and Togo
- Komfo Anokye Teaching Hospital (KATH) in Ghana: training and/or TA in HIV care and treatment to Anglophone countries, including Liberia, Nigeria, and Sierra Leone
- Service de Maladies Infectieuses et Tropicales–Centre de Recherche Clinique et de Formation (SMIT-CRCF) in Senegal: training and TA in HIV care and treatment to Francophone countries, including Burkina Faso, Cameroon, Guinea, Guinea-Bissau, Mauritania, Niger, and Togo.

The STI centers in Accra and Cotonou were operated, respectively, by AWARE-HIV/AIDS associate partners CHU and CHA. The remaining four regional learning centers were among the institutions and networks supported by AWARE-HIV/AIDS under its institutional capacity development component. AWARE-HIV/AIDS supported refurbishment and equipment for all six centers to enable them to fully play the role expected from them.

Throughout each phase of a best-practice replication, AWARE-HIV/AIDS facilitated the transfer of skills between originators and would-be replicators. As the first step, the project facilitated study tours and trainings for national delegations from countries expressing interest in a given best practice. Depending on the technical area, these national coordinating bodies chose the program managers, providers, or other personnel who would attend the study tours or trainings at sites where a given best practice was being implemented. During the tours or trainings, the national delegations developed draft replication action plans, with support from best-practice originators and AWARE-HIV/AIDS. After the delegations returned home, the national coordinating bodies received in-country TA from AWARE-HIV/AIDS and best-practice originators to finalize and implement the action plans, as much as possible in collaboration with in-country partners.

#### *Building in-country capacity*

The implementation of the action plans required building the technical capacities of national AIDS programs as well as a certain amount of infrastructural capacity building. To this end, AWARE-HIV/AIDS helped to establish, refurbish, and equip national learning sites in specific HIV technical areas to provide the theoretical and practical training that was needed. Where necessary, the project also supported the design of national logistics management information systems (LMIS) and the development of related tools, such as forms, standard operating procedures, and training manuals.

AWARE-HIV/AIDS also collaborated with best-practice originators to support training of trainers, who conducted cascade trainings in technical areas of interest and created national-level cadres of providers to support the rolling out of replications. To ensure that these cadres provided high-quality training, their first training sessions were jointly conducted with experts from AWARE-HIV/AIDS and best-practice originators.

#### *Providing ongoing and expert technical assistance*

To support smooth, high-quality implementation of activities outlined in replication action plans, AWARE-HIV/AIDS and best-practice originators provided ongoing and expert TA and responded to requests. In general, TA was provided to set up learning sites (where needed), train trainers, and train and mentor service providers. AWARE-HIV/AIDS also offered confidence-building advice and guidance when countries initiated activities and services, reviewed all activities implemented, and supplied constructive feedback.

Expert TA was also offered by regional learning centers that AWARE-HIV/AIDS supported in different countries. Earlier, the project selected four of them for institutional strengthening, based on their expertise in an HIV technical area and their potential to offer region-wide training. As it turned out, most of the centers that were strengthened had originated or been closely associated with a best practice.

### **3.1.4. Accomplishments**

Of the 18 countries covered by the project, 14 adapted at least one of the selected best practices. AWARE-

HIV/AIDS provided support for 38 replications, as shown in the table below.

### Summary of Best Practice Replications, as of July 15, 2008

Best Practice	Technical area	Originator	Replications by country
Rapid scaling up of prevention of mother-to-child HIV transmission	PMTCT	CBCHB, Cameroon	The Gambia, Liberia, Mauritania, Togo, Sierra Leone,
Expansion of ARV treatment using the mentoring system	Care and treatment	NACP/SMIT, Senegal	Guinea, Guinea-Bissau, Niger, Togo
Comprehensive HIV/AIDS care in a district hospital that includes disclosure and use of treatment monitors	Care and treatment	Ghana NACP—Manyasa Krobo District, Ghana	Liberia, Sierra Leone,
Adapted services for sex workers and their sexual partners: a strategy to reduce STI transmission and minimize HIV/AIDS transmission	STI services		Cameroon, Liberia, Mauritania, Nigeria, Sierra Leone
HIV counseling and testing campaign for youth	Counseling and testing	PAMAC, Burkina Faso	Benin, Cameroon, Guinea-Bissau, Niger
Prevention of AIDS on migratory routes in West Africa	Cross-border	FHA/PSI	Chad, The Gambia, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sierra Leone
Use of Islamic principles and values in support of the fight against HIV/AIDS	Advocacy	Policy Project/Network of Religious Leaders, Mali	Burkina Faso, Niger
Adaptation and adoption of the law on HIV/AIDS	Advocacy	Network of Parliamentarians, Benin	Burkina Faso, Cape Verde, Niger
Community financing of HIV/AIDS prevention	CBHFS	UCMSB, Benin	Togo
Community financing of counseling, care, and support for PLHIV	CBHFS	ARCAD-SIDA, Mali	Cape Verde, Togo
Community financing of counseling, care, and support for PLHIV	CBHFS	Espoir 27, Chad	Burkina Faso
<b>Total number of replications</b>			<b>38</b>
<b>Number of countries replicating</b>			<b>14</b>

In each country where a replication was done, AWARE-HIV/AIDS worked with national AIDS control programs that coordinated the contributions of other in-country partners. A brief synopsis of replications by country is presented below.

#### 1. Benin (one best practice)

- Burkina Faso experience in *increasing youth access to HIV counseling and testing*: Benin replicated the best practice with in-country partner PSI. National counseling and testing norms and procedures and a supervision guide were produced, and 17,243 persons (6,905 females and 10,338 males) were counseled and tested during a 10-day campaign. The HIV prevalence among those tested was 0.17 percent—0.3 in females and 0.08 in males. The NACP and Ministry of Education are committed to pursuing this campaign as a yearly activity. CICDoc and CHP provided TA in the planning and implementation of the campaign.

## **2. Burkina Faso (three best practices)**

- Chad best practice in *community financing*: This experience provides microcredit loans to PLHIV for their care and support needs, and was replicated with the support of in-country partner Association Laafi La Viim.
- A best practice in Mali that promotes the *involvement of religious leaders* in the fight against HIV: This experience has resulted in a new union of religious leaders in Burkina Faso whose sensitization activities are contributing to the HIV response. The replication effort benefited from the support of in-country partners Fédération des Eglises Episcopales et Missions Evangéliques, Conférence Episcopale Catholique, Conseil Supérieur de la Chefferie Coutumière et Traditionnelle, Fédération des Associations Islamiques, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM).
- The Benin experience in *adapting the HIV model law*: The experience was replicated in Burkina Faso, guided by Benin parliamentarians and with the support of the Parliamentarians' Network, UNAIDS, UNICEF, and Coordination Régionale des Jeunes/Afrique du Centre et de l'Ouest. The law was passed by Burkina Faso's National Assembly in May 2008.

## **3. Cameroon (two best practices)**

- SIDA-3 experience in *STI adapted services* for sex workers: A pilot site providing STI services for high-risk groups was established in Yaoundé and service providers were trained. National authorities are working with in-country partners to expand services to new sites.
- Burkina Faso experience in *increased youth access to HIV counseling and testing*: With the support of in-country partners Ministère de l'Enseignement Secondaire, Ministère de l'Enseignement Supérieur, UNICEF, Association Camerounaise de Marketing Social, and Centre International de Recherche Chantal Biya, a 10-day youth campaign was conducted that resulted in more than 20,000 people being counseled and tested. The government is committed to pursuing this campaign as a yearly activity. CICDoc and CHP provided technical support in the planning and implementation of this replication.

## **4. Cape Verde (two best practices)**

- The Benin experience in *adapting the model HIV law*: The replication was supported by in-country partners Parliamentarians' Network, UNDP, UNICEF, UNFPA, World Food Programme, and the European Union, and resulted in the adoption of a national HIV law in 2007.
- The Benin experience in *community financing* of HIV prevention: The replication was supported by in-country partners Associação Funerária "20 de Janeiro," Forum Cooperativo, and Federação Nacional de Cooperativas de Consumo.

## **5. Chad (one best practice)**

- The experience in *prevention of HIV on migratory routes*: This best practice was extended to Chad with support from AWARE-HIV/AIDS, working with Association de Marketing Social pour le Tchad (AMASOT) as the local implementing partner. In turn, AMASOT worked with four local NGOs, including Association Jeunesse Anti SIDA, Persévérance Vie, Service Communautaire Medico-Social, and Association pour l'Entraide des Personnes Vivant avec le VIH. Through AWARE-HIV/AIDS support, four cross-border sites were established (Pala, Kélo, Léré, and Ndjamená). The unstable situation in Chad disrupted many planned activities.

## **6. The Gambia (two best practices)**

- The Cameroon experience in *rapid scale-up of PMTCT services*: This best practice was replicated with UNICEF, WHO, and GFATM as in-country partners and TA from AWARE-HIV/AIDS and CBCHB. A national PMTCT learning site was established and manuals for trainers and participants, PMTCT standard operating procedures, and a pocket guide were developed, pre-tested, and validated. More than 20 trainers and more than 50 services providers were trained as part of the replication process. The opt-out approach, a key feature of the Cameroon best practice, was successfully pilot-tested in three PMTCT sites and was being expanded to other sites in the country at the end of AWARE support. The replication has resulted in increased PMTCT uptake and less burden on health workers. Through this process, 13 new PMTCT sites were

established, bringing the total number of sites in the country to 23.

- The best practice on *prevention of HIV on migratory routes*: This experience was replicated through World View, a local partner, with support from AWARE-HIV/AIDS. The project supported a study tour to Mauritania, communication materials, and the establishment of two cross-border sites (Jiboroh and Amdalaye).

#### **7. Guinea (three best practices)**

- The Senegal experience on *decentralization of access to antiretroviral drugs* using the mentoring system: A national learning site in care and treatment was established, more than 70 services providers trained to support decentralization, and a pool of 31 central-level providers were assigned to secondary health facilities and oriented to mentoring providers in these locations. Following USAID/WA recommendations to withdraw support to bilateral countries after the midterm review, AWARE-HIV/AIDS support to Guinea was phased out, but the initiated activities were continued by the Guinea National AIDS Control Program (NACP). Clinicians from Guinea have maintained open communication with their mentors from SMIT-CRCF for advice and guidance.
- The Mali experience that promotes the *involvement of religious leaders* in the HIV response: This experience was replicated with the support of in-country partners Religieux Islamiques contre le SIDA, UNDP, WHO, and USAID/Guinea. As a result of this replication, Guinea's union of religious leaders is working to reduce stigma and discrimination against people living with HIV.
- The experience on *prevention of HIV on migratory routes*: Advocacy by AWARE-HIV/AIDS resulted in support by USAID/Guinea and KfW to PSI/Guinea for the replication of this best practice. With TA from AWARE-HIV/AIDS, a mapping exercise was conducted and six cross-border sites were established (four on the route from Conakry toward Côte d'Ivoire and Liberia, and two on the route from Conakry toward Sierra Leone).

#### **8. Guinea-Bissau (three best practices)**

- The Senegal experience in *decentralization of access to antiretroviral drugs* using the mentoring system: The replication was supported by Brazil Cooperation, GFATM, and in-country partners of the NACP, with TA from SMIT-CRCF. Through this process, Guinea-Bissau developed patient management tools (such as a national care and treatment policy, a follow-up card, and supervision forms) based on Senegalese tools; trained 26 trainers (mentors) to offer mentoring and TA; trained more than 40 providers to prescribe antiretroviral drugs; and expanded the number of treatment sites from four to ten between 2007 and early 2008.
- The Burkina Faso experience in increasing *youth access to HIV counseling and testing*: The replication by the Guinea-Bissau NACP and Ministry of Health (MOH) received TA from AWARE-HIV/AIDS through CICDoc and CHP and was supported by several in-country partners, including UNFPA, UNICEF, the World Bank, GFATM, and MTN Group Ltd (a communication company). A national, six-day HIV VCT campaign was conducted, and 2,897 young people (1,142 females and 1,755 males) were counseled and tested. The HIV prevalence among those tested was 1.37 percent (2.01% among females and 0.97% males).
- The best practice on *prevention of HIV on migratory routes*: Following a study tour to the cross-border demonstration site in Nouakchott, Mauritania, Guinea-Bissau used lessons learned during the visit to establish their first cross-border site at Safim on the Bissau–Dakar route, with technical support from AWARE-HIV/AIDS.

#### **9. Liberia (four best practices)**

- Cameroon experience on *rapid scale-up of PMTCT services*: Following training at CBCHB, the Liberia NACP initiated the process of replication, with support from AWARE-HIV/AIDS, UNICEF, the Clinton Foundation, UNDP, and GFATM. Through this process, a national PMTCT learning site was established at St. Joseph Catholic Hospital; a PMTCT working group was established; national training manuals and standard procedures were developed; a pool of 17 trainers was established; and more than 80 services providers from 16 sites were trained. AWARE-HIV/AIDS directly supported two new PMTCT sites; others have been established with support from UNICEF and the Clinton Foundation.

- A best practice in Ghana on *comprehensive HIV clinical care*: Following the training at KATH in Ghana of a multidisciplinary team of five key personnel (the manager of the NACP, medical officers, the ART coordinator, the HIV counselor, pharmacists, and a laboratory technician), the Liberia NACP initiated the process of replication with support from AWARE-HIV/AIDS, the Clinton Foundation, the International Rescue Committee (IRC), and the UNDP. Through this process, a care and treatment technical working group was established to provide TA to the NACP, national guidelines for care and treatment were developed, and 20 trainers and 150 health providers were trained. With TA from KATH, NACP Liberia conducted the development of health management information systems (HMIS) and logistics management information systems (LMIS) for ART in Liberia. A number of partners were already engaged in this area—the Clinton Foundation, IRC, and the UNDP, and the team worked them to adapt existing international tools and tools used in Ghana. A training session in the use of the tools was then organized for 20 M&E staff .
- SIDA-3 experience on *STI adapted services for sex workers*: Following training at Adabraka Clinic in Ghana and with support from AWARE-HIV/AIDS, an STI clinic was set up within the Clara Town Clinic in Monrovia. Ten clinical staff members and social workers from a local NGO (WAPCAS-Liberia) were trained to offer services at the STI clinic and sensitization at the sex work sites. WAPCAS-Liberia has since worked with 250 sex workers at several sites.
- Experience on *prevention of HIV on migratory routes*: Following a study tour to the cross-border demonstration site in Conakry, Guinea, Liberia used lessons learned to establish the country’s first cross-border site at Bo Waterside on the Monrovia to Freetown route, with technical support from AWARE-HIV/AIDS. Activities are implemented by SEND Foundation, a local NGO.

#### **10. Mauritania (three best practices)**

- Cameroon experience on *rapid scale up PMTCT services*: Following a study tour to CBCHB in Cameroon, Mauritania developed an action plan to replicate aspects of the experience. Mauritania’s Programme National de Santé de la Reproduction (PNSR) and Comité Nationale de Lutte contre le SIDA (CNLS) worked on the implementation of this action plan, with support from AWARE-HIV/AIDS and UNICEF. With TA from AWARE-HIV/AIDS and CBCHB, a PMTCT policy and training manuals were developed, and 12 trainers and 230 providers were trained in PMTCT. It is through this replication effort that the first PMTCT site was established in Mauritania at Sebkhah Health Center in December 2005, which was followed by the opening of 14 more PMTCT sites by the end of 2007. Five sites were supported by AWARE-HIV/AIDS and ten others were supported by other partners, including UNICEF, the World Bank and the GFATM. More than 26,000 pregnant women were offered HIV testing at the five sites supported by AWARE-HIV/AIDS.
- SIDA-3 experience on *STI adapted services for sex workers*: To replicate the experience on STI adapted services, AWARE-HIV/AIDS helped to develop STI management guidelines and to establish two sites for STI adapted services, one in Nouakchott and the other in Rosso. Fifteen health and community workers were trained on holistic care (including counseling and testing) for sex workers and their clients. Activities targeting sex workers are implemented by the Fédération Luthérienne Mondiale, Clinique El Kheir, and SOS Pair-Educateurs, under the direction of PNSR.
- Experience on *prevention of HIV on migratory routes*: Following participation in joint planning and coordination meetings facilitated by AWARE-HIV/AIDS, Mauritania negotiated support from AWARE-HIV/AIDS and started replication of the experience, with technical and financial assistance from AWARE-HIV/AIDS on a cost-sharing basis with the NACP. SOS Pair Educateurs, a local NGO selected by the NACP, carried out activities at the five sites established on two routes (Nouakchott–Bamako, Mali, and Nouakchott–Dakar, Senegal). A northern route from Nouakchott toward Morocco was initiated with funding from the NACP.

#### **11. Niger (five best practices)**

- The Senegal experience on *decentralization of access to antiretroviral drugs* using the mentoring system: Niger expressed interest in replicating the Senegalese experience following the best-practice dissemination workshop

in 2005. In response, AWARE-HIV/AIDS arranged the training of 16 providers from Niger (ten paid for by AWARE and six paid for by UNICEF) at SMIT-CRCF in Dakar. Using the skills acquired in Dakar, 26 other people were oriented in Niger on the mentoring system and conducted mentoring visits to the regions. Through these efforts, ARV treatment was decentralized from the capital city to six regions of the country.

- The Burkina Faso experience on *increased youth access to HIV counseling and testing*: With support from AWARE-HIV/AIDS and CICDoc, a steering committee was set up for the application of this experience. With TA from CICDoc, the committee consolidated and finalized the action plan and mobilized local partners for the implementation of the HIV VCT campaign. An MOU was signed between AWARE-HIV/AIDS and five local, national, and international organizations (the Niger National AIDS Control Committee, UNFPA-Niger, UNICEF-Niger, UNAIDS-Niger and WHO-Niger,) for technical and financial support of the activity. Service providers were oriented, and a seven-day campaign was successfully organized in June 2007 that reached 10,052 people (7,320 males and 2,812 females) who were counseled and tested. The HIV prevalence among those tested was 1.35 percent, (3.2 in females and 0.6 in males).
- The Benin experience on *adapting the model HIV law*: With TA from the Benin network of parliamentarians, this experience was replicated with the support of WHO, UNICEF, UNDP, and UNFPA as in-country partners. This replication resulted in the adoption of an HIV law by Niger's National Assembly in 2007.
- The Mali experience that promotes the *involvement of religious leaders in the HIV response*: This experience was replicated with the collaboration of WAHO, UNAIDS, and the parliamentarians' network. The replication resulted in the creation of the Alliance des Religieux Musulmans et Chrétiens pour la Lutte contre le SIDA au Niger (ARMC/SIDA) in August 2007. The newly established union of religious leaders now conducts advocacy and sensitization activities against stigma and discrimination.
- Experience on *prevention of HIV on migratory routes*: This best practice was replicated through the Marketing Social/Prévention SIDA (MS/PS) and Union de Routiers Nigerien de Lutte contre le SIDA, with support from AWARE-HIV/AIDS. Five cross-border sites (Niamey, Makalondi, Dosso, Gaya, and Konni) were established on the Niamey–Ouagadougou, Niamey–Cotonou, and Niamey–Lagos routes.

## **12. Nigeria (one best practice)**

- SIDA-3 experience on *STI adapted services for sex workers*: Following the training of a team from Nigeria at Adabraka Clinic in Ghana, AWARE-HIV/AIDS provided technical and financial support to the Total Development Organization (TDO), Umuahia, Abia State, and the Global Health Awareness Research Foundation (GHARF) in Enugu State. TDO targeted mainly brothel-based sex workers and conducted regular outreach visits to 100 hostel-based sex workers. A total of nine social and clinical staff were trained. Trained staff sensitized 204 sex workers and provided referrals for clinical services, as appropriate. TDO. Global Health Awareness Research Foundation (GHARF) in Enugu integrated the sex work component into their sexuality and reproductive health program. Sensitization and condom promotion among sex workers and other vulnerable groups was undertaken. Clients with STI cases were referred to the STI clinic set up by GHARF. AWARE-HIV/AIDS phased out its support following the USAID/WA recommendation in the project's midterm review.

## **13. Sierra Leone (four best practices)**

- The Ghana best practice on *comprehensive HIV clinical care*: Following training at KATH in Ghana, the Sierra Leone National AIDS Secretariat (NAS), AIDS Response Group (ARG), and Ministry of Health and Sanitation (MOHS) selected to replicate aspects related to the treatment adherence (“buddy system”), HMIS, and LMIS observed in Ghana. With TA from KATH, 26 providers were trained in ART, 30 community health officers were trained in the management of opportunistic infections, and 30 counselors were trained in adherence counseling. Through AWARE-HIV/AIDS support, Sierra Leone adapted the patient care and treatment charts and appointment cards used in Ghana. These charts are now used in all health facilities providing ART in Sierra Leone and have formalized and standardized information recorded from each patient. A HMIS was developed and 29 data-entry clerks, pharmacists, and core program officers were trained in the management of this system. The data entry tools were pretested and finalized. Additional support for the

design of the LMIS was provided in collaboration with the DELIVER Project. An assessment and design of the LMIS was undertaken, and standard operating procedures and training modules developed. Twenty healthcare providers were trained as trainers in LMIS, with financial support from AWARE and TA from KATH and the DELIVER Project.

- Cameroon experience to *rapidly scale up PMTCT services*: Following training at CBCHB, the Sierra Leone NAS/ARG/MOHS initiated the process of replication of the CBCHB experience. This was done with support from AWARE-HIV/AIDS, UNICEF, GFATM, the World Bank, WHO, the DELIVER Project, and the World Food Program. Through this process, a national PMTCT learning site was established at Connaught Hospital. In line with national plans for the scale up of PMTCT in Sierra Leone, AWARE-HIV/AIDS provided TA through CBCHB. A total of 55 trainers were trained in PMTCT provision at the national level. In accordance with the scale-up plan, these trainers organized cascade training that was funded by GFATM. The number of sites offering PMTCT in the country increased from 16 in 2004 to 304 by the end of the project. Other aspects of the CBCHB experience (such as the establishment of support groups and the use of the “Chosen Children” program to support children) were also replicated.
- SIDA-3 experience on *STI adapted services for sex workers*: Following training of participants at Adabraka Clinic in Ghana, the Sierra Leone National AIDS Secretariat received financial and technical support from AWARE-HIV/AIDS to support the establishment of a pilot STI clinic by the West Africa Project to Combat AIDS and STI—Sierra Leone, a local NGO, at Princess Christian Maternity Hospital (PCMH), Freetown. Two hundred female sex workers were registered and received free STI care with drugs supplied by the Ministry of Health and Sanitation at the clinic set up at PCMH. Beyond support from AWARE-HIV/AIDS, the Sierra Leone National AIDS Secretariat (NAS) took ownership and established two additional sites. It included the needs related to this replication into its GFATM proposal to ensure continuation and expansion of the services.
- Experience on *prevention of HIV on migratory routes*: Following contacts with AWARE-HIV/AIDS, the Sierra Leone NAS confirmed its interest in having cross-border intervention started in the country and selected CARE Sierra Leone as the best partner to work on the replication of the initiative. With support from AWARE-HIV/AIDS, CARE Sierra Leone conducted a mapping exercise on the Freetown–Conakry route. Using skills acquired through the TA, CARE was able to conduct another mapping exercise on the Freetown–Monrovia route. Three cross-border sites were established that are offering the integrated package of cross-border HIV prevention services.

#### **14. Togo (four best practices)**

- Cameroon experience to *rapidly scale up PMTCT services*: Following a study tour at CBCHB in Cameroon, Togo selected to replicate aspects related to the opt-out approach, the support groups, and care for HIV-positive women that participants had observed. The Togo NACP led the implementation of the replication activities, with support from AWARE-HIV/AIDS and in collaboration with UNICEF and other partners involved in PMTCT in Togo. To strengthen national capacity in PMTCT, a national PMTCT learning site was established at the Hopital de Bê in Lomé, PMTCT training modules and various follow-up tools were updated, and 20 PMTCT trainers and 73 providers were trained. To introduce the opt-out approach and increase PMTCT uptake, the NACP reviewed the policy on PMTCT and the opt-out approach as a national strategy. Following this review, 75 service providers were oriented in the new approach and implementation started in 15 sites. The number of PMTCT sites increased from 15 in 2004 to 41 by the end of 2007, and PMTCT uptake improved from 50 percent in 2004 to 74 percent in 2007. A guideline for setting up support groups was developed, and support groups were set up at five selected PMTCT sites in Lomé, Sokodé, and Tsévié.
- The Senegal experience on *decentralization of access to antiretroviral drugs* using the mentoring system: Following the training of Togolese participants at SMIT-CRCF in Senegal, Togo selected to apply the experience to strengthen pediatric care and treatment. To support the mentoring system for service providers, a mentoring guide on initiating pediatric ARV treatment was developed and disseminated, a pool of 12 mentors in pediatric care and treatment were trained, and mentoring visits to eight regions were conducted,

with support from AWARE-HIV/AIDS. Several tools were also adapted for use in Togolese settings, including the guidelines for care and treatment, training modules for care and treatment, guidelines for clinical care for PLHIV, and the guidelines for pediatric care and treatment. The first three were based on Senegalese tools, while the fourth was based on the ANECCA manual.

- The Benin experience on *community financing* of HIV prevention: Based on exchange with the initiators of the experience in Benin and support from AWARE-HIV/AIDS, Syndicat des Vendeurs de Matériaux de Construction du Togo (a workers' union) worked with health insurers to pool their efforts in activities aimed at preventing HIV transmission.
- The Mali experience in *community financing* of HIV care and support: Based on the Mali experience, a consortium of three local organizations—Confédération Syndicale des Travailleurs du Togo, Confédération National des Travailleurs du Togo, and Espoir Vie-Togo—created a center to provide counseling, testing, care, and support for PLHIV.

As a regional project, AWARE-HIV/AIDS did not focus at the service-delivery level, and therefore did not set out to monitor the number of individuals reached through project efforts. However, it is safe to suggest that through the many providers trained and the many service sites established and/or strengthened by the project, thousands of people indirectly benefited from quality HIV VCT, PMTCT, STI, and HIV care and treatment services.

### ***Best Practice Success Story***

#### **Mauritania Initiates its PMTCT Program**

Before December 2005, Mauritania had no PMTCT programs. Support provided by AWARE-HIV/AIDS was crucial in initiating these services at the Sebkhah Health Center in Nouakchott and expanding them to 14 new sites by the end of 2007.

To begin this process, AWARE-HIV/AIDS organized a study tour in November 2004 for two Mauritanian health providers so they could examine the successful PMTCT program of the Cameroon Baptist Convention Health Board (CBCHB), which was identified as a best practice in the region. The providers attended classroom sessions in this regional learning institution, made site visits, and received technical support from AWARE-HIV/AIDS to develop an action plan that set out how Mauritania would replicate or apply the best practice they had examined.

In February 2005, Mauritania finalized its action plan with technical assistance from PMTCT experts from AWARE-HIV/AIDS and CBCHB, who traveled to Mauritania for this purpose. To support the plan's implementation, AWARE-HIV/AIDS established an active collaboration with the National AIDS Control Secretariat and the National Reproductive Health Program. Through this collaboration, a national policy on PMTCT was developed and PMTCT training modules were drafted.

An assessment was conducted that led to the selection of the Sebkhah Health Center as the site where services would be initiated and as the learning site to expand PMTCT programs in the country, with support from donors and other stakeholders in Mauritania. The PMTCT services at Sebkhah, the largest maternity center in Mauritania, were launched on World AIDS Day 2005 in the presence of the US Ambassador to Mauritania, many national stakeholders, and international partners.

With AWARE-HIV/AIDS support, Sebkhah now offers PMTCT services to all women who register for antenatal care. The program started with a good uptake by pregnant women: almost 95 percent of those who are offered counseling and testing accept these services. By the end of 2007, the number of PMTCT sites in Mauritania was increased to 14. AWARE-HIV/AIDS collaborated on the establishment of four of them and UNICEF collaborated on five others.

The National AIDS Control Secretariat, with World Bank funding, established the other five sites. Currently, the women who are tested at these PMTCT sites represent more than 70 percent of all people tested for HIV in Mauritania. AWARE-HIV/AIDS played a catalytic role in enabling the establishment and expansion of these services. Doing so also depended on the strong political commitment of Mauritanian authorities—especially the Mauritania's Ministry of Health and National AIDS Control Secretariat—a prerequisite for the successful initiation and scale up of the country's PMTCT programs.

## **3.2. Advocacy for Policy Change**

### **3.2.1. Introduction**

An effective response to the HIV/AIDS epidemic in West Africa requires a policy environment that allows and facilitates the development and implementation of proven prevention and care interventions and one where the rights of those infected or affected by HIV/AIDS are protected and promoted to make people feel free to seek prevention and care services. Creating such a policy environment in which effective HIV/AIDS programs can take place requires sustained, focused efforts that identify the critical policy gaps and build the capacity and savvy of local organizations to recognize outstanding needs and to take effective action to address them.

To contribute to the creation of a policy environment conducive to effective HIV/AIDS prevention and care, AWARE-HIV/AIDS worked with regional institutions and networks to promote partnerships in the policy arena and collaboratively identify policy priorities and devise policies that facilitate effective HIV/AIDS programs. The project team also provided regional organizations, regional networks, and public officials with training in research, analysis, and presentation of data on the impact of HIV/AIDS for use in advocacy and for policy development.

### **3.2.2. Assessing the Policy Environment and Developing a Regional Policy Agenda**

As a starting point to its policy work, AWARE-HIV/AIDS conducted an assessment of the West Africa policy environment, based primarily on the AIDS Program Index. This assessment served as the basis for the development of a regional policy agenda.

Following the assessment, AWARE-HIV/AIDS, in collaboration with WAHO and CERPOD, organized a regional policy agenda workshop in April 2004 in Accra, Ghana, with the objectives of: validating the findings of the assessment of the policy environment; agreeing on priority policy objectives; identifying the respective roles of the stakeholders; identifying means of reinforcing alliances among stakeholders in the response to the HIV epidemic; developing a policy agenda; and adopting an implementation strategy specifying activities, policy dialogue, and advocacy tools to be used. Sixteen of the eighteen countries covered by AWARE-HIV/AIDS were represented at the meeting. Participants included national AIDS control programs; regional organizations such as ECOWAS and the West African Development Bank, and civil society organizations such as NAP+ and SWAA.

Participants at this important meeting reached an agreement on a 22 priorities for the regional policy agenda. Since AWARE-HIV/AIDS could not support the implementation of all 22, further analysis was conducted by AWARE-HIV/AIDS to select a limited number of priorities to be supported, taking into consideration the project's mandate and activities supported under other components.

The selected priorities were

- involvement of and support to the civil society
- improvement of the legal framework through the adoption of specific laws on HIV
- reduction of stigma and discrimination related to HIV/AIDS
- improvement of counseling and testing for HIV
- improvement of prevention of mother-to-child transmission
- improvement of access to treatment, including access to ARVs
- care and support for PLHIV.

The AWARE-HIV/AIDS policy work was centered on these seven priorities.

### **3.2.3. Supporting the Implementation of the Regional Policy Agenda**

#### ***Development of advocacy tools***

In order to conduct advocacy activities, enlisted regional networks and other stakeholders needed effective advocacy tools. To respond to this need, AWARE-HIV/AIDS supported regional institutions and networks to develop advocacy tools to enable them to sensitize policy makers. Using available HIV and demographic data on each country of the region, AWARE-HIV/AIDS worked with the institutions and networks to conduct relevant estimations and projections using the Estimation and Projection Package (EPP) and SPECTRUM models. The estimations and projections were then used to prepare PowerPoint presentations on each country and/or sub-region of interest to the institutions and networks. In addition to the PowerPoint presentation, an accompanying brochure that explains the presentations was developed. The PowerPoint presentations and the accompanying brochure were validated.

National AIDS Impact Model (AIM) and advocacy tools were produced for use in The Gambia, Mauritania, and Benin. AIM and advocacy tools were also produced for religious leaders: Muslim leaders in Mauritania and Guinea, Burkina Faso, and Niger; and Christian leaders in Niger and Burkina Faso. These advocacy tools included quotations from the Bible or the Koran that might encourage people to join the response and abjure stigmatizing PLHIV as those punished by God. At the request of religious leaders in Burkina Faso, a third advocacy tool was developed for traditional chieftains that aimed to convince followers that some long-standing cultural practices had deleterious health consequences.

Regional AIM on sub-regions covered by AWARE, ECOWAS, Union Economique et Monétaire Ouest Africaine (UEMOA), Comité Permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel (CILSS), and the Abidjan-Lagos Corridor Project (ALCO) were produced. Advocacy tools on access to treatment, HIV VCT, PMTCT, care and support for PLHIV, and a gender approach were also developed.

AWARE-HIV/AIDS supported the dissemination of the advocacy tools developed. These are being used by stakeholders region-wide to successfully implement their advocacy action plans and to contribute to the implementation of the seven selected policy priorities extracted from the regional policy agenda.

#### ***Training of partners in advocacy and in the use of advocacy tools***

To facilitate the adoption of advocacy tools and to promote evidence-based approaches to policy development, AWARE-HIV/AIDS provided trainings in data collection and analysis, advocacy, M&E, and the use of particular computer software that generates invaluable data for advocacy purposes.

The software in question was SPECTRUM, developed by TFGI, which projects the AIM, including the number of PLHIV, new infections, deaths, and other consequences of the epidemic. Trainings were also offered in DemProj, which projects a country or region's population by age and sex up to 50 years in the future, and in EPP, which estimates and projects adult HIV prevalence on the basis of surveillance data. Throughout the life the project, trainings were conducted through a series of workshops involving participants from the various regional and national institutions and networks. These trainings resulted in a better understanding of the essential elements of advocacy aimed at changing policies and how to evaluate results; improved skills in how to make good use of advocacy tools; and appropriate advocacy strategies and customized presentations

#### ***Supporting advocacy activities and policy change***

To advance the regional policy agenda, AWARE-HIV/AIDS engaged stakeholders who would become key project partners, including public agencies and national and regional institutions. Regional networks were enlisted that represented groups whose involvement was invoked by the first priority objective in the policy agenda: youth, NGOs, women, PLHIV, parliamentarians, religious leaders, writers, and journalists. AWARE-HIV/AIDS helped

to establish the regional coordination of three of the eight regional networks who later became key partners: those of religious leaders, journalists, and youth. As the 2006 midterm assessment put it succinctly, AWARE-HIV/AIDS “created a groundswell of regional health advocacy networks and facilitated the emergence of innovative advocacy coalitions.”

In addition to working with the national AIDS coordinating bodies of the countries and regional organizations such as WAHO, CERPOD, and ALCO, AWARE-HIV/AIDS supported and worked closely with the following regional networks to advance the regional policy agenda: Forum of African and Arab Parliamentarians on Population and Development (FAAPPD); NAP+WA; SWAA; WANASO; the Pan African Writers’ Association (PAWA); Network of Religious Leaders, Regional Network of Journalists, and Regional Network of Youth. After selection of the networks, AWARE-HIV/AIDS assisted each one of them with the development of an advocacy action plan that was in line with the regional policy agenda and provided them with mini-grants, training, and targeted TA to support implementation of their action plans.

AWARE-HIV/AIDS also helped to forge and cement alliances between these networks and helped to devise a regional coordination mechanism and integrated planning that would help them coordinate with national AIDS control bodies and other stakeholders on appropriate goals and solutions to be included in advocacy action plans that advanced the seven priority objectives within the regional policy agenda. AWARE-HIV/AIDS-supported partners worked collaboratively on their advocacy action plans along the seven identified policy priorities.

### ***Involvement of and Support to the Civil Society***

As already stated, AWARE-HIV/AIDS deliberately selected regional networks representing key civil society constituencies (such as women, youth, religious leaders) to build their capacity and involve them in advocacy activities aimed at improving the West Africa policy environment.

In an effort to strengthen the involvement of the civil society, AWARE-HIV/AIDS assisted the selected network in conducting an assessment to identify what they needed in order to effectively undertake advocacy activities. Each network’s assessment findings and advocacy action plan constituted the basis of the mini-grants and TA from AWARE-HIV/AIDS.

Through their respective advocacy plans, the regional networks contributed to the development of an HIV model law that served as a template for use by countries in the development of their specific national HIV laws. The networks promoted the enactment of HIV law in several countries and worked on specific policy priorities based on the interest of their constituencies. For example, religious leaders, NAP+, and journalists worked together on stigma discrimination; SWAA conducted advocacy activities to promote PMTCT; WANASO promoted access to HIV counseling and testing; and NAP+ advocated for greater access to ARV treatment for PLHIV.

### **Improvement of the Legal Framework Through the Adoption of Specific HIV Laws**

#### ***Developing an HIV model law***

To facilitate the development and adoption of HIV laws by countries as part of the implementation of the regional policy agenda, AWARE-HIV/AIDS supported regional stakeholders to develop and adopt an model HIV law that would serve as a template for countries developing national HIV laws. The development and adoption of the HIV model law was done through a participatory process led by FAAPPD, with support from AWARE-HIV/AIDS.

Key regional stakeholders involved in this process included the national coordinating bodies of the 18 countries, WAHO, UNAIDS (through its country office in Chad), NAP+, WANASO, SWAA, Network of Religious Leaders, Regional Network of Journalists, and Regional Network of Youth. A common action plan for the dissemination of the model law and advocacy for the adaptation and adoption of the HIV law at the country level was developed.

The regional workshop to adopt the HIV model law for West and Central Africa took place in N'Djamena, Chad, in September 2004. The following are the key components of this model law:

- *Education and information*, including information on drugs, to be provided by a health service, in the workplace, within communities, among nationals working abroad and for tourists, and in prisons; penalties for disseminating false information
- *Safe and secure practices* required during surgery, dental work, tattooing, and embalming, and in connection with donated blood, tissues, and organs
- *Regulation of traditional medicine practitioners*, who must be licensed by a commission established by the government; sanctions for practitioners and broadcasters who advertise products as curing AIDS
- *Voluntary counseling and testing* with anonymous screening, guaranteed confidentiality, and free and informed consent required, except in cases of rape and other special circumstances (i.e., tissue donation); pre- and post-test counseling to be provided by trained personnel
- *Health and counseling services for PLHIV* to be provided, along with outreach and training
- *Medical confidentiality concerning HIV status* to be guaranteed by health institutions, employment agencies, insurance companies, and all others with access to medical records, except in special circumstances; results of HIV screening must be conveyed to spouses; sanctions for violating confidentiality
- *Prohibition of discriminatory acts based on HIV status*, including in hiring, dismissals, and promotions and in access to schools, training institutions, credit, insurance and health services, travel, and public functions; sanctions for discrimination

### ***Supporting the adoption of an HIV law***

On the basis of the results of the regional workshop to adopt a model law on STI/HIV/AIDS for West and Central Africa, AWARE-HIV/AIDS supported regional networks to develop strategies and action plans at regional and national levels to support the adaptation of the model law to the country context for adoption by parliaments.

AWARE-HIV/AIDS provided financial and technical assistance to each of the involved networks (parliamentarians, religious leaders, women, youth, PLHIV, NGOs, and journalists) in the implementation of their respective action plans aimed at promoting the adoption of HIV laws by countries of the region. Working with their memberships at both regional and national levels, these networks implemented their advocacy activities in several countries. Parliamentarians from the countries who were successful in passing HIV laws were used to share their experience and support other countries of the region.

AWARE-HIV/AIDS supported joint Ambassadors of Hope missions of the regional networks of parliamentarians (FAAPPD), PLHIV (NAP+WA), religious leaders (Coordination Régional des Réseaux des Religieux), journalists (Coordination Régionale du Réseau des Journalistes), youth (CRJ/ACO) and women (SWAA) that aimed to support organizations engaged in improving the engagement and visibility of associations of PLHIV; promoting the HIV law, and reducing stigmatization and discrimination for PLHIV. The missions traveled to 12 countries—Cameroon, Chad, The Gambia, Guinea-Bissau, Liberia, Niger, Nigeria, Mauritania, Mali, Burkina Faso, Senegal, and Sierra Leone—and resulted in closer collaboration in HIV/AIDS control at country-levels between stakeholders (UNAIDS and other UN agency country offices, and national PLHA associations, networks of religious leaders, and networks of parliamentarians); the establishment of committees; and the development of action plans for the adaptation and adoption of the HIV/AIDS law in the country.

AWARE-HIV/AIDS also contributed to the greater involvement of WAHO in supporting civil society for the fight against HIV/AIDS. This institution granted three regional networks (youth, religious leaders, and PLWHA) US\$150,000 for the implementation of their respective advocacy action plans in 2007.

In addition to the ongoing support to the networks, AWARE-HIV/AIDS organized a three-day workshop in Accra, Ghana, in March 2006 that brought together the networks of parliamentarians, PLHIV, religious leaders,

and journalists to develop a strategy for effective implementation of an HIV/AIDS law once enacted by a country. As a result of the workshop, strategies and action plans were developed for countries already adopting the law. Joint visits were then conducted to these countries to support the elaboration and implementation process of integrated program of activities to promote the adopted laws. These visits facilitated the promulgation of HIV laws in nine countries (Benin, Guinea, Togo, Mali, Niger, Guinea-Bissau, Mauritania, Cape Verde, and Chad) by their heads of state, the publication of the law in official newspapers of each country, and the commencement of implementation processes for such laws, with financial support from AWARE-HIV/AIDS and others.

To address some weaknesses in the HIV model law, AWARE-HIV/AIDS worked in partnership with UNAIDS, OSIWA, UNIFEM, UNDP, and WAHO to organize a consultative meeting in Dakar in July 2007 of experts on the HIV legal framework with respect to human rights and gender issues. On one hand, the meeting agreed to support the implementation of HIV laws already voted on by countries to ensure that weaknesses were addressed during the development of the texts of application (such as policies, decrees, and memos). On the other hand, those at the meeting agreed to provide technical support to countries that had not yet passed the laws in a bid to avoid weaknesses.

As the AWARE-HIV/AIDS project was coming to its end, it took advantage of a capacity-building workshop held in April 2008 on human rights and gender in HIV legal frameworks in Dakar, Senegal, to hand over the implementation of the resolutions from the July 2007 meeting to its partners (including FAAPPD, UNAIDS, OSIWA, UNIFEM, UNDP, and UNICEF).

### **Supporting Regional Advocacy Action Plans on HIV VCT, PMTCT, ART, and Care and Support for PLHIV**

In 2006, AWARE-HIV/AIDS conducted a policy assessment in the areas of HIV counseling and testing, PMTCT, and access to treatment and care and support for PLHIV. This situational analysis identified major operational and policy challenges that impede availability, access, and use of these critical services. The following solutions were proposed to countries in the region to address the hurdles identified:

- Strengthen policy commitment by advocating for increased resource allocation for these services by stakeholders involved in the HIV/AIDS control, especially governments.
- Improve the legal and regulatory environment through strong advocacy with governments to support laws and implementation of policies that raise the status of women and protect the rights of PLHIV.
- Effect greater and more efficient coordination among all funding mechanisms under the leadership of the governments to facilitate the implementation of programs.

Following the assessment, AWARE-HIV/AIDS organized a regional workshop in Lomé, Togo, in December 2006 to strengthen the political commitment for HIV VCT, PMTCT, and improved access to treatment and care and support for PLHIV in West and Central Africa. The workshop brought together participants from national AIDS councils and NACPs from 16 of the 18 countries covered by the project, representatives of regional networks (youth, journalists, WANASO, SWAA, and NAP+) and from the national youth networks and NGOs from Togo, Niger, and Burkina Faso. Development partners such as UNICEF, Integrated Family Health Project of Benin (PISAF), and IMPACT (Benin) also participated in this workshop.

The results achieved were: 1) validation of the report of the assessment of the policy environment in the areas of counseling and testing, PMTCT, access to treatment and care and support for PLHIV; 2) consensus on priority policy issues and appropriate solutions to be implemented in these areas; and 3) advocacy action plans developed and adopted in these areas for the period 2007–08. As a follow-up to the regional workshop, AWARE-HIV/AIDS supported the implementation of the advocacy action plans by the various networks, through mini-grants and TA.

## **Reduction of Stigma and Discrimination Related to HIV/AIDS**

AWARE-HIV/AIDS provided support to the regional network of religious leaders to conduct a regional caravan aimed at bringing together religious leaders in West and Central Africa to combat stigmatization and discrimination and to sensitize the general populations of the six countries crossed by the caravan: Mauritania, Senegal, Mali, Burkina Faso, Niger, and Nigeria. This caravan was successfully conducted by religious leaders, in collaboration with networks of PLHIV and journalists.

The caravan departed from Nouakchott, Mauritania, on November 4, 2005, crossed Senegal, Mali, Burkina Faso, and Niger, and arrived in Abuja, Nigeria, on December 4, 2005. The arrival of the caravan coincided with the opening ceremony in Abuja of the 15th International Conference on AIDS and STI in Africa, during which caravan leaders and the director of AWARE-HIV/AIDS made statements.

Through this caravan, about 1,500 religious leaders were educated on HIV/AIDS-related stigmatization and discrimination in the six countries; 30,000 persons were directly sensitized through mass sensitization sessions; and millions of people were indirectly reached through the media (newspapers, radio, and television). The caravan also offered an opportunity to strengthen the religious leader networks in the six countries as well as promote collaboration between religious leaders with other stakeholders in the fight against HIV/AIDS.

AWARE-HIV/AIDS supported the religious leaders, journalists, and PLHIV networks to disseminate cross-border caravan products in the region (a PowerPoint presentation, DVD film, Beta Cam, and brochure) and to consolidate the achievements of the caravan through the implementation of the commitments made by the religious leaders. This was done through the follow-up of the collaboration between the networks of religious leaders, PLHIV, and journalists in view of a bigger synergy in the field; the strengthening of their inter-religious dialogue; and the strengthening of national networks of religious leaders engaged in the fight against HIV/AIDS.

National policy for religious leaders in the response to HIV was adopted in four countries. As part of the replication of the Mali experience on the involvement of religious leaders in the response, Burkina Faso and Niger developed a national policy for religious leaders. Although Mali was the source of the experience on religious leaders, no written policy had been developed. Learning from what was done in Burkina Faso and Niger, Mali developed and adopted its own national policy. Chad developed and adopted their national policy for religious leaders through the implementation of its HIV law.

AWARE-HIV/AIDS supported the PAWA to implement a writers' program with competitive literacy awards to support the prevention efforts and the fight against stigma and discrimination linked to HIV/AIDS. The AWARD ceremony of best writers took place in Accra in September 2007, and four books were published for region-wide dissemination.

### **3.2.4. Accomplishments**

Working with partners, AWARE-HIV/AIDS contributed to an improved policy environment for HIV/AIDS service delivery in West and Central Africa. A regional policy agenda and regional and country-specific action plans have been put in place and are being pursued by eight regional networks and other important stakeholders. Two AIDS Program Effort Index (API) surveys, conducted in 2005 and 2007, show clearly that all countries have made efforts in all components between 2005 and 2007. Program effort is high: in the areas of political support, scores rose from 80 in 2005 to 90 in 2007; in legal and regulatory environment, scores rose from 60 in 2005 to 80 in 2007; and in human rights, scores rose from 60 in 2005 to 70 in 2007.

AWARE-HIV/AIDS assisted the development of more than 20 advocacy tools and trained hundreds of stakeholders in their use and in advocacy. A participatory approach served the project well, as it built skills, mobilized agents of change, helped to develop advocacy tools, and assisted the drafting of a model HIV/AIDS

law and the implementation of regional and national action plans that have increased and focused advocacy activities.

The cross-border caravan transpired as a striking and unique event that not only cemented alliances between networks of religious leaders, journalists, and PLHIV, but dramatically highlighted the important role of religious leaders of all faiths in the response and in reducing stigma and discrimination against PLHIV.

Over the past five years AWARE-HIV/AIDS and its partners combined to forge alliances across the region and facilitate wider involvement in advocacy by the civil society, including by PLHIV, religious leaders, women, and youth.

By the end of the project, 11 countries had adopted a national HIV law, including Benin, Burkina Faso, Guinea, Togo, Mali, Niger, Guinea-Bissau, Sierra Leone, Mauritania, Cape Verde and Chad. In addition to the HIV law, four countries have adopted national policies relating to the involvement of religious leaders in the response: Burkina Faso, Chad, Mali, and Niger. In addition, four countries—Burkina Faso, The Gambia, Niger, and Togo—have adopted national policies on youth counseling and testing and care and treatment of young PLHIV.

The eight regional networks continue to lead the regional policy agenda. In close collaboration with their national branches, they continue to implement advocacy action plans that promote an enabling policy environment in West and Central Africa. The common interests and approaches of these plans and the productive competition engendered between countries to improve their policy environments auger well for the adoption of sound national policies and improved regulatory and operational frameworks for HIV/AIDS programs throughout the region.

### *A Policy Success Story*

#### **An Extraordinary Cross-Border Caravan Combats Stigma and Discrimination**

The Regional Network of Religious Leaders came to life at a February 2005 AWARE-HIV/AIDS workshop in Nouakchott, Mauritania, and immediately suggested organizing a caravan of religious leaders of different faiths that would travel across the region to counter HIV-related stigma and discrimination. The caravan included representatives of the Network of Religious Leaders, the Network of African People Living with HIV/AIDS (NAP+), the journalists' regional network, and national AIDS control bodies in six countries. AWARE-HIV/AIDS provided financial and technical support as plans progressed with a national and regional component in each country and during the caravan's 6,500-kilometer journey.

The cross-border caravan left Nouakchott on November 4 and passed through Senegal, Mali, Burkina Faso, and Niger before arriving in Abuja, Nigeria, on December 4, in time for the opening ceremony of the 15th International Conference on AIDS and STI in Africa and its media coverage. En route, about 1,500 religious leaders learned about the pernicious effects of HIV/AIDS-related stigma and discrimination and pondered passages in the Bible and the Koran that invoke compassion and involvement in the response.

Friendly competition between countries contributed to the caravan's success and attracted the participation of community and political leaders in all six that it crossed. Its messages reached about 30,000 people during mass sensitization sessions and millions more through newspaper, radio, and television coverage. This remarkable caravan also helped to cement collaboration between religious leaders in the fight against HIV/AIDS as well as with the other networks.

### **3.3. Capacity Building**

#### **3.3.1. Introduction**

Capacity building was an integral part of all components of AWARE-HIV/AIDS and a key element in its efforts to strengthen the response in West Africa. All of the project's components worked to build the organizational and technical skills of key partners, as well as local implementers, including in the development and implementation of action plans that lead to the adoption of high-impact health policies and approaches that scale up the response, and they developed guidelines, manuals, and other tools that help to build capacity, along with workshops, training of trainers, and study tours in relevant technical areas.

AWARE-HIV/AIDS thus increased the technical and management capacities of national AIDS control bodies and other key partners, as well as of networks engaged in advocacy, health service providers replicating a best practice, and educators and animators offering an integrated package of HIV prevention services at cross-border sites. In its office in Accra, the project also mentored interns sent by the Young Professional Internship Program of the West Africa Health Organization, facilitating their employment by other regional health projects and encouraging them to assume responsibilities for expanding the response to the epidemic in West Africa.

A robust and sustainable response to the HIV epidemic in West Africa requires indigenous regional institutions and networks to assume strong leadership roles and provide south-to-south TA across the region in different areas, such as care and treatment, STI services, voluntary testing and HIV counseling, PMTCT, and advocacy. The institutional strengthening component of the project addressed this specific need. Although AWARE-HIV/AIDS strengthened the capacity of all implementing partners with which the project worked, seven were specifically selected, supported, and assessed through a systematic process in line with one of USAID/WA's key intermediate results.

#### **3.3.2. Building the Capacities of West African Institutions and Networks**

##### *Selecting institutions and networks and assessing their capacities*

The first step of the institutional strengthening was to identify institutions and networks with the potential for playing a leadership role in the region. A list of more than 20 candidate organizations was developed through a participatory process, in collaboration with the sister project, AWARE-RH.

AWARE-HIV/AIDS then selected from this list four institutions that had the staff and facilities to offer training and technical leadership in the key technical areas of the project's focus: the Cameroon Baptist Convention Health Board in PMTCT; Service de Maladies Infectieuses et Tropicales/Centre de Recherche Clinique et de Formation in Senegal and Komfo Anokye Teaching Hospital in Ghana in care and treatment; and Centre d' Information, de Conseil et de Documentation in Burkina Faso in voluntary counseling and HIV testing. All were associated with a best practice later selected as such by task forces whose work came under the best practices component of the project.

AWARE-HIV/AIDS also selected three key regional networks whose work could increase the involvement in the response of civil society across the region, particularly PLHIV: the West Africa Branch of the Network of African People Living with HIV/AIDS, Society of Women against AIDS in Africa, and the West Africa Network of AIDS Service Organizations.

The next step was to analyze the strengths and weaknesses of each institution or organization and network to determine its most crucial needs. This was done systematically, with a unique capacity assessment tool developed by FHI that is known by its acronym, TOCAT, or Technical and Organizational Capacity Assessment Tool.

Designated staff from each institution and network were trained by AWARE-HIV/AIDS to use the TOCAT to evaluate their own organizations on the basis of four core competencies: organizational management, technical management, marketing and resource development, and skills transfer capacity. They filled out checklists that rated the status or progress of their organizations in each capacity domain on a four-point scale and arrived at consensus scores that helped to target interventions and measure progress.

Baseline capacity assessment reports that analyzed the initial TOCAT data highlighted some critical needs shared by all seven organizations. By and large, technical excellence and managerial competence depended on individuals rather than systems, a weakness that put the organizations' quality and sustainability at risk. Marketing and resource development was another shared need and a neglected area. Without attention to it, institutions and networks had more limited visibility, reducing their reach and impact and their chances of attracting the attention of donors and other sources of funding.

The baseline assessments contributed to the custom-made capacity development action plans that were crafted by each institution and network, with AWARE-HIV/AIDS support. The project also made significant contributions to their implementation, but always in an iterative process, with appropriate decision space for the organizations and continuous quality assurance.

### ***Building capacity of the selected institutions and networks***

The capacity building of the selected institutions and networks was tailored to needs identified during the TOCAT exercise and focused on four domains including organizational management, technical management, marketing and resource development, and skills transfer. To build capacity in organizational management, AWARE-HIV/AIDS assisted institutions and networks to develop strategic plans, computerized accounting systems, and management tools, such as administrative and financial manuals. Since two of the networks selected had no legal status in their host countries, the first order of business was to help remedy this, so they could open bank accounts, raise funds, and contract with donors. AWARE-HIV/AIDS also provided the networks that needed it with support to develop constitutions and hold meetings of governing bodies.

To build capacity in technical management, AWARE-HIV/AIDS provided support to establish systems for M&E and quality control. The development of mentoring and supervision guides and training on mentoring was another aspect of this work, along with enabling internet connections and providing the institutions with subscriptions to peer-reviewed technical journals. The project also helped the networks to improve skills in areas, such as community mobilization and technical program planning.

To improve the capacity of the selected organizations in marketing and resource development, AWARE-HIV/AIDS provided assistance with marketing and resource development plans and helped the networks and institutions to create or improve brochures and websites. The project also organized media events and the production of documentary films, since increasing the visibility of the organizations stood to increase the volume and geographic range of requests for their upgraded TA. All these activities aimed at widening the resource base of the institutions and networks and ending their reliance on AWARE-HIV/AIDS support. To this end, the project provided assistance with grant and fund-raising proposals and created opportunities for direct contacts with donors and other sources of funding.

Building the skills transfer capacity of institutions entailed upgrading and equipping training facilities, and documentation centers; developing inventories of staff expertise related to the training curricula; and crafting or updating these curricula, technical manuals, and guidelines. The networks also required skills-transfer capacity building so they could provide training in strategic planning, project management, advocacy, and community mobilization for country-level networks.

The AWARE-HIV/AIDS approach to capacity building can be summarized as “building a ship while sailing it.” This unique and remarkable approach meant that while the capacities of the selected institutions and networks were being built, they were engaged in providing training and TA in the region. Working hand-in-hand with AWARE-HIV/AIDS, the institutions and networks quickly began to provide TA in the focus areas of their work for numerous countries in the West Africa region. The project encouraged requests for TA for them and subcontracted the services of the institutions to support the replication of identified best practices by national AIDS control programs.

## **1. Regional Institutions**

### ***Cameroon Baptist Convention Health Board (CBCHB)***

The key areas identified by CBCHB for strengthening were skills transfer and resource development and marketing. CBCHB received TA in drawing a strategic plan aimed at improving its skills transfer capacity. The Strategic Plan for Capacity Development for the Regional Training Center, 2006–2010, was developed as a result of this TA. The overall mission was to design and provide high-quality training and TA, with special emphasis on reproductive health (RH) in general and PMTCT in particular. The strategic plan highlighted capacity building in training, TA provision, curriculum development, marketing, management systems, and physical infrastructure. CBCHB also received TA to develop guidelines for international training conferences that provided a step-by-step guide on how to plan, implement, and evaluate training for international participants at CBCHB.

To improve the quality of services, several consultants worked with CBCHB staff to review the program components and made recommendations on how they could be improved. AWARE-RH supported quality improvement efforts by providing training to CBCHB staff and assisting in the replication at the sites. These included trainings on the use of client-oriented, provider-efficient (COPE), facilitative supervision, infection prevention, fundamentals of care and medical monitoring, and male involvement through the Men As Partners program. These led to a very high overall improvement of the quality of services offered, which was evaluated and scientifically proven to be significant.

A second TOCAT exercise took place in July 2006, two years after the beginning of support to CBCHB by AWARE-HIV/AIDS. Progress was noted in capacity development and the quality of services offered over two years of project implementation. Based on findings from this second TOCAT, an updated capacity development plan was developed with particular focus on marketing, which had also improved but needed further improvement. The following was undertaken based on the updated capacity development plan:

- Three CBCHB staff were trained in marketing and resource development who, in turn, oriented 20 other CBCHB staff and assisted them to develop action plans that addressed using the skills they had acquired. A follow-up to this orientation was done immediately after to assist participants in sharing knowledge with supervisors and finalizing their action plans. Many leaders and staff had not previously seen the importance of marketing their services and were enlightened by this knowledge. Since the orientation, most providers have made service promotion a priority as they interact with clients and visitors.
- CBCHB produced three videos: a documentary on CBCHB institutions and programs (52 minutes); a documentary on the HIV and AIDS program with emphasis on AWARE support (26 minutes); and a documentary for the Pan African Academy of Christian Surgeons (PAACS) program (7 minutes). Copies of these videos were distributed to partners and the general population to provide them with information on CBCHB services.
- Brochures and posters for existing projects/programs in relation to HIV and AIDS were edited and reproduced. One brochure on the CBCHB AIDS Control and Prevention program was developed and has been disseminated, mostly via the internet.

- A database of all partners and donors and their missions was developed. This is being used by the staff in charge of grant-writing to prepare documents.
- A website on CBCHB health services—[www.cbchealthservices.org](http://www.cbchealthservices.org)—was developed and launched. Information on the services offered at CBCHB institutions and newsworthy events have been posted on it, and the website was a wonderful resource during the organization of the last regional training.

Through their enhanced capacity, CBCHB has been able to mobilize funds for their activities from a number of partners. Beyond the support received from AWARE-HIV/AIDS (as indicated under the chapter on best practices), CBCHB organized one study tour and three training sessions at its regional training center in Mutengene for 43 participants from the region. In addition to the training, CBCHB provided TA to countries within the sub-region (Mauritania, Liberia, Sierra Leone, and The Gambia) to support the expansion of PMTCT services. In total, CBCHB provided 39 person-weeks of TA to countries of the region.

### ***Centre d’Information, de Conseil et de Documentation (CICDoc)***

AWARE-HIV/AIDS support to CICDoc focused on improving the institution’s capacities in skills transfer and marketing and resource development.

As part of the effort to improve *skills transfer capacity*, CICDoc was refurbished and provided with equipment to enable the institution to conduct regional training efficiently. A VCT technical package—generic training manuals, supervision guide, policy, and a norms and procedures manual—was developed. Support was also provided to CICDoc for the development of standard operating guidelines and quality assessment tools for counseling and testing. To support regional training further, CICDoc was also supported to develop training guidelines that provide step-by-step instructions on how to plan, implement, and evaluate training.

To strengthen CICDoc’s capacity in marketing and resource development, a staff training session was organized that developed an action plan for marketing and resource development activities. Following this training session, various marketing activities were implemented, including

- the development of a website, [www.cicdoc.org](http://www.cicdoc.org), which served as an effective marketing tool and was used to advertise the final training that CICDoc organized under the subagreement with AWARE-HIV/AIDS
- development of brochures on CICDoc and its interventions
- development of billboards (*kakemonos*), which were erected at selected strategic sites to market CICDoc activities

Beyond the support received from AWARE-HIV/AIDS, CICDoc organized three training workshops for 53 participants from the region. In addition, CICDoc provided TA Benin, Guinea-Bissau, Niger, and Togo to support the expansion of counseling and testing services. CICDoc provided a total of 34 person-weeks of TA.

### ***Komfo Anokye Teaching Hospital (KATH)***

AWARE-HIV/AIDS supported KATH to consolidate its leadership role in care and treatment in the region. The main areas of weakness identified during the first assessment were marketing and skills transfer. Based on the action plan developed following the TOCAT, KATH was supported to address identified weaknesses.

To strengthen KATH skills-transfer capacity, the institution was supported to set up appropriate training facilities for regional training and with refurbishment and equipment for the KATH in-service training center. In addition, training and TA was provided in the following areas:

- development and dissemination of mentoring policy and guidelines.

- development of training guidelines that improve KATH’s capacity to conduct regional trainings and provide step-by-step guidance on international trainings; these were pre-tested during the final international training, organized with minimal technical support from AWARE.
- presentation skills for KATH managers, senior staff, and trainers.
- updating of the training modules for care and treatment, used for training of participants at regional trainings and during TA visits.

To enhance KATH’s marketing and resource development capacity, three participants were trained and an action plan for marketing activities and resource development was developed. As a follow-up to this training, a nine-member marketing committee was set up. These members were trained by the three trained by AWARE-HIV/AIDS, and they were tasked with ensuring that the marketing action plan was implemented.

With AWARE-HIV/AIDS support, KATH promoted its activities through media events—press briefing and press soirees—that were organized to further disseminate and market KATH activities in the country. The media were invited to attend performance review meetings, where they were briefed on the specialized services offered by KATH and they subsequently presented the information in the print media.

With AWARE-HIV/AIDS support, KATH also

- improved the quality of the newsletter distributed to its stakeholders
- developed and disseminated a brochure on the specialized clinical services provided at its facilities
- developed a database of KATH stakeholders, partners, and donors to assist in resource development
- developed the website [www.kathksi.org](http://www.kathksi.org).

As a result of its enhanced image in the region, KATH has been approached by a number of partners (such as ESTHER and the Clinton Foundation) to support its regional activities.

Beyond the support received from AWARE-HIV/AIDS, KATH provided TA to Sierra Leone and Liberia to support the expansion of HIV care and treatment in these countries. In addition, the Sierra Leone NAS requested further TA from KATH to strengthen the LMIS for the national scale up. The NAS paid for this TA using its own sources of funding (GFATM). In all, KATH provided a total of 33 person-weeks of TA at the regional level.

***Service des Maladies Infectieuses et Tropicales–Centre de Recherche Clinique et de Formation (SMIT-CRCF)***

Like the three other supported institutions, SMIT-CRCF identified the need to strengthen its skills transfer and its resource development and marketing capacities. To enhance SMIT-CRCF skills-transfer capacity, AWARE provided support for refurbishment and equipment of the training center as well as human resources support to assist with the planning, coordination, and management of training sessions. SMIT-CRCF was also supported to develop training modules for care and treatment and guidelines for effectively organizing international training.

To strengthen SMIT-CRCF’s marketing capacity, three of its staff were trained in resource development and marketing and were assisted to develop a marketing plan. As a follow up to the training, AWARE-HIV/AIDS supported SMIT in the implementation of its marketing plan, which involved the development of a website ([www.crcfp.org](http://www.crcfp.org)), the development and production of brochures on SMIT-CRCF, and the organization of press conferences to showcase SMIT-CRCF’s work.

Beyond the support received from AWARE-HIV/AIDS (described in the best practices chapter), SMIT-CRCF provided training and TA to several countries—including Cameroon, Guinea-Bissau, Mauritania, Niger, and Togo—to support the expansion of HIV care and treatment. SMIT-CRCF provided a total of 43 person-weeks of

TA at the regional level during this reporting period.

## 2. Regional Networks

### *West Africa Network of AIDS Service Organizations (WANASO)*

Based on findings from the initial TOCAT assessment, support from AWARE-HIV/AIDS for WANASO aimed at strengthening its technical and organizational capacity to take on its leadership role as a network of civil society organizations engaged in the response to the HIV epidemic. At the outset of this support, WANASO had no operational secretariat and no dedicated staff to follow up on its activities.

With support from AWARE-HIV/AIDS, an executive board meeting was organized and used as a platform to present TOCAT assessment findings and discuss activities aimed at improving WANASO's institutional capacity. Following this meeting and based on retained priorities, AWARE-HIV/AIDS supported WANASO in the following areas:

- Development of a financial and management system and training of staff in the use of the system: AWARE-HIV/AIDS assisted WANASO's financial manager to develop an administrative and financial procedures manual. The manual, originally produced in French, was translated into English and disseminated to network members for adaptation to their own context.
- Training to strengthen organizational and management capacity of WANASO network members: This was done through a workshop held in Bamako for 31 leaders from AIDS service networks and associations from 16 countries (Benin, Burkina Faso, Cap Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea Conakry, Liberia, Mali, Mauritania, Niger, Nigeria, Sierra Leone, and Togo). During the workshop, network leaders shared their organizational and management experiences and discussed the challenges they faced to become more efficient in their response to the HIV epidemic.
- Technical assistance to develop plans and documents: The following tools were developed and used to improve the operation of the organization: WANASO Strategic Plan 2006 to 2009; WANASO Marketing and Resource Development Plan; WANASO Annual Implementation Plan and Monitoring and Evaluation Plan.
- Training in resource development and marketing: Three staff members were trained and assisted in the development of a marketing plan for WANASO.
- Improvement of communications and experience-sharing among country networks: A bilingual (French and English) quarterly newsletter was produced and bilingual WANASO website developed. The website, [www.wanaso.org](http://www.wanaso.org), developed to help improve communication and experience-sharing, was and continues to be a valuable source of information. Members are updated on WANASO's work and new developments in HIV control. WANASO was also assisted to develop a directory of civil society and CBOs working on HIV in West Africa that is available online on the WANASO website. (WANASO and AfriCASO are engaged in discussions with UNICEF to expand the directory to organizations providing services for orphans and other vulnerable children in West and Central Africa.)
- Organization of WANASO's general assembly: This led to the election of a new governing board for a period of three years to oversee WANASO activities. At the assembly, all documents developed with AWARE-HIV/AIDS support were presented and validated.

Through its enhanced capacity, WANASO was able to develop the following tools to strengthen the capacity of national networks and use them to provide TA to national networks:

- guidelines for marketing plan development
- manual for proposal writing
- manual for development of strategic and implementation plans

- manual for the development of administrative and financial procedures
- manual for the development of a communication plan
- a training-of-trainers manual for community involvement in HIV/AIDS interventions.

The strengthened regional network was enabled to offer training in project development, resource mobilization, and fundraising at a workshop organized in September 2005 in Accra, Ghana. The workshop was facilitated by WANASO's executive secretary and the program manager of AfriCASO, with support from the AWARE-HIV/AIDS team. Its 21 participants were from Benin, Burkina, Cameroon, Chad, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Niger, Nigeria, Senegal, and Togo.

AWARE-HIV/AIDS support also enabled WANASO to organize a series of five-day trainings on community participation in HIV/AIDS response that attracted 23 participants from 23 NGOs in Burkina Faso, 24 participants from 22 NGOs in Guinea-Bissau, 23 participants from 23 NGOs in Mauritania, 25 participants from 23 NGOs in Niger, and 25 participants from 21 NGOs in Togo. The trainings were facilitated by two WANASO members who were trained by AWARE-HIV/AIDS.

Beyond the support AWARE-HIV/AIDS provided to WANASO and its members, WANASO continues to contribute to the response to the HIV epidemic in the region through community mobilization campaigns to increase youth utilization of HIV counseling and testing services. This mobilization campaigns have been conducted through TA provided by WANASO to five countries—Burkina Faso, Guinea-Bissau, Mauritania, Niger, and Togo—in tandem with the replication of the best practice on youth counseling and testing campaigns. WANASO provided 10 person-weeks of TA to its national branches.

#### ***Network of African People Living with HIV, West Africa (NAP+WA)***

AWARE-HIV/AIDS aimed to strengthen the capacity of NAP+/WA to provide effective and concerted support to HIV and AIDS control in the subregion and to strengthen its support to national networks. The focus of the support was on strengthening the technical and organizational capacity of NAP+/WA, developing tools for information sharing and capacity building among members of the network, providing support to conduct advocacy and sensitization campaigns on stigma and discrimination, and supporting resource mobilization for the network.

Capacity strengthening started with a situational analysis of NAP+/WA, using the TOCAT to identify the challenges of the network. The assessment identified major organizational weaknesses, such as the lack of a constitution for the organization, lack of legal recognition, a non-functional executive secretariat, and the lack of management and financial systems.

Based on these findings, AWARE-HIV/AIDS supported NAP+/WA to develop and implement its capacity building action plan. Through its implementation, NAP+/WA

- obtained its registration as a legal non-government organization in Côte d'Ivoire;
- improved the efficiency and effectiveness of its executive board, whose meeting was attended by representatives from 16 countries and resulted in the revision of the organizational structure of the network
- developed critical documents, including its constitution, a strategic plan for 2006–09, marketing and resource development tools, and an M&E plan to track planned activities
- developed and launched a website, [www.naprapao.org](http://www.naprapao.org).
- established an operational executive secretariat in Abidjan, staffed by the executive secretary, a finance manager, and an administrative assistant recruited with AWARE support
- organized its general assembly with support from AWARE, UNDP, and UNAIDS

- developed an administrative and financial procedures manual, whose French and English versions were disseminated to the network's members for adaptation to their own context
- strengthened its resource development and marketing capacity
- gained better visibility and credibility with donors and received funding from OSIWA, UNAIDS, UNDP, and the Corridor Project

Through its increased capacity, NAP+WA expanded its membership within the region and conducting TA visits to several countries of the region to assist them with the establishment of national PLHIV networks. NAP+ thus was enabled to play a more active and significant role in the response to the HIV epidemic, since these efforts resulted in the establishment of national networks of PLHIV in Ghana, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sierra Leone, and The Gambia.

Its increased capacity enabled NAP+ to conduct training in management and leadership skills in a series of workshops for 15 participants from nine PLHIV associations in Niger; 26 participants from 21 PLHIV associations in Burkina; 18 participants from nine PLHIV associations in Sierra Leone; 17 from nine PLHIV associations in The Gambia; and 15 from five PLHIV associations in Mauritania. AWARE-HIV/AIDS support also enabled NAP+ to provide TA for the creation of the Central Africa branch of NAP+ (including Burundi, Cameroon, Centre African Republic, Chad, Congo, DR Congo, Equatorial Guinea, Gabon, Rwanda, and São Tomé and Príncipe), and to provide a total of 12 person-weeks of TA to national networks of PLHIV.

With AWARE-HIV/AIDS support, NAP+ organized a community market with the aim of fostering exchange between network members and partners, mobilizing resources from partners, reducing stigma and discrimination towards PLHIV, and contributing to the universal access campaign for care and treatment. The community market provided ample time for NAP+ and its network members to interact and engage with partners and support the resource mobilization drive. Funding was provided by AWARE-HIV/AIDS, UNICEF, UNAIDS, the World Bank, and OSIWA.

In addition, NAP+ undertook Ambassadors of Hope missions to several countries that sought to establish dialogues between PLHIV associations and advocate for an HIV law and an end to stigma and discrimination against PLHIV.

### ***Society for Women Against AIDS in Africa (SWAA)***

The self-assessment conducted at the beginning of the support from AWARE-HIV/AIDS revealed that SWAA faced a lack of technical expertise to support specific interventions carried out by its branches; a loose organizational structure, with no systematic decision-making process within the executive board; the lack of a system for internal skills transfer; and limited marketing and resource development capacity. Based on these findings, AWARE-HIV/AIDS assisted SWAA to develop and implement a capacity-strengthening action plan aimed at addressing these challenges and enabling SWAA to take on its technical leadership role in the region and fully play its coordinating role for its branches.

AWARE-HIV/AIDS support aimed to make the SWAA secretariat more operational by providing equipment for the office and paying the salary of a full-time technical officer for the first year. (Later, the salary was paid from other resources mobilized for by SWAA). AWARE-HIV/AIDS, UNFPA, and UNAIDS supported SWAA's general assembly held in Accra, Ghana, which culminated in the selection of a 13-member executive committee and a new board.

As part of the implementation of the action plan, SWAA was assisted to

- develop a database of SWAA volunteers and a human resource skills matrix aimed at supporting SWAA branches in six countries—Ghana, Burkina, Senegal, Cameroon, Sierra Leone, and Nigeria—and update or

- develop inventories of technical expertise among SWAA members that support the program implementation
- develop an administrative and financial procedures manual
- develop strategic and operational plans that mainstream into SWAA branches' activities gender, orphans and other vulnerable children, and women and children's access to HIV/AIDS treatment
- develop a marketing and resource development plan following the training of 12 members from Burkina, Cameroon, Chad, Mauritania, Niger, and Togo

Using its strengthened capacity, SWAA provided TA for sensitization campaigns for universal access to prevention, treatment, care and support for women and children in Burkina Faso, Togo, and Liberia, and also provided TA for capacity building to SWAA branches in these three countries in addition to Sierra Leone. The TA helped the branches to develop or improve their technical tools, such as their strategic plans and operational plans, donor registers, and membership registers, and also develop to some fund-raising proposals.

The sensitization programs in Burkina Faso and Togo received positive response from most partners. For example, the SWAA team was able to meet Togo's prime minister and two ministers (for Women Affairs and for Culture) in Burkina. In all, SWAA/ WA provided seven person-weeks of TA to its country branches.

### **3. Young Professional Internship Program**

The Young Professionals' Internship Program (YPIP), organized by WAHO, provides young professionals in health and social sciences with language, information technology, and management skills, as well as relevant field exposure. YPIP places interns under experienced mentors in recognized regional, international, or national institutions that operate a variety of technical and specialist programs. This was one of the mechanisms by which AWARE-HIV/AIDS built capacity to support the management of health issues at the regional level.

During the five years of the project, AWARE-HIV/AIDS hosted three interns. Each spent an initial four months at AWARE, returned to WAHO, then returned for an additional four months at AWARE. In addition to hosting and mentoring, each intern was provided with transportation and monthly stipend.

The first intern was hosted from March 2005 to December 2005. Following an orientation on the AWARE-HIV/AIDS project, he focused his work on community-based health financing and was assisted to develop his action plan for his initial four months in Accra. He expressed great satisfaction with his placement at AWARE-HIV/AIDS, and his mentor was nominated as "mentor of the year" by WAHO.

Two more YPIP interns started their placement at AWARE-HIV/AIDS in June 2006. In addition to working in the office, they were afforded the opportunity to spend three weeks in the field with an AWARE-HIV/AIDS implementing agency working in their areas of interest. One intern spent three weeks with CBCHB to learn more about PMTCT and had the opportunity to observe all aspects, including communication and community aspects. The second intern was placed at KATH in Kumasi, Ghana, where he had the opportunity to learn more about care and treatment and adherence counseling.

Through AWARE-HIV/AIDS support, one intern was involved in a study on children in difficult circumstances that was conducted collaboratively by Plan International and AWARE-HIV/AIDS. He provided technical input in the finalization of data collection tools and participated actively in data collection for the study in Togo. The two interns expressed their satisfaction in working with the AWARE-HIV/AIDS team and for the experience acquired from AWARE-HIV/AIDS, its partners, and implementing agencies.

AWARE-HIV/AIDS also participated in the review of the first year of the program and was involved in the selection of candidates for the second year.

### 3.3.2. Accomplishments

#### *South-to-South Technical Assistance Made Available*

The AWARE-HIV/AIDS Project's work resulted in four strengthened technical leadership institutions in the region. TOCAT-based, follow-up assessments in 2006–07 demonstrated that all seven had boosted their capacity scores across all four domains. As a result, the institutions and networks are now channels and agents for technology and skills transfer and contribute importantly to the scaling up of HIV testing, care, and treatment, and to the replication of best practices across West and Central Africa.

In turn, the strengthened institutions have been steadily and expertly providing TA and building capacity within the region. Collectively, they have trained and supported the training of more than 700 healthcare providers and supplied more than 150 person-weeks of TA outside of their own countries. To cite specific examples:

- KATH provided TA to support the scale up of ART in Sierra Leone and Liberia and trained healthcare providers from these two countries and Nigeria. In addition, the Sierra Leone NAS solicited the hospital's staff to provide TA—paid for by the Sierra Leone Government—in LMIS.
- CBCHB provided TA to support the scale up of PMTCT services in The Gambia, Sierra Leone, Liberia, and Mauritania, and trained healthcare providers from these countries as well as in Senegal, Niger, Côte d'Ivoire, and Chad.
- SMIT-CRF provided TA to support the scale up of ART in Niger, Guinea-Bissau, Guinea, Mauritania, and Togo, and trained healthcare providers from these countries, as well as Cameroon.
- CICDoc provided training and TA to scale up counseling and testing in Niger, Benin, Cameroon, Togo, and Guinea-Bissau and provided trainings in those countries and in Mali.

The TA provided by West African organizations was well appreciated by countries in the region, since experts from these organizations fully understand the environment and shared cultural realities. These results demonstrate that, with appropriate support, West African organizations can play a significant leadership role in the response to the challenges facing the region, and that south-to-south TA is an appropriate, potentially cost-effective means of scaling up high-impact approaches to the epidemic.

#### *Active Networks Fulfilling their Mandates*

The 2006 follow-up assessments revealed that the three networks had also improved in each capacity domain. But the scores do not capture adequately how much difference the project made: that the networks are now active and effective is a tribute to its strengthening activities. Improving their technical and management skills required substantial investments of time and effort. AWARE-HIV/AIDS helped two of them to gain legal status and all three to take giant steps forward. They are now active and visible, capable of building the capacities of NGOs to participate in local responses to HIV and AIDS and initiate activities.

- NAP+WA not only established national networks in Ghana, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sierra Leone, and The Gambia, but the regional network hosted the first community market and mobilized funding from UNAIDS, the World Bank's Corridor Project, and from other donors.
- SWAA chalked up many accomplishments, including assisting branches in Burkina Faso, Togo, and Liberia with their strategic and operational plans, membership registers, and fund-raising proposals; and providing TA on sensitization campaigns on access to HIV and AIDS care and treatment for women and children.
- WANASO members facilitated a series of trainings on community participation on HIV response in several countries and have also provided valuable TA to increase the number of youth who access HIV counseling and testing services.

## ***Capacity Building Success Story***

### **A Strengthened Regional Network Helps to Establish Eight National PLHIV Networks**

People infected and affected by HIV/AIDS (PLHIV) are at the heart of an effective response to the pandemic. Together with their families and communities, they must be involved in the programming and implementation of HIV/AIDS interventions. While PLHIV support groups and associations have been organized in all countries in Africa, experience shows that these groups are more effective in influencing policies and contributing to the response when they band together and combine their strengths. But bringing them together, at national as well as regional levels, has proven to be challenging.

The Network of African People Living with HIV/AIDS in West Africa (NAP+WA) was one of the regional networks supported by AWARE-HIV/AIDS for institutional capacity development. Based on the findings and recommendations of NAP+WA's self-assessment, an action plan was developed and implemented with support from AWARE-HIV/AIDS that strengthened the network's management and organizational capacity and led to a constitution, a functioning secretariat, and legalized status. The project also supported NAP+WA's efforts to organize trainings that built the leadership and networking skills of its members.

Of the 16 West African countries covered by NAP+WA, only five had a national network of PLHIV associations in 2004. Using its newly acquired capacity and expertise, NAP+WA took it upon itself to support the creation of national networks. It provided training in networking to PLHIV associations in interested countries lacking national networks and shared the NAP+WA constitution as a model that could be adapted. In addition, NAP+WA provided technical assistance and organized Ambassadors of Hope missions to mobilize stakeholders and advocate for the creation of national networks.

When associations of PLHIV were ready to form a national network, some members of the NAP+WA executive committee went to the country to assist the process of organizing a general assembly, adopting a constitution, electing an executive committee, and setting up a secretariat.

PLHIV associations in Ghana were the first to get support for a national network of PLHIV associations. Several other countries soon followed. Within four years, NAP+WA had supported the establishment of national networks in eight countries: The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, and Sierra Leone. These processes benefited from the involvement of multiple partners, as well as the assistance of existing national networks in Burkina Faso and Côte d'Ivoire.

## **3.4. Cross-Border Interventions**

### **3.4.1. Introduction**

HIV/AIDS interventions that target mobile, high-risk populations have special relevance in West and Central Africa. Not only do the numerous countries under ECOWAS have open borders, but millions of people cross them when they are displaced by conflict and political instability or leave their home countries voluntarily to seek more secure livelihoods on a short- or long-term basis. Within mobile populations, those moving and/or living along major transportation routes between countries (such as sex workers, truckers, and communities along migratory routes) are particularly at risk of being infected with and transmitting HIV. Because of frequent movement of people across borders along major transportation routes, coordinated HIV prevention programs between countries are necessary to effectively reach populations on the move.

Cognizant of the need for cross-border HIV prevention programs, USAID/WA funded PSAMAO/PSAMAC (Prevention SIDA sur les Axes Migratoires de l'Afrique de l'Ouest/Prevention SIDA sur les Axes Migratoires de l'Afrique Centrale) under the Family Health and AIDS (FHA) Project, implemented between 1995 and 2003.

PSAMAO/PSAMAC initially established sites for HIV/AIDS prevention activities on migratory routes frequented by truckers and sex workers in four countries. An assessment toward the end of the FHA project determined that PSAMAO was an effective way to tackle HIV prevention along migratory routes, and it was classified by USAID as a best practice worthwhile to replicate.

Cross-border interventions therefore constituted one of the key components of AWARE-HIV/AIDS, and they were to be expanded both geographically and in terms of the range of services provided. The component was led by Population Services International, one of the three key partners on the project. Activities undertaken and key achievements are described below.

### **3.4.2. Expansion of Cross-border Interventions**

Under the USAID-funded FHA project, the PSAMAO/PSAMAC initiative covered four countries, including Burkina Faso, Cameroon, Côte d'Ivoire, and Togo and it mainly focused on peer education, mass media, and social marketing of condoms for target populations along the migratory routes. AWARE-HIV/AIDS worked aggressively to expand the initiative to more countries and to add clinical services as part of an integrated package of services.

#### ***Geographic expansion***

During the first two-and-a-half years, AWARE-HIV/AIDS focused on strengthening existing cross-border sites<sup>2</sup> inherited from FHA and setting up new ones in a number of countries. The project was directly involved with service delivery aspects at these sites.

AWARE-HIV/AIDS started in year one with a mapping exercise in five countries: Burkina Faso, Cameroon, Côte d'Ivoire, Niger, and Togo. Following this exercise, implementing partners were identified in each country and countries brought together to reach a consensus on a common package of activities at cross-border sites. The package included interpersonal communication, mass communication, condom social marketing, and the provision of clinical services, such as management of STIs, HIV counseling and testing, and family planning (FP) services.

AWARE-HIV/AIDS then went on to support the operation of the cross-border sites. The support consisted of funding implementing partners and providing them with training and ongoing TA. Beyond direct support to the sites, AWARE-HIV/AIDS also conducted advocacy efforts to stimulate interest in and support for cross-border interventions among national coordinating bodies of countries and among other donors in the region. To ensure coordination among regional partners working on cross-border interventions, AWARE-HIV/AIDS closely engaged other regional initiatives, such as the World Bank Corridor Project and RaiLink. For example, a formal agreement was reached with the Corridor Project so that it focused on the axis between Abidjan and Lagos (west–east) while AWARE-HIV/AIDS focused on the region's south–north axis.

During the second year and the first half of year three, AWARE-HIV/AIDS consolidated efforts initiated in year one and expanded activities to three new countries (Chad, Guinea, and Mauritania).

In response to mid-term review recommendations and practical modalities, AWARE-HIV/AIDS changed its focus from supporting service delivery at cross-border sites to regional functions that would facilitate coordination, harmonization, experience sharing, and joint planning between countries and expand cross-border interventions. To operationalize this new vision, AWARE-HIV/AIDS regrouped countries of the region into four groups of countries with common borders and then supported them to design and implement joint cross-border activities.

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<sup>2</sup> A cross-border site was defined as a place where, at the minimum, PSAMAO/AC communication interventions (BCC and social marketing of condoms) were implemented. Clinical services were offered, either on site or by referral.

AWARE-HIV/AIDS played a catalyst role that facilitated interactions and negotiations between countries and also provided them with TA and limited financial support when needed. Countries were grouped as follows:

- Group I : Chad and Cameroun (Central Africa)
- Group II: Benin, Burkina Faso, Ghana, Niger, Nigeria, and Togo
- Group III: Guinea-Bissau, Mali, Mauritania, Senegal, The Gambia
- Group IV: Côte d'Ivoire, Guinea, Liberia, and Sierra Leone

### ***Supporting HIV integrated services at cross-border sites***

In addition to expanding the cross-border initiative geographically, AWARE-HIV/AIDS worked to augment the package of services offered under FHA by systematically adding clinical services, including management of STI, HIV VCT, and FP. The integration of these services was achieved either by provision on site or through referrals. AWARE-HIV/AIDS used the expertise of its partners to introduce these clinical services at cross-border sites. The process of integrating clinical (STI and HIV care and treatment and FP) services at cross-border sites was coordinated by PSI and undertaken in collaboration with JHPIEGO (STI services), CHA (STI services), CHP (HIV care and treatment), and AWARE-RH (FP).

The following steps were undertaken to achieve integration at cross-border sites:

- An inventory of the existing health centers along the cross-border routes was done.
- A survey was conducted in all countries to elucidate the health-seeking behaviors of truckers and sex workers, their preferred health centers, as well as the determinants of their choice of health centers where they seek care.
- Using the results of the survey, health centers were selected to be reinforced to provide STI treatment services, care and treatment, and FP services for truckers and sex workers.
- NACP/MOH representatives, local partners, and AWARE partners went to the field to assess the level of readiness of selected health centers to provide quality STI, care and treatment, or FP services and reinforcement that was required.
- Based on the assessment findings, selected centers were supported to initiate activities. The support included training of STI service providers; training in care and treatment; development of FP messages; training of peer educators in the selected FP messages; and limited refurbishment and minor equipment, as necessary.
- To facilitate referrals between services along the migratory routes, a referral card was designed, pre-tested, and distributed to all cross-border sites and clinical service sites.
- To ensure quality of services, supervisory visits were made to all centers supported by AWARE-HIV/AIDS. As much as possible, the visits were conducted jointly by AWARE-HIV/AIDS partners intervening in integrated cross-border activities, including PSI, CHP, JHPIEGO, CHA, and AWARE-RH. All these visits were used to observe field activities, discuss successes and challenges with implementers, provide on-the-job-training to implementers, and provide feedback aimed at improving the quality of services provided.

### **3.4.3. Harmonizing Strategies and Messages Aimed at Mobile Populations in the Region**

To promote harmonization of approaches and messages used for the targeted populations along migratory routes in the region, AWARE HIV/AIDS facilitated a series of consensus-building meetings for stakeholders from the 18 countries covered by the project. The main objectives of the meetings were to develop and validate communication strategies for cross-border interventions, harmonize messages aimed at the target populations between countries and partners, and train trainers on the harmonized messages. Participants at these meetings included NACP representatives from 18 countries, social marketing programs, and other partners working on cross-border activities.

As a result of these meetings, consensus was reached on communication strategies and messages on cross border

routes. As follow-up to this process, two radio spots—one aimed at increasing personal risk perception of HIV infection among truckers and sex workers and the second aimed at promoting consistent condom use by truckers—were developed and produced. Billboards were developed and put up to identify the locations of cross-border sites. Promotional items such as T-shirts, caps, key rings, and stickers were produced to support BCC activities.

Standardized modules were developed by the AWARE team and disseminated to service providers. These modules regrouped health education topics by communication objectives and provided simple and user-friendly tools. In addition to a user-friendly health talk guide with checklist cards developed for service providers, the modules included a synchronized communication programming model for cross-border activities. With this synchronized programming, activities were centered on the same subject during any particular week at all cross-border sites, so travelers who missed something at one site could catch up on the message at their next stop within the same week. These efforts resulted in all partners in all the countries delivering harmonized messages and packages of interventions for target populations.

#### **3.4.4. Facilitating Joint Planning and Implementation among Countries**

As stated, AWARE-HIV/AIDS changed its focus in response to the recommendations from the midterm review from supporting service delivery at cross-border sites to regional functions aimed at facilitating coordination, harmonization, experience sharing, and joint planning between countries. In line with this new vision, AWARE-HIV/AIDS facilitated four workshops for the four groups of countries with shared borders (see 3.2.2). The workshops aimed at

- a review of cross-border interventions implemented in participating countries
- information sharing
- harmonization and joint planning for a concerted response to ensure continuum of services to mobile populations along cross-border migratory routes
- promotion of HIV prevention, cross-border initiatives, and advocacy for the replication of the AWARE-HIV/AIDS integrated package of services to countries not yet participating
- promotion of four cross-border sites that had been selected as demonstration sites
- dissemination of AWARE-HIV/AIDS cross-border intervention tools

At the end of each workshop, the different groups arrived at a consensus on common cross-border challenges, possible solutions, lessons learned from past and ongoing interventions, common interventions to be carried out, and ways to ensure sustainability of cross-border activities supported by AWARE HIV/AIDS.

##### ***Establishment of four cross-border demonstration sites***

To move from service delivery to regional functions, AWARE-HIV/AIDS selected four regional cross-border sites out of 44 existing at the time to serve as demonstration sites for countries sharing common borders and experiencing similar cross-border HIV prevention challenges. AWARE-HIV/AIDS phased out support to 41 cross-border sites in Burkina Faso, Cameroon, Côte d'Ivoire, Niger, Togo, Chad, and Mauritania, and worked with partners to continue activities. In each country, specific actions adapted to the local context were taken to inform partners about the new orientation of cross-border activities, the withdrawal of financial support to service delivery activities in the cross-border sites, and the role of AWARE-HIV/AIDS in advocating financial support for the sites from other stakeholders and partners.

This resulted in the effective withdrawal of AWARE-HIV/AIDS financial support from 41 sites out of its 44. Three of the initial sites supported financially by AWARE-HIV/AIDS and one other from Guinea (supported only with TA from AWARE-HIV/AIDS) were selected and upgraded to serve as regional demonstration cross border sites.

A demonstration cross-border site was defined as an AWARE-HIV/AIDS-supported site located on a cross-border route and near the border of a country, and/or at a strategic point that serves mobile populations from at least two countries, where the complete package of services (including BCC, HIV VCT, social marketing of condoms, and either STI, care and treatment, or FP clinical services) is provided to the target population. These sites were selected to showcase AWARE-HIV/AIDS integrated services.

The upgraded sites were Douala in Cameroon for Group I; Ouagadougou in Burkina Faso for Group II; Nouakchott in Mauritania for Group III; and KM36 near Conakry in Guinea for Group IV. The selection of these sites took into consideration their position relative to the other countries, migratory flows, the level of services being provided, the possibility of upgrading them, and their potential to host study tours. National HIV/AIDS coordinating bodies, national FP and STI coordinating departments of the MOH of the host countries, as well as the local partners were contacted to seek their commitment to hosting and establishing these regional cross-border demonstration sites. They considered the choice an honor for their country and pledged their full support to work towards excellent results.

A multidisciplinary technical team from AWARE-HIV/AIDS (PSI, CHP, and CHA) traveled to the four sites to conduct an evaluation to confirm their viability for upgrading, determine upgrading needs, reinforce the commitment of the national partners, and pursue negotiations with partners in each country in signing subagreements with AWARE-HIV/AIDS. STI care and treatment, FP, and BCC services were evaluated using assessment tools to guide interviews. In all countries, the national HIV/AIDS, STI care and treatment, and FP coordinating bodies were represented on the evaluation teams.

Apart from delivering the full integrated package of services, these sites were especially designed to host study tours for actors from neighboring countries that would allow them develop or improve their capacity in setting up cross-border sites or implementing the integrated package of services. Each site was refurbished and provided with minor equipment and training for service providers and animators. An orientation workshop was also organized for service providers from the four sites to update them and prepare them for hosting participants. A guide on how to host study tours was developed and provided. In the last year of the AWARE-HIV/AIDS project, the four demonstration sites study sites received 18 visitors from 10 countries.

### ***Joint planning and implementation of HIV prevention campaigns at border points***

One of the major recommendations from the four joint planning workshops for the four groups of countries was that synchronized, high-profile, mass HIV prevention campaigns should be organized at bridge border points to boost the impact of the cross-border interventions.

Six bridge point campaigns were organized in the following bridge border points:

- Group I: Mbaibokum (Chad)—Mbaiboum (Cameroon)
- Group II: Gaya (Niger)—Malanville (Benin); Cinkasse (Burkina Faso)—Cinkasse (Togo)
- Group III: Rosso (Mauritania)—Rosso (Senegal); Kayes (Mali)—Selibaby (Mauritania)
- Group IV: Pamelap (Guinea)—Kambia (Sierra Leone)

Partners from bordering countries met and jointly planned a mass communication campaign that was held in a synchronized manner on each side of the border. The campaigns were jointly launched by authorities of the two bordering countries at each bridge point. The campaigns consisted of two components: a communication component and a clinical aspect. The communication component comprised of “edutainment,” (sketches, drama, music, and direct communication) and delivery of HIV prevention and FP messages in a participatory manner.

The harmonized communication messages were used in all the campaigns and included “*Traveling — Don’t get contaminated of HIV, Don’t Transmit HIV, Protect yourself (ABC), Do your HIV Test, Get treated for STI*” —

*“TRAVEL SAFE OF AIDS”*. Posters carrying these messages were posted and billboards were mounted at these vantage points and remained in place after the campaigns. During the period of the campaigns, care and treatment and STI services were intensely promoted and provided on site by mobile teams. Regular clinical services continued after the campaigns.

### **3.4.5. Strategic Information to Inform Cross-border Interventions**

Throughout the implementation of the cross-border program, AWARE-HIV/AIDS conducted studies to provide strategic information that oriented and updated activities and were shared with partners.

One important study conducted between 2004 and 2005 was an inventory of health centers along specific routes, combined with a survey of a sample population of 712 truckers and 500 sex workers on their health-seeking behaviors, preferred health centers, and factors that influenced which health centers they chose when seeking care. Implementing partners and national AIDS control bodies participated in the study, which informed the selection of health centers to which referrals would be made for integrated services from cross-border sites. Findings on preferred therapeutic choices and quality of services also guided the content of regional training workshops for service providers and the provision of small equipment for some health centers.

Implementing partners and local experts also participated in a 2006 study that analyzed whether targeted groups had been sufficiently exposed to the cross-border services offered and the quality and impact of these services: whether truckers and sex workers were being reached by harmonized messages and whether those reached were consistently using condoms and integrated services. The study revealed that condom social marketing was optimal, and that consistent condom use increased with more exposure to cross-border activities. The same could not be said for the other protective sexual behaviors of abstinence and fidelity.

Other important research was the mapping of HIV/AIDS vulnerability points along the migratory routes in 2006. The three-phase study began with a literature search and proceeded in its second phase to detailed analyses of stop points, clinical services, and transport activities on cross-border routes. The information gathered was displayed on a map for easy use by stakeholders and to inform the implementation of additional services or interventions.

For the third phase, an in-depth analysis was made of three cross-border routes (Ouagadougou–Lomé, Ouagadougou–Bamako, and Ouagadougou–Birmi Koni) and vulnerable populations who move or live along them. The study shed light on other vulnerable populations who need to be targeted with effective messages and services, including schoolgirls who travel away from home during school holidays and women who do not consider themselves to be sex workers but resort to occasional commercial sex without HIV protection or the knowledge of their partners.

### **3.4.6. Accomplishments**

With facilitation from AWARE HIV/AIDS, the countries participating in the cross-border HIV prevention activities arrived, through a participatory process, at a common strategy and synchronized messages for use in cross-border prevention programs in the region. In addition to the document on the harmonized strategy and messages, several other tools were developed and used in countries participating in cross-border programs. These tools are part of the AWARE HIV/AIDS legacy, and they will continue to be used and updated as appropriate.

Through direct support and collaboration with partners across the region, AWARE-HIV/AIDS achieved the expansion of cross-border interventions from the four countries inherited from the FHA project in 2003 to 13 countries by July 2008: Burkina Faso, Cameroon, Chad, Côte d’Ivoire, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Senegal, Sierra Leone, The Gambia, and Togo.

AWARE-HIV/AIDS facilitation of joint planning between countries resulted in the implementation of coordinated cross-border campaigns at 12 border points involving 11 countries. These campaigns lasted two days on average and resulted in

- 8,986 people reached with prevention messages
- 5,785 people referred to onsite clinical services
- 2,100 consultations for STIs
- 2,540 people counseled and tested for HIV
- 24,000 condoms distributed

A total of 59 cross-border sites (including four demonstration sites) along more than 10 major transport routes in West Africa were established. Integrated prevention activities were effectively delivered to cross-border populations at these sites.

### ***Cross-Border Success Story***

#### ***Eleven West African Countries Organize Successful Joint Cross-Border Campaigns***

One of the key functions of AWARE-HIV/AIDS as a regional project was to facilitate coordination between countries. To promote effective collaboration and efficient cross-border interventions, AWARE-HIV/AIDS facilitated interactions between countries with common borders and provided them with support to conduct joint planning and implement interventions. One major outcome was the organization of six joint cross-border campaigns—dubbed bridge point campaigns—by 11 countries covered by the project.

With technical and minimal financial support from AWARE-HIV/AIDS, the national coordinating bodies and stakeholders of paired countries jointly planned and executed a mass campaign on both sides of the border that simultaneously targeted mobile populations: principally truckers and sex workers. These campaigns were a combination of edutainment activities on HIV prevention communication, onsite STI management, counseling and HIV testing, and family planning services.

National authorities of countries sharing a common border agreed on the timing and the location of each campaign. These locations straddled common borders, and authorities came together to simultaneously launch campaign that lasted an average of two days. Six such campaigns were successfully organized at borders between 11 countries: Cameroon and Chad, Benin and Niger, Burkina Faso and Togo, Guinea and Sierra Leone, Mali and Mauritania, and Mauritania and Senegal.

These campaigns resulted in

- effective collaboration and coordination of activities between involved countries and local implementers
- commitments by national authorities to organize bridge point campaigns on an annual basis
- thousands of people reached within a short period and provided with HIV counseling and testing and STI and family planning services

## **3.5. West Africa Ambassadors' AIDS Fund**

### **3.5.1. Introduction**

The West Africa Ambassadors' AIDS Fund (WAAF), funded was designed for countries in West Africa with no USAID mission (non-presence countries). WAAF permitted US Embassies in each of these countries to be involved in HIV and AIDS programs by supporting local activities by NGOs and CBOs in prevention, care, and treatment with annual grants totaling up to US\$100,000 per year in each country. Initiated in 2001, WAAF was

carried over to AWARE-HIV/AIDS from USAID/WA's FHA Project, implemented between 1995 and 2003.

The WAAF process involved five steps: 1) a call for submissions, 2) the selection of winning grantees by embassies in countries where submissions originated, 3) technical reviews of selected proposals, 4) the awarding of grants, and 5) the provision of TA to implement the funded activities.

Each year, USAID/WA put out a call for proposals through the US Embassies in the non-presence countries. The embassies managed the proposal process and determined the proposals to be funded. For its part, AWARE-HIV/AIDS assessed the technical merits of proposals that the embassies had already selected, suggested improvements as much as possible, provided the grant to the selected NGOs or CBO, and monitored the implementation. PSI, one of two key partners in the AWARE-HIV/AIDS consortium, was charged with managing sub-grants through which WAAF grants were disbursed, as well as with monitoring activities funded and their results.

There have been five rounds of WAAF grants. Round 1 began under FHA, and AWARE-HIV/AIDS managed and provided assistance on proposals awarded from round 2 to round 5. The number of eligible countries varied from one round to another: there were 11 in 2003 and a total of 14 over the five-year period. Liberia and Côte d'Ivoire both became ineligible after round 2, Liberia because it gained a USAID mission and Côte d'Ivoire because it was receiving high levels of other US Government funding. Although not among the original 18 countries covered under the AWARE project, Gabon and São Tomé and Príncipe were added to the list of eligible countries by USAID/WA.

### **3.5.2. Activities Implemented in Eligible Countries**

WAAF activities implemented under AWARE-HIV/AIDS from round 2 to round 5 are summarized by country.

#### **Burkina Faso**

Burkina Faso was one of the few countries that received funding during all five rounds of WAAF (the first round under FHA and four rounds under AWARE). Under round 2, three NGOs working in Burkina were selected to receive funding:

- *Association Burkinabe des Sages Femmes (ABSF)* was awarded a grant to organize and deliver four infection-prevention training workshops targeting midwives and women leaders in rural areas in Seno and Boulkendie provinces. A total of 200 women were trained, including 100 from Seno and another 100 from Boulkendie.
- *Initiative Privée et Communautaire (IPC)* implemented income-generating activities (IGAs) with a grant of US\$42,157 for PLHIV through the establishment of partnerships with CBOs working in the field of care and support to PLHIV. IPC selected and awarded 10 IGA projects and organized two training workshops to build the capacity of 14 CBOs on HIV prevention, project development, and management of IGAs. IPC also provided TA to the CBOs in the development of IGA projects. In all, 650 persons benefited from these projects, including 425 orphans and other vulnerable children, 125 PLHIV, and 100 persons at risk.
- *Africare* implemented a HIV VCT project offered in a youth education house in the rural area of Gourci in the Zondoma region. The demand for services was supported at the provincial level by religious leaders and promoted by local associations. The involvement and commitment of CBOs was encouraged to ensure community's sense of ownership. To create demand for HIV VCT, Africare organized campaigns covering five provincial departments and villages, and provided same-day results for HIV testing. A total of 892 persons received testing with 42 testing positive. The project also provided psychosocial, nutritional and medical support. Religious leaders who received home-based care training made a total of 4,308 home visits.

Two NGOs were selected under round 3:

- *World Relief* implemented a youth-focused HIV VCT project. World Relief renovated two youth centers,

trained 10 peer educators and two counselors, and undertook health education and counseling and testing activities. The peer educators conducted a total of 40 health education sessions that reached 2,600 young people. At the youth centers, 2,770 persons received counseling and were referred to Fada and Piela General Hospitals for HIV testing. Among those referred, 2,701 persons were tested for HIV.

- *Population Services International (PSI)* implemented a mass media campaign targeting youth (15–29 years) in Ouagadougou. Three spots on the theme of “the trusted partner myth” were broadcast 128 times on national television. The campaign was conceived to break erroneous conceptions that affect personal risk-perception among youth. A final evaluation revealed that persons exposed to the campaign had initiated behavior change and had higher risk perception of HIV, compared with those not exposed to the campaign.

Under round 4, the following three NGOs were selected and awarded:

- *Africare* implemented a BCC project targeting the youth through the establishment of peer educator networks and the organization of soccer tournaments in Yatenga, Loroum, Passore and Zondoma provinces through the Sport for Life (SFL) initiative. SFL is an innovative approach that helps shape the decisions youths make about sex by addressing HIV/AIDS. Through the excitement of soccer and the power of teamwork, SFL’s Kick AIDS program helps young people learn life skills and make smarter choices and contributes to increased care and support activities for PLHIV. In collaboration with Moral, Material and Intellectual Support to Children (AMMIE), Solidarité et Entraide Mutuel au Sahel (SEMUS), and social action workers, 48 PLHIV were identified and provided with nutritional and psychosocial support by the young people participating in the Kick AIDS program. The prime objectives of this highly praised project were to mobilize communities around the Kick AIDS soccer league while ensuring that the focus on HIV prevention and care remained at the forefront.
- *AIDS Empowerment and Treatment International* initiated BCC activities targeting youths in the Titao and Dano regions (in Lorum and Yoba provinces) with HIV/AIDS discussion sessions and video projections, the development and production in theatre play, and musical sensitization sessions. The project aimed to promote behavior change through awareness activities. More than 50,000 people were reached through educational sessions, video projections, and theater. In addition, radio broadcasts were also used to discuss HIV prevention and promote HIV VCT.
- *Association Espoir pour Demain (AED)*, based in Bobo Dioulasso, initiated psychosocial, medical, nutritional and educational support targeting infected and affected women, children, and teenagers. AED trained 12 counselors in HIV VCT counseling, adherence counseling, and care before they started providing psychosocial counseling sessions in three selected healthcare delivery sites in Bobo Dioulasso. Small-group counseling sessions for PMTCT, adherence counseling, HIV VCT counseling, care and support to PLHIV, and individual sessions were provided daily at the three centers. A total of 540 women attended psychosocial sessions. Six monthly self-support sessions for 25 PLHIV were held, and financial support for drugs and biological exams was provided to 49 infected children. Similarly, in the framework of providing basic care to infected and affected children and teenagers, school fees and school materials were provided for 10 children and 10 teenagers. AED also provided training to women living with HIV in the production of liquid soap and batik as IGAs. Income from these activities helped the women to be less dependent on other people.

Under round 5, only Africare was funded to extend the implementation of the Kick AIDS project started under round 4. The new project called “YES!” makes use of SFL concept. ‘YES!’ differed slightly from Kick AIDS—in its geographical zone of implementation (round 5 was implemented in Ouagadougou); its introduction of an innovative 24-hour hotline telephone service as a mass communication tools; and its gender focus, which sought to empower young women through basketball. The two components of the project each addressed different but complementary objectives: one was the enhancement of HIV prevention and the ability of young women to abstain or to negotiate safer sex, while the second was the improvement of HIV/AIDS prevention and care through the training and sensitization of young people in school setting. SFL, 34 physical educators were trained who imparted their knowledge to at least 1,700 schoolgirls and schoolboys in Ouagadougou.

## Cameroon

Like Burkina Faso, Cameroon also received funding under the five rounds of WAAF (with round 1 implemented under FHA and the last four under AWARE).

Under round 2, *Care and Health Program (CHP)* was selected to implement an HIV VCT project. CHP refurbished two centers (Tiko and Kribi) and established two new HIV VCT centers in Foumban and Kousseri District Hospitals. The project also provided funding for translating into English the HIV VCT policies, norms and procedures documents and the national training manual and training guide on HIV/AIDS and STI counseling. These were for duplication and handing over to the Cameroon Ministry of Health for wide distribution. To foster the demand for HIV VCT services, existing and new sites were promoted by conducting orientation meetings that targeted HIV VCT site officials and healthcare providers in the existing sites of Tiko and Kribi and in Foumban and Kousseri. A total of 1,578 persons received testing in the two new centers of Foumban and Kousseri during the support by CHP.

*Cameroonian Social Marketing Association (ACMS)* received funding under round 3 to implement a BCC campaign addressing the issue of intergenerational sex that targeted girls in the 15–24 age bracket and men over 30. The campaign implemented in Yaoundé, Douala and Bamenda included a baseline knowledge, attitude, and practices (KAP) study conducted at the beginning of the project, the development and broadcasting on national television of two spots, the production and dissemination of posters and leaflets, and the conduct of roundtable discussions, as well as advocacy workshops targeting governments structures and support organizations. A final KAP study conducted to assess the project's impact and revealed that although the level of exposure was good (59 percent of those surveyed were exposed to the mass media campaign) and messages were well understood, the period of implementation was too short to trigger a noticeable behavior change among the targeted population. Therefore, the main study recommendation was that broadcast of the campaign and youth activities be pursued in order to get significant project impact.

Under round 4, the NGO *Fobang Foundation* was selected and implemented a multidimensional project providing economic support and capacity building to PLHIV through the establishment of a vocational training center (the Hope and Vocational Center) in Yaoundé, for mushroom gardening and the production of bednets. Fobang Foundation also trained trainers to promote messages on HIV prevention using popular theatre and an interactive cartoon series. With funding from AWARE-HIV/AIDS, Fobang Foundation renovated the premises for the vocational training center and provided training in the production of bednets, mushroom farming, peer education, and HIV counseling and testing. The bednets produced were used to generate revenue to funds for medical care and drugs for the NGO members. In all, 1,700 bednets were produced and 700 were sold (each costing about US\$8).

Fobang Foundation also developed two manuals for secondary and high school clubs on stigma and sexual/reproductive health and produced a play entitled “Boomerang” on AIDS stigma. Fobang sponsored 10 clubs averaging 55 members each to conduct health promotion activities. They employed the educational manuals developed, and club activities reached a total of 20,000 students. Weekly lectures and discussions (involving 11 schools) were held on topics that included pregnancy, abortion, love, dating, sex and violence, teenage attitudes and practices, personal hygiene and care of the genitals, hormones and behavioral changes, HIV/AIDS and skin infection, smoking, alcoholism and drug abuse, environmental care and sanitation, and malaria cure and prevention.

Under round 5 two NGOs were funded.

- *CHP* implemented a counseling and testing project targeting police forces in the cities of Bafoussam, Douala, Maroua, Mutengene, Garoua, Ebolowa, and Yaoundé, with the objective of promoting HIV counseling and testing, early detection and treatment of STIs, and prevention and positive living among those tested for HIV.

CHP supported the development of information, education, and communication (IEC) materials and the adaptation of the national HIV/AIDS/STI training manual (trainer's guide and learner's manual) for the Cameroonian police services. CHP provided BCC training of trainers to police instructors so they could train their colleagues and create peer educator networks that promote condom use and counseling and testing. CHP also provided counseling and testing and care and treatment training to healthcare providers in seven police health centers in the geographical zone of implementation. In all, 12 instructors benefited from the training of trainers in STI/HIV/AIDS; 31 healthcare providers were trained in counseling, care and treatment; 137 peer educators were trained; the adapted STI/HIV/AIDS training manual (trainer's guide and learner's manual) has been introduced into the training curriculum of the Cameroonian police training schools; three radio spots were developed and aired to promote early treatment of STIs, voluntary counseling and testing, and care for PLHIV; and voluntary counseling and testing campaigns were organized at 18 police units in Douala and Yaoundé by the health directorate of the Délégation Générale de la Sécurité Nationale (National Police Department), in collaboration with the CNLS and CHP.

- *ACMS* continued with the implementation of the cross-generational sex campaign started in round 3. Under round 5, *ACMS* supported the organization and implementation of interpersonal communication activities, including the training of 80 peer educators (40 girls between age 14 and 24 and 40 men aged 30 and above) who collectively reached more than 32,000 people with messages on cross-generational sex. The production of a musical track on cross-generational sex attracted a lot of positive attention both on TV and radio. Participation in the 2007 World AIDS Day through a solidarity march and the broadcasting of campaign spots on TV and radio twice a day and for five months also sensitized against cross-generational sex.

## **Cape Verde**

Cape Verde received funding only in WAAF rounds 1, 4, and 5. Round 1 was implemented under the FHA project. Under rounds 4 and 5 implemented under *AWARE-HIV/AIDS*, *Platform of NGOs* was awarded a grant for institutional capacity building, care and support to AIDS orphans, and VCT initiatives to scale up prevention efforts in the fight against HIV/AIDS in Cape Verde.

Through this support, the Platform of NGOs procured office equipment; organized two regional workshops to discuss new strategies in the response to the HIV epidemic in Cape Verde and review its national strategic plan (2006–10); organized an experience-sharing meeting for 32 NGOs and CBOs drawn from different municipalities across the country; and organized a workshop on micro credits for people infected and affected by HIV. It also supported BCC activities—radio discussions on HIV VCT, TV and radio spots on HIV prevention, HIV VCT, and health education—and provided micro credits to 14 families and psychosocial support to 17 families and 30 orphans. Overall, the project has strengthened the institutional capacity of the organization.

## **Chad**

Chad received funding under three WAAF rounds, with round 1 implemented under the FHA project and rounds 4 and 5 under *AWARE-HIV/AIDS*.

Under round 4, *World Vision* implemented programs aimed at providing psychosocial support to PLHIV, HIV VCT, and sensitization and communication activities.

- **HIV VCT:** *World Vision* supported 10 HIV VCT points (health centers) in the districts of Moundeo and Laoskassy, trained 87 community counselors, and counseled and tested 1,519 people at the 10 testing points. Among those tested, 295 were HIV-positive.
- **Psychosocial support to PLHIV:** *World Vision* assisted eight local NGOs to provide nutritional support to PLHIV. Food items—such as maize, beans, groundnuts, and rice—were given to three associations supporting PLHIV. In addition, *World Vision* trained 199 PLHIV on life association and how they can work

together, survive, share ideas, and fight against the stigma that many PLHIV are facing in their communities. World Vision provided three PLHIV associations with US\$1,500 each to start income-generating activities. One of the associations procured agricultural equipment to cultivate eight hectares of maize and three hectares of sesame and harvested 75 bags of maize and 14 bags of sesame. Some of these items were sold for profit. Another association cultivated sorghum, maize, and peanuts, and used part of the financial support to buy maize and sesame seeds. The third association bought food supplies that were distributed to their members. They used part of the financial support to buy a motorcycle that allowed them to transport sick members to the hospital and another part to pay for computer training course for two members of the committee.

- Sensitization and communication activities: World Vision supported the organization of HIV prevention sensitization programs in 52 villages for more than 1,973 people. Two sensitization meetings per week were linked to HIV VCT programs. With the support of the governor of the Moundou region, a top Muslim leader from N'djamena, a day meeting and a training session was conducted with Muslim religious authorities to get support and involvement in the sensitization activities. In all, 97 Muslim leaders and 11 sous-prefets of Moundou region attended the training. A second training session was conducted to focus specifically on Muslim women leaders, and 67 attended the session. This resulted in mobilizing the Muslim community around HIV/AIDS.

Under round 5, the *Association pour le Marketing Social au Tchad (AMASOT)* focused on behavior change activities through the creation of a peer educator network and the delivery of IEC sessions targeting truckers, migrants, and sex workers in the Lake Chad region (Kinassaroum, Fitine, Koulfoua, Kembela). The second focus of the project was to offer HIV VCT services targeting youth in N'djamena. AMASOT trained peer educators and health educators, organized a series of more than 500 group education sessions targeting truckers and sex workers; referred 147 truckers and 180 sex workers for STI treatment and 95 truckers and 96 sex workers for HIV VCT. Unfortunately, the AMASOT activities were interrupted and equipment acquired through WAAF was destroyed or stolen during one of the rebel attacks.

### **Côte d'Ivoire**

Côte d'Ivoire received funding only under round 2. Under this round, *Chigata* received funding to establish a center for infected and affected children. It hosted children temporarily by providing accommodation, and has capacity to house 10 children who can stay up to 12 months. The center also provides day-nursery service and has a staff consisting of a medical doctor, two nurses, two counselors, one nutritionist, one psychologist, and one community worker. The primary objective of the intervention was to enable orphans and other vulnerable children to have a temporary home while sensitization was conducted to facilitate their reintegration and ensure they live normal lives in their community without suffering from any stigmatization.

During WAAF support, five children were permanently housed at the Chigata House. Four of the five children were living with HIV and received full medical, nutritional, and psychological support. Intensive sensitization was conducted within the children's families and respective communities to overcome their fear of HIV and ensure effective reintegration of the children. Monthly meetings between family members and the children were also organized at the center to maintain family ties. During this time, 88 home visits were paid to family members of the five children.

### **Gabon**

Gabon received WAAF funding only during round 5. Under this round, *Réseau National pour la Promotion de la Santé Reproductive des Adolescents et des Jeunes en Population et Développement (RENAPS/AJ)* received funding to serve as an umbrella organization for the implementation of BCC activities and condom distribution that targeted sex workers in Libreville and Port-Gentile. Activities for this project started in April 2007. Through WAAF support, RENAPS/AJ procured furniture and equipment for its offices in Libreville and Port-Gentile, trained 180 peer educators (120 for Libreville and 60 for Port-Gentile), trained seven members of the NGO

Conscience in project management, and conducted AIDS awareness session for sex workers in Libreville and Port-Gentile. Through door-to-door methods and in small chat groups, the project volunteers held discussions with a large number of commercial sex workers identified at the sites visited in Libreville and in Port Gentile.

## **The Gambia**

The Gambia received funding under all the five rounds of WAAF. Round 1 was implemented under the FHA project while the last four were under AWARE.

Under round 2, *Catholic Relief Services (CRS)* implemented a two-pronged project to conduct institutional strengthening of Santa Yalla Support Society (SYSS), the first and largest PLHIV association in The Gambia, and provide support to PLHIV. CRS helped SYSS set up a secretariat with a project coordinator, an accountant, and a secretary. CRS also organized a series of training workshops (program, financial, computer, M&E) for SYSS staff members. CRS completed the activities pertaining to the first phase of the project; however, because of long delays encountered with SYSS, CRS informed AWARE-HIV/AIDS in September 2005 of their decision not to continue with project implementation.

Under round 3, *Sphinx Associates* received WAAF funding to establish a resource center on behalf of the North Bank Divisional AIDS Committee. To establish the resource center, Sphinx Associates renovated a publicly owned building in Kerewan. The resource center was handed over to the Divisional AIDS Committee in the summer of 2007.

Under round 4, *The Gambian Red Cross* received funding to implement outreach activities based on the Stepping Stones concept. The project aimed at replicating the Stepping Stones community prevention program to 60 new villages in rural Gambia. The communities used the participatory methods in ranking their health problems and identifying possible workable solutions to collectively address the identified problems. Through this process, 60 communities developed and implemented action plans based on the Stepping Stones concept and two of the communities received support from the Social Development Fund to implement skills development programs. Community drama groups were used to sensitize communities about HIV and AIDS, and 10 schools within these communities were sensitized on abstinence. The Stepping Stones program increased community awareness leading to positive behavioral change in relation to STIs, HIV, and AIDS.

Under round 5, *Catholic Relief Services (CRS)* received funding to implement a project on HIV VCT and to provide institutional support to the Country Coordinating Mechanism (CCM).

- On the HIV VCT component, CRS supported the promotion of HIV VCT and the establishment of mobile HIV VCT services. The HIV VCT activities were implemented in collaboration with the Catholic Development Office and Sisters of Saint Joseph of Annecy in Basse Upper River Division. With CRS support, 25 religious and opinion leaders were trained in HIV and AIDS; 12 health providers were trained in HIV VCT; a HIV VCT manual was developed; a manual of IEC/BCC was produced; pamphlets promoting good nutrition and healthy living were developed; nutritional counseling and home-based care were provided to PLHIV; 10 community awareness meetings were conducted; and five mobile HIV VCT points were established.
- On the support to the CCM, CRS worked toward the establishment of a functional executive office that would enhance the CCM capacity to perform its role. An office space was rented, office furniture and equipment were purchased, and an executive director was recruited to run the secretariat.

## **Guinea-Bissau**

Guinea-Bissau benefited from WAAF funding under four of the five rounds. Under round 2, *Associação Guineense de Marketing Social (AGMS)*, a local social marketing association, implemented BCC activities for

youth. AGMS established a network of 60 peer educators to conduct education sessions for youth. In addition, AGMS produced two TV and four radio spots that were broadcast on local stations on abstinence, condom use, personal risk management, and the myth about trusted sexual partners. Through the peer educators' efforts, 15,111 young people were reached through the open public events and interpersonal communication sessions.

The NGO community of Sant'Egidio (*San Egidio*) received funding under rounds 3, 4, and 5.

- Under round 3, San Egidio implemented a HIV VCT and medical follow-up intervention targeting 1,000 tuberculosis patients. The NGO established a TB clinic at a well equipped medical facility in Bissau for tuberculosis patients who, in addition to receiving treatment, were also tested for HIV and underwent medical and therapeutic follow-up if they tested HIV-positive. Funding received under WAAF was used for HIV testing and other biological follow-up exams. The ART component of this multipronged program was financed by World Bank. In total, San Egidio conducted testing for 1,000 patients, of whom about 500 were admitted to the hospital for medical care and 66 received ARV therapy.
- Under round 4, San Egidio conducted basic health education sessions for inpatients and outpatients at its medical facility. In all, 2,880 out-patients and 2,273 in-patients attended the basic health education classes. In addition, San Egidio conducted training of clinical staff through weekly meetings during which specific clinical cases or comprehensive care issues (such as drug resistance and family and emotional factors) were discussed. A total of 75 staff meetings were conducted. These activities were implemented in the framework of a wider care and support project for tuberculosis and HIV/AIDS funded by the World Bank.
- For round 5, San Egidio implemented HIV treatment of TB patients in the 'Comunita di Sant' Egidio' Hospital in Bissau. The main activities undertaken included training of hospital personnel, inpatient health education, outpatient health education, and home assessment visits. As a way to train clinicians on the job, 100 daily meetings were held by medical doctors to review a total of complicated cases among patients; a three-day intensive training on tuberculosis was conducted; 168 people (including doctors, nurses, and lab technicians) were trained on nutrition for TB/HIV infected patients; health education sessions were organized for inpatients and outpatients; and 65 home visits were conducted by the hospital staff and by PLHIV.

## **Liberia**

Liberia received WAAF funding under round I during the FHA project and under round 3. Under round 3, *the Christian Health Association of Liberia (CHAL)* was awarded and undertook training in HIV VCT for health personnel and established HIV VCT centers. In all, CHAL paid for 10 HIV counselors to attend a training-of-trainers workshop organized by the Pan African AIDS Network in Botswana; trained 50 health providers in HIV VCT; developed a training manual on HIV VCT; and established and equipped six HIV VCT centers in two counties covering six districts.

## **Mauritania**

Mauritania is one of the countries that received funding under all the five rounds of WAAF (with round 1 under the FHA project and the remaining four rounds under the AWARE project). Under round 2, AWARE provided funding to two NGOs, *Terre Vivante* and *STOP SIDA*.

- With funding received under round two, Terre Vivante continued its youth-focused HIV prevention activities initiated during round one. Terre Vivante activities included the implementation of 90 tea-debate discussions, organized in collaboration with members of local cultural and sporting associations in private houses in Nouakchott and Rosso. In addition, Terre Vivante produced an STI and HIV prevention brochure.
- STOP SIDA provided financial support to Toujouine Community Day Care, a community AIDS orphans daycare located on the outskirts of Nouakchott. A total of US\$1,384 was provided to support the food and clothing expenses of the children. STOP SIDA also provided care and support to PLHIV by facilitating access to counseling and treatment of opportunistic infections. In addition, STOP SIDA trained 100 members of youth associations in HIV/AIDS prevention in the Trarza, Brakna, Gorgol, Assaba, and Hod Chargi regions

Under round 3, several small grants were provided to several NGOs in Mauritania.

- *STOP SIDA* implemented a package of interventions aimed at providing care and support to PLHIV. This included a contribution to cover the transportation cost of 30 PLHIV who come to *STOP SIDA*'s center to receive counseling and get treatment of opportunistic infections and support the transportation expenses for the NGO's healthcare provider. The healthcare provider hired by *Stop SIDA* provided pre- and post-test counseling services at its medical center, as well as home-based medical care to PLHIV. The NGO also organized and a training for 30 CBOs representative from the Brakna and Hod Elgharbi region. Working in collaboration with the Peace Corps, *STOP SIDA* served as an umbrella for four other organizations to implement outreach/awareness activities targeting diverse target populations.
  - *The AIDS Association of Bababe* initiated a three-step AIDS education/awareness project targeting youth and adults in rural communities. For one full month, the association delivered 16 awareness conferences, reaching a total of 607 persons.
  - *Education on Material for the Population of the Community of Boghe (EMPB)* held IEC sessions and large youth conference meetings. Eight HIV/AIDS conferences targeting youth were held.
  - The NGO *Au Secours* focused on gender and provided training to 25 women to support the establishment of a peer educators' network in the rural area of Hodh El Gharbi region in the southeastern part of Mauritania. The six-day training was followed by a four-day practical training during which the peer educators visited families in the area to sensitize them against HIV and AIDS. A big public event was organized at the end of the practical training and was attended by 500 persons.
  - *Direction Regionale de la Promotion Sanitaire et Sociale (DRPSS)* in the Tidjikja community provided three-day educational sessions for 15 religious leaders and 11 healthcare providers. The sessions for the religious leaders addressed the themes of Islam and AIDS while those for healthcare providers addressed STIs and HIV. *DRPSS* also successfully conducted a three-day training for peer educators attended by 325 members of youth-focused CBOs in the Gorgol region.
- *Terre Vivante* continued to support the tea-debates for youth initiated under round 2. In addition, it was selected to serve as an umbrella for the three NGOs listed below:
  - *Association pour la Santé de la Mère et l'Enfant* was selected to implement outreach activities targeting truck drivers and mobile population in the Hod Chargui region. Unfortunately, this organization never submitted a final proposal and was consequently dropped.
  - *LEXDEF* (Ligue des Experts Défenseurs des Droits des Enfants et Adolescents) focused on youth, delivering small group and open public discussions and video shows in high schools in the Aftout region and in the suburbs of Nouakchott.
  - *Nedwa* produced 120 spots (40 seconds to one minute each) in four local languages that targeting youth and were broadcast on local radio. The spots address the issues of STI/HIV/AIDS, fidelity, responsibility toward others, personal risk management, abstinence, and living with HIV/AIDS.

*STOP SIDA* received additional funding under rounds 4 and 5 to establish youth-friendly information and HIV VCT centers. Under round 4, *STOP SIDA* established a youth-friendly HIV VCT center in Nouakchott. The center offers computer training, information on STI/HIV/AIDS, HIV VCT services. The center was inaugurated by the US Ambassador to Mauritania. As of the end of the *AWARE* support, 20 peer educators had been trained to provide information on HIV and AIDS to young people attending the center; more than 2,600 young people (24 percent males and 76 percent females) had visited the center and 150 were tested for HIV; and 50 training sessions on computer use were conducted.

Based on the success of the center in Nouakchott, STOP SIDA was awarded funding under round 5 to replicate the experience in Nouhadibou. The Nouhadibou center was as successful as the one in Nouakchott. There, 20 peer educators were trained; 5,815 young people received information on sexual and reproductive health and HIV prevention; 522 people received HIV VCT—259 were HIV-positive and all received psychosocial support; and 89 youths benefited from training on the use of computers.

## Niger

Niger received funding under all the five rounds of WAAF amounting to US\$453,160. Under round 2, three NGOs were awarded.

- In collaboration with the Nigerian Association of Volunteers for Rural Development (ANDVR), the *Association Nigerienne pour le Traitement de la Delinquance (ANTD)* implemented a peer education project and IGA project targeting sex workers in the cities of Tera, Ouallam, Balleyara, Dosso, and Kollo. In addition to the creation of animation kiosks that served as venue for small group discussion and interpersonal communication sessions, 122 sex workers were supported with income-generating activities.
- *Croix Rouge Française* implemented a BCC project targeting youths in Niamey and its suburbs. The project involved HIV/AIDS prevention outreach that targeted students and teachers through theater play. Outreach activities conducted in 45 schools reached 31,406 students and 1,263 teachers. Through the community-based component, a total of 947 persons were reached. Croix Rouge also provided support to PLHIV associations, including training 20 members of the associations in IEC and supporting 12 PLHIV support group meetings.
- *Hed Tamat's* theatre group conducted 15 outreach tours in the Agadez municipality and reached an estimated 16,788 persons (including 250 military personnel). These outreach tours consisted of sketches, role playing, and songs on HIV transmission, STI/HIV prevention, HIV VCT, and care and support to PLHIV. The theatre band reached more than 7,910 persons with its sensitization tours in the Air region.

Three NGOs were awarded under round 3.

- *The Reseau des Arts Vivants (RAV)* implemented BCC outreach in high schools in the urban communities of Niamey. The sessions were in the form of plays performed by a theatre band, using a participatory approach (theatre forum). A total of 20 schools were visited and 6,522 persons were reached. RAV also conducted outreach tours in 16 villages in the Tahoua region of Niger with the objective of targeting truck drivers and migrant populations that reached 7,890 persons (4,240 men, 1,865 women, and 17,85 youths).
- *Marketing Social/Prevention SIDA (MS/PS)* supported an eight-day bike ride to sensitize the general population. The bike ride by Peace Corps volunteers and sensitization took place on the Maradi–Zinder route. During the ride, 32 HIV/AIDS IEC sessions were delivered in Hausa to rural communities that reached 13,135 persons. In addition to the bike ride, MS/PS produced a 52-minute documentary on HIV/AIDS that was co-produced with the Social Marketing Association in Côte d'Ivoire (AIMAS) and co-financed by KFW. It provides testimonies from PLHIV, ordinary people, and persons involved in HIV control, with the objective of showing a realistic view of HIV/AIDS in Niger to the Nigerien population. This documentary, called “The Reality of HIV/AIDS in Niger,” won strong support from the local health authorities and the World Bank, which supported the production of Haoussa and Germa versions and the production of five TV spots from outstanding sequences.
- *Troupe les Messagers du Sahel* produced three episodes of the well known Nigerien series *KiriKiri*. The episodes addressed the themes of condom use, HIV VCT, unwanted pregnancies, and STI/HIV/AIDS.

Three NGOs were awarded under round 4.

- *Organisation Nigérienne pour le Développement à la Base du Potentiel Humain (ONDPH)* initiated implementation of outreach activities targeting youths and sex workers in eight villages in the Diagourou and Kokorou districts in the gold field zone of Koma Bangou Tera. In all, 20 sex workers, 20 religious leaders,

and 40 youth peer educators were trained in communication techniques and STI/HIV/AIDS. Two mass sensitizations, 500 small group discussion, and 241 film projections sessions were delivered that reached a total of 18,843 persons.

- *Espoir Niger* implemented a multidimensional intervention by conducting BCC outreach through the establishment of peer educator networks in 38 neighborhoods; offering HIV VCT services at the NGO's clinic; conducting home-based care activities, and implementing a tailoring course for HIV infected and affected women. In all, 177 peer educators were trained who conducted small group discussions and mass sensitization on HIV prevention and HIV VCT. More than 8,000 people were reached through the efforts of these peer educators, 46 home visits were made by the NGO members to provide psychosocial support to PLHIV, 10 women living with HIV were enrolled in the tailoring course, and 136 people (42 men and 94 women) were tested. Three women tested HIV-positive. The decision to terminate financing to **Espoir Niger** was taken after the NGO failed to justify expenses for the total amount of funds received as part of their first installment.
- *Réseau des Acteurs Intervenant dans la Lutte contre le SIDA et les Infections Sexuellement Transmissibles (RAIL/SIDA/IST)* embarked on a project focusing on BCC outreach targeting in-school youths and their teachers in three districts of the Maradi region. RAIL/SIDA/IST supported the projection of films, followed by discussions and debates in 18 schools in Maradi. A roundtable discussion on youth and HIV/AIDS directed by a member of RAIL/SIDA/IST network was broadcast on local radio. On World AIDS Day in December 2006, three key activities were undertaken: a debate on the state of HIV/AIDS in Niger involving members from three NGOs and members of the community; a cultural night on the theme "Youth and HIV/AIDS" involving five youth groups; and a press conference followed by an open day at the headquarters of RAIL/SIDA/IST. The administrative council also held a press conference on the theme "Keep your Promises."

Under round 5, funding was provided only to *MS/PS*. Part of the funding was used to support a bike ride caravan organized by the Peace Corps to attract the attention of population in Dosso and Gaya highway. Stops were made at 22 localities on the highway to conduct "edutainment" HIV prevention sensitizations. The local authorities—traditional leaders or chiefs—addressed the population before the edutainment activities. Video projections, drama, condom use demonstration and distribution and messages on prevention and the necessity of HIV VCT were some of the highlights on each stop. More than 5,000 persons were reached. In all, 2,880 condoms were distributed, while 20 persons bought 6,024 condoms to start condoms sales in these localities in collaboration with the social marketing program of Niger.

In addition to supporting the bike ride, *MS/PS* implemented a BCC outreach intervention that targeted long-distance truck drivers, migrants, and sex workers at key transport stations along international trade routes leading to Burkina Faso, Nigeria, Benin, Togo, and Côte d'Ivoire. *MS/PS* conducted 55 STI/HIV/AIDS IEC sessions in the Houssa language and 5,937 educational sessions (group sessions and individual discussions) that targeted truckers, sex workers, and migrant workers. As part of the outreach activities, 1,423 film projections were conducted and reached more than 31,000 people. In all, 430 condom sales and distribution points were supported, and a total of 265,289 condoms were sold.

### **São Tomé and Príncipe**

São Tomé and Príncipe was added to the list of countries eligible for WAAF in 2006. *The São Tomé Association for Family Planning (ASPF)* was selected for rounds 4 and 5. Under round 4, *ASPF* implemented BCC and HIV VCT promotion activities to contribute to the reduction of the spread of HIV in São Tomé and Príncipe. *ASPF* established and equipped an HIV resource center in the north of São Tomé. This center provides information on HIV and HIV VCT. *ASPF* also supported the establishment of a network of peer educators that is operational in five districts of São Tomé (Cantagalo, Lobata, Lembe, Caue, and Mezo-chi) as well as in the autonomous island of Príncipe.

Key activities undertaken by ASPF included

- a community awareness campaign, including interpersonal communication sessions and mass media campaigns (radio and TV)
- sensitization activities that targeted politicians, the military, the police, health professionals, traditional birth attendants, traditional medical practitioners, and community and religious leaders
- training workshops for 15 political leaders, 15 members of parliament, 15 health professionals, 15 midwives, 15 traditional leaders, 15 community leaders, and 15 religious leaders
- door-to-door sensitization, talks, sporting events, and distribution of IEC materials and condoms (113,000) that reached 57,000 people
- community awareness and promotion of free HIV VCT services by 70 peer educators from the network established by ASPF

Under round 5, ASPF provided care and support for PLHIV and education and BCC to prevent new HIV infections, especially among vulnerable and high-risk groups such as youth, the military, taxi drivers, migrant populations, and sex workers. BCC activities included an HIV sensitisation program organized to coincide with the very popular carnival festival, in collaboration with the Ministry of Culture, which educated people on HIV/AIDS through drama, singing, and cultural performances. The activities also included television broadcasts of prevention messages that allowed viewers to call in with questions and comments.

ASPF also conducted HIV VCT activities by fully equipping two ambulances with stretchers, HIV rapid testing facilities, IEC materials, and condoms for mobile HIV VCT services. These mobile units provide services to both the north and south of São Tomé. A technical officer who is in charge performs voluntary HIV rapid tests for the communities in the project sites. The technical officer works with other volunteers to sensitize the communities on HIV and AIDS, distribute condoms, and provide counselling. There has been massive turnout for HIV testing during the visit of these mobile units to the communities.

## **Sierra Leone**

Sierra Leone received funding under all the five rounds of WAAF. As with all the other countries, round 1 was implemented under the FHA project, and rounds 2 through 5 were implemented under AWARE.

*Care International* received funding under rounds 2 and 3 to continue the condom social marketing activity initiated under round 1. During round 2 Care International sold 980,640 units of Protector Plus male condoms. This activity was continued under round 3 and resulted in the sale of 529,920 condom units.

*The International Rescue Committee (IRC)* received funding under rounds 4 and 5 and implemented a project on HIV VCT and post-exposure prophylaxis services targeting sexual assault victims. As part of this effort, IRC

- established three sexual assault referral centers (SARCs), commonly known as Rainbo Centers, in the western and eastern provinces of Sierra Leone so that survivors of sexual assault could access appropriate and quality services and care following incidents of sexual assault
- developed HIV VCT and post-exposure prophylaxis guidelines and follow-up protocols, in collaboration with the MOH and NAS.
- trained 45 persons (including midwives, lab technicians, nurses, and prison counselors in HIV VCT and the relationship between HIV and gender-based violence
- trained 15 gender-based violence managers in HIV VCT and clinical management of HIV
- established a referral pathway for survivors requiring long-term HIV care with NAS/ARG/ MOHS treatment centers at Connaught Hospital in Freetown, Koidu Government Hospital in Kono, and Kenema Government Hospital in Kenema

- organized monthly meetings with the ARV team leader and the HIV VCT coordinator from NAS-ARG/MOHS to discuss the HIV VCT services provided at the Freetown Rainbo Center and disseminate best practices and lessons learned among healthcare providers in Sierra Leone<sup>3</sup>

## Togo

Togo received funding under all the five rounds of WAAF, one round under the FHA project and four rounds under the AWARE project.

*Population Services International Togo (PSI/Togo)* received funding from round 2 through round 4. With funding received under round 2, PSI/Togo completed the renovation of two HIV VCT centers in Kpalime and Kara and provided training to clinic personnel in counseling and laboratory techniques. A total of 10 counselors and four laboratory technicians were trained (five counselors and two technicians for each site). The two sites were both integrated into existing clinics providing healthcare services to youth. The establishment of these two new sites in addition to the three established under round 1 brought the total number of HIV VCT centers developed in Togo under the WAAF program to five.

Under round 3, PSI/Togo undertook activities aimed at strengthening the HIV VCT activities started under round 2. To improve uptake of services at these sites, PSI extended the operating hours, provided training and refresher training to the staff, upgraded the equipment, and provide rapid test kits. Among the five HIV VCT sites, two were operated in collaboration with the Association Togolaise du Bien Etre Familial (ATBEF) in Lomé. PSI also updated the counselor manual in collaboration with the National AIDS Control Program. A high profile launch ceremony for round 3 HIV VCT activities was held in December 2004 with the participation of the US Ambassador in Lomé and the Togolese government representatives. This event coincided with the launching of one week of free testing for youth that was supported by WAAF.

For round 4, *PSI/Togo* provided institutional support and capacity building to the national network of PLHIV associations in Togo (RAS+) with the goal of improving the management capacity PLHIV associations to allow them increase PLHIV access to care and support and enhance PLHIV self-confidence. Through this effort, PSI

- organized a capacity building workshop for all the partner PLHIV associations to familiarize themselves with PSI procedures
- trained 39 members of PLHIV associations in organizational and financial management
- supported the establishment of 48 PLHIV support groups each comprising 8–12 PLHIV that met every two weeks during the first semester and once a month in the second semester to discuss income generating activities, PLHIV health, PTME, social and legal rights of PLHIV, approaches to disclosure of one's HIV-positive status.
- organized an experience-sharing workshop attended by 36 PLHIV associations
- organized a cultural night in Lomé with the theme, “When one listens, it is easier to live and talk about it,” in collaboration with RAS+ and seven other PLHIV associations

*The Cercle pour la Reflexion pour l'Emergence des Jeunes (CREJE)* and *Akarale* (PLHIV association), working together with support from the Peace Corps, received funding under rounds 3, 4, and 5 of WAAF. During round 3, they implemented a medical, psychological, and nutritional support project with two phases that was initiated in June 2005 for PLHIV in Atapkame. During the first phase, institutional support was provided to the two

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<sup>3</sup> In addition to these meetings, the HIV VCT coordinator also visited the center twice monthly to monitor and evaluate services provided, conduct meetings with staff to discuss ways of addressing challenges faced during service provision, and mentor staff in their work.

associations, including support for staff, infrastructure, and equipment. During the second phase, medical, psychosocial, and nutritional support to PLHIV was implemented. A team comprising a medical assistant from Akarale and a counselor from CREJE conducted 216 home visits to 138 PLHIV. In addition, Akarale and CREJE conducted 19 group support sessions for 175 PLHIV and six nutritional demonstration sessions for 86 PLHIV. A key innovation was that the associations have entered into a partnership with Togopharma, a public pharmacy, and established a subvention scheme that supports 50 percent of the price of drugs for members of the associations.

Under rounds 4 and 5, mass sensitization was added to the home visits, group support meetings, and culinary demonstration activities started under round 3. In all, Akarale and CREJE made home visits to more than 660 PLHIV, provided support for medical care to 308 PLHIV, conducted 29 group support meetings for 475 PLHIV, and held 16 culinary demonstrations that benefited 251 PLHIV. In addition, 750 people were reached through sensitization meetings for students in three colleges and two communities. At these meetings, PLHIV speakers testified on their experience living with HIV and free HIV testing was provided to 794 people. Of these, 53 tested positive.

In addition, the two associations organized a capacity building workshop for their members. They also generated resources by establishing internet connections for 16 computers. WAAF support has positively impacted the associations by allowing them to gain recognition and credibility at the national level.

### **3.5.3. Accomplishments**

AWARE-HIV/AIDS successfully disbursed and managed US\$4,301,958 to support activities in 14 countries that participated in the WAAF program. More than 50 local NGOs and CBOs in the 14 countries were supported, and they implemented more than 70 projects focusing on training, behavior change communication, HIV VCT, and care and support. Through the implementation of these projects, the capacities of supported NGOs and CBOs were strengthened and they brought HIV prevention and care services closer to the communities.

WAAF fully played the role for which it was established by offering an effective programming mechanism in non-presence countries that responds to US interests and that has garnered high-level political support from US Ambassadors who, from the small-grants platform, could engage senior national officials responsible for shaping national HIV/AIDS strategy. US Ambassador to Niger Gail Denise Mathieu said, “Without the Ambassadors’ AIDS Fund, the mission’s role as an important partner in the fight against HIV/AIDS would be greatly diminished, and local non-governmental organizations would lose significant source of funds that currently enable them to proactively fight against the spread of the epidemic.”

## *WAAF Success Story*

### **WAAF Grants Support the Multifaceted, Innovative Efforts of the Fobang Foundation**

Fobang Foundation, an NGO based in Cameroon with headquarters in Yaoundé, has used a practical, multifaceted approach to tackle AIDS prevention and support PLHIV. With support from the WAAF, it set up a Vocational and Hope Training Centre in Yaoundé to train PLHIV in the cultivation of mushrooms and other vegetables, as well as the production of mosquito bednets. The NGO also uses drama and other captivating approaches to reach youths with HIV prevention messages.

The mushrooms cultivated generate extra income and provide an additional source of food for PLHIV. The skills learned have made PLHIV self-reliant and economically empowered. Especially for those who are family breadwinners, the centre is a place of hope where they can acquire skills, earn money, and get information on HIV and AIDS without fear of stigmatization.

The introduction of mushroom cultivation into the Fobang Foundation's nutrition program is aimed at supplementing and improving the diet of PLHIV. The foundation collected 70 popular but protein-deficient recipes from Cameroon's Western Highlands and Littoral provinces and demonstrated how they could be enriched by adding mushrooms. This proved to be very successful, with many PLHIV trying their hands at the new recipes.

The vocational centre also offers skills in mosquito bednet production, since malaria is also a major public health concern and is among the 10 leading causes in Cameroon of mortality and morbidity, especially among children. Malaria prevention is crucial, since it causes anemia that is fatal to PLHIV.

Established in 1998, the Fobang Foundation also specializes in targeted behavior change and communication, organizing health clubs where people learn about causes, prevention, and treatment of diseases. Since drama has a way of bringing issues to life and is an effective communication tool for behavior change messages, the foundation implements another practical program called Drama for Development, in association with journalists from the Cameroon Radio and Television Corporation. For this program, the foundation trained a network of teachers to use popular theatre to promote HIV and AIDS prevention, demystify AIDS, and alleviate stigma.

## **3.6. Other Activities**

### **3.6.1. Introduction**

In addition to the above five main components of the project, AWARE-HIV/AIDS further strengthened key technical strategies for improved HIV and AIDS programming by supporting training and the development and dissemination of standardized approaches, training tools, and/or guidelines, especially in the area of STI management, HIV VCT, care and support, and orphans and other vulnerable children. AWARE-HIV/AIDS also supported a limited number of select research studies to generate critical data to inform programming.

### **3.6.2. Improving Technical Approaches**

#### **Sexually Transmitted Infections**

##### ***Integration of STI syndromic management in pre-service training***

To support the improvement of STI technical expertise among providers and the quality of services across the region, AWARE-HIV/AIDS initiated efforts to support the integration of STI syndromic management in pre-service training in the region, the development and dissemination of STI norms and procedures at the national level, and provided training tools for STI adapted services for sex workers in the sub-region.

As a starting point, AWARE-HIV/AIDS conducted a situational analysis on pre-service training on STI syndromic management in 2005 among 11 training institutions in six countries. (The original idea was to cover all the 18 countries, but only six responded.) The major needs identified as part of the analysis were training of teachers, trainers' and trainees' manuals, didactic materials such as anatomic models, computers and other audio-visual supports, quality clinical training sites, and STI norms and procedures.

Three institutions were then selected, including National School of Nursing, Midwifery and Social Workers in Chad; National Public Health School (nurses and midwives) in Niger; and National School of Nursing in Togo. During visits to the three training institutions, their leaders expressed their commitment to starting the process of integrating STI syndromic management into the training curricula of their respective institutions. AWARE-HIV/AIDS conducted workshops to orient teachers on STI syndromic approach and start the integration process in Chad, Niger, and Togo. Fourteen teachers/clinicians participated in the workshop in Togo, while 20 participated in Niger and 15 in Chad. At the end of the workshops, action plans for the integration of STI syndromic management in the schools' curricula were developed. However, following the recommendations from the midterm review, AWARE-HIV/AIDS phased out its support of this process.

### ***Development and dissemination of STI training tools and norms and procedures***

In its efforts to make available and disseminate updated STI norms and procedures, AWARE-HIV/AIDS conducted a needs assessment in the region. Although only five countries responded, the analysis revealed that the major needs were 1) production or revision of national norms and procedures for STI management, 2) appropriate dissemination of the norms and procedures at national and district levels, and 3) training of managers and service providers in the use of the norms and procedures. Following this assessment, AWARE-HIV/AIDS provided TA to Burkina Faso and Mauritania to develop national STI management guidelines.

Recognizing the specificity of STI services for sex workers, AWARE-HIV/AIDS developed and disseminated tailored guidelines and training materials for the implementation of specialized services for STI care for sex workers. These materials, produced in French and English, were used to conduct regional training for those providing STI services to sex workers. The materials developed included *Guidelines for the establishment and development of adapted services for the prevention and control of STI/HIV among sex workers in West Africa* and *Training modules for adapted services for sex workers in Anglophone and Francophone West African countries*.

Finally, AWARE-HIV/AIDS conducted an inventory of institutions providing STI services to sex workers in the region to collect data on services provided and approaches used by these institutions. Data collected over a two-year period enabled 65 public and private organizations and 34 clinics in nine of the eleven countries to be listed as institutions that provide STI services for sex workers. This directory is available and provides information on these institutions, their coverage areas, and activities. It is a valuable tool to help technical and financial partners find the local expertise for the deployment of efficient activities.

## **Care and Treatment**

### ***Updating ARV guidelines***

In collaboration with the African Network of AIDS Physicians (ANEPA/RESAPSI), WHO, UNICEF and other partners, AWARE-HIV/AIDS supported the organization of a regional workshop on ARV treatment strategies in Africa in Dakar, Senegal. AWARE-HIV/AIDS supported participants from 11 countries (Côte d'Ivoire, Ghana, Guinea, Mali, Niger, Nigeria, Senegal, Sierra Leone, and The Gambia) out of the 18 covered by AWARE-HIV/AIDS. The workshop's aim was to deliberate on currently used first- and second-line ARV regimens, taking into consideration the WHO 2006 guidelines. Participants agreed on the need to progressively adapt to the new WHO guidelines—specifically in relation to the use of stavudine—bearing in mind that some countries had a two-year stock of ARVs and could not completely modify their current regimen until the existing stock had been exhausted. It was also recommended that countries start paying attention to the issue of HIV drug resistance.

Considering the need for information on the effectiveness of ongoing ART programs and especially on HIV drug resistance, AWARE-HIV/AIDS initiated discussions with the West Africa branch of the African AIDS Research Network (AARN) to conduct an assessment of ongoing ART programs in two or three West African countries with mature programs (more than two years since implementation) to describe virological response and resistance patterns among patients monitored clinically and with CD4 and draw lessons learned to inform ART programs in the region. A concept paper was developed and given to AARN to develop the full research protocol in June 2007. Unfortunately, the process of protocol development was greatly delayed and AWARE-HIV/AIDS decided not to pursue this activity further due to limited time remaining on the project.

### ***Pediatric Care***

AWARE-HIV/AIDS collaborated with USAID/ Regional Economic Development Support Office and the African Network for the Care of Children Affected by AIDS (ANECCA) to facilitate the technical review of the French version of the *Handbook on Pediatric AIDS*, which was disseminated throughout the sub-region and supported the establishment of the West Africa Branch (ANECCA-WA).

AWARE-HIV/AIDS collaborated with ANECCA, WHO, UNICEF, and USAID/East Africa in the organization of a regional technical workshop to support the scale-up of pediatric HIV care, treatment, and support within countries in West and Central Africa. During this workshop, held in Dakar, Senegal in March 2007, the French version of the *Handbook on Pediatric AIDS* and WHO and UNICEF tools were disseminated. The meeting served as an opportunity to officially present the West Africa branch of ANECCA to partners.

Through ANECCA-WA, AWARE engaged 12 national pediatric societies to work with ANNECA-WA in the area of HIV pediatric care and treatment. Nine countries selected a focal person for ANNECA-WA. With AWARE support, three countries—Ghana, Mali, and Burkina Faso—conducted a situational analysis on pediatric care and treatment. Based on findings from these assessments, AWARE-HIV/AIDS collaborated with these countries to engage national partners to train trainers in pediatric care and treatment.

### ***HIV Counseling and Testing***

AWARE-HIV/AIDS conducted a situational analysis of HIV VCT in 14 of the 18 countries covered by the project. Key findings indicated that HIV VCT activities had been initiated in all countries and providers had been trained. However, most of the providers trained in counseling were no longer actively involved in HIV VCT; access to HIV VCT in rural areas was limited; and most countries lacked quality assurance and supervision tools for HIV VCT services. In addition, youth-friendly services were limited, and poor linkages had been developed between HIV VCT and care and support, especially community and home-based care. Findings from this assessment were disseminated at a regional workshop organized in collaboration with the West Africa Health Organization.

Based on findings from the situational analysis, AWARE-HIV/AIDS supported the training of trainers in HIV VCT for 23 participants from five countries of the region (Burkina Faso, Chad, Guinea, Mauritania, and Niger). The project supported Cameroon and Chad to develop national norms and procedures for HIV VCT, based on a generic document on norms and procedures in HIV VCT developed under the FHA project. It also supported Chad to develop HIV VCT training materials based on a generic training manual and a generic trainer guide in counseling, and supported the development of generic HIV VCT supervision manual that countries could adapt to their context. Benin, Cameroon, and Guinea-Bissau adapted this manual.

### ***Orphans and Other Vulnerable Children***

AWARE-HIV/AIDS contributed TA to needs assessment conducted by UNICEF on orphans and other vulnerable children (OVC) and the finalization of the questionnaire, and participated in defining the assessment process and data collection.

Following the needs assessment, AWARE-HIV/AIDS facilitated a partners' meeting on OVC in January 2005 in Accra. This meeting brought together AWARE-HIV/AIDS, Plan International, UNICEF, Save the Children UK, and USAID/WARP to explore how the partners could collectively respond to the TA needs of countries in West Africa. This regional working group of five partners agreed to collaborate on three areas: 1) documenting of work done in the area of OVC, 2) responding to demand for TA from countries, and 3) establishing/improving inter-agency collaboration on OVC.

In response to the demand for TA from countries, the regional OVC working group agreed to focus on creating human capacity—particularly in Francophone countries—through the design and implementation of training for 20 Francophone consultants on situation analysis. Following a selection of 20 trainees, a training workshop was organized in Dakar, Senegal, in June 2006. The technical capacity created through this effort was used in the region to provide TA to improve the implementation of OVC programs in the region.

Recognizing the need to better understand the OVC situation in West Africa, given the relatively low HIV prevalence compared to eastern and southern Africa and the many children living in conflict and post-conflict countries in the region, AWARE-HIV/AIDS and Plan International agreed to collaborate on a study aimed at identifying the psychosocial needs of children in difficult situations and existing services to address these needs. This study is described later in this report.

### **3.6.3. Research studies**

#### ***Study on single-dose treatment of vaginitis***

AWARE-HIV/AIDS supported a study to evaluate whether single-dose treatments are as effective as standard therapy in the syndromic management of vaginal discharge. This multi-country study involving Ghana, Togo, Mali, and Guinea was meant to generate data to improve the effectiveness and efficiency of the syndromic management of vaginal discharge and possibly reduce the transmission of HIV through the use of generic drugs that can be administered as single-dose treatments.

In all, 1,570 consenting women with vaginal discharge were randomized to receive either fluconazole (150 mg. single dose) plus tinidazole 2 gram single dose) OR clotrimazole vaginal cream for three days, plus metronidazole (500 mg. twice a day for seven days). All women with evidence of cervicitis were given ciprofloxacin (500 mg. single dose) and azithromycin (1 gram single dose). The findings suggest single-dose tinidazole/fluconazole is as effective as multiple-dose metronidazole/clotrimazole in the syndromic management of vaginal discharge, even among women with HIV-infection.

#### ***Study on female condom use among sex workers***

This study objective was to assess perceptions and practices in commercial sex environments relating to the use of the female condoms. It was a qualitative and quantitative study that used in-depth interviews, group discussions, and key informant interviews for data collection. All female sex workers who lived in the Accra/Tema area of Ghana during the study period were eligible to participate in the study. A total of 292 sex workers participated (147 seaters and 145 roamers). The major source of information about the female condom was reported to be the clinic or health workers for both seaters (77 percent) and roamers (35 percent). Two-thirds of the seaters had ever used the female condom, but only 37 percent of roamers had done so. Reasons for not using the female condom included rumors, fears about using it, no interest in using it, or preference to use the male condom. Of the women who had ever used the female condom, one-third had stopped using it because, according to them, it was cumbersome to use and customers did not like it. However, among current users, it was found that their experience with the female condom was generally less than six months.

#### ***KAP study on determinants of non-use of condom by men***

The objective of this study was to generate information on the reasons underlying the persistent non-use of condoms among some men in order to inform the design of strategies to overcome this challenge and limit further spread of HIV during transactional sex. Individual in-depth interviews and case studies were conducted on 67 high-risk women and men in the suburbs of Accra. Analysis of results indicate that all respondents had heard about condoms and had used them before and that condom use (particularly the male condom) is generally high among the respondents. However, most female study participants who have boyfriends did not use condoms with them. Women indicated that persistent refusal to use condoms is not associated with any particular group of clients; all men at one time or another refuse to use condoms. Final analysis, validation, and dissemination of the findings was given to stakeholders in 2006

### ***Study on conflict and HIV/AIDS***

AWARE-HIV/AIDS, in consultation with UNAIDS Regional Support Team for West and Central Africa and UNHCR Regional Office, commissioned a literature review on conflict and HIV/AIDS aimed at reviewing existing interventions in conflict and postconflict settings and identifying unanswered research questions on conflict and HIV that may inform HIV prevention and care in conflict settings.

Key findings from the review include the following:

- There is scant information on the impact of conflicts on HIV, particularly in West Africa.
- A large body of literature indicates that conflicts fuel the spread of injury. Factors responsible for this include displacement, disruption, destruction, sexual violence, and socioeconomic deprivation.
- Peacekeeping troops have, to some extent, been implicated in the spread of HIV in the sub-region. Due to the reciprocity of transmission, some of them have acquired the HIV infection while on missions.
- Contrary to the popular view of increased HIV transmission in conflict settings, there is some emerging evidence that conflicts could also halt the spread of the disease due to the restricted mobility and isolation imposed by conflicts, as in Sierra Leone and Angola.
- There is also growing evidence that the health of refugees is frequently better than that of surrounding host populations in communities in which they reside. This discrepancy has been attributed in part to the success of interventions targeting refugees in the camps.
- Major barriers to effective response to HIV in conflict and post-conflict situations include continuing violence, lack of political will, lack of funding, lack of coordination among humanitarian agencies, lack of community involvement in planning interventions, low knowledge about HIV, lack of data, weak surveillance systems, lack of supplies including ARVs, breakdown of infrastructure, and other competing priorities.

Recommendations from this review were intended to mainstream HIV interventions into any humanitarian response; improve guidelines for the management of HIV-related data in conflict settings; show the need for more epidemiological and behavioral research to better explain the interaction between conflicts and HIV; and demonstrate the need for operational research to investigate the optimal delivery mechanisms for HIV interventions for displaced populations and/or the combatants.

A meeting in June 2005 brought together key agencies (International Federation of the Red Cross and Red Crescent, International Organization for Migration, Médecins sans Frontières, Mano River Union, UNHCR, UNFPA, World Food Program, UNAIDS Regional Support Team for West and Central Africa, UNICEF-West and Central Africa, USAID/WA, and AWARE- HIV/AIDS) working in the field of HIV/AIDS and/or emergency to validate review findings and initiate the process of a concerted and coordinated response in conflicts and post-conflict settings and HIV/AIDS. The workshop resulted in the establishment of an Interagency Working Group on HIV/AIDS in Emergency Settings, led by UNAIDS.

### ***Psychosocial needs of children in difficult situations***

AWARE-HIV/AIDS collaborated with Plan International to conduct a study on the psychological needs of children in difficult situations to improve psychosocial support services for children in West Africa and establish and support a network of providers. The study was conducted in five countries selected to represent different high-risk contexts: child trafficking in Togo, war-affected communities in Sierra Leone and Liberia, communities with high HIV prevalence in Cameroon, and communities in Burkina Faso with many repatriated families from Côte d'Ivoire.

The study found that many children are faced with high levels of violence, abuse, neglect, discrimination, and exploitation that make them vulnerable to HIV, suicide, and mental disorders. The level of psychosocial impairment and distress vary considerably from country to country, highlighting the importance of operational research and locally specific knowledge in both advocacy and programming.

In many settings, girls are more vulnerable than boys. Without adequate psychosocial assistance, many children living in communities recovering from long periods of civil war will fail to integrate in the society, and they are very likely to reproduce the violence they have endured on others. The study also found that there is limited technical and financial capacity to respond to the psychosocial needs of thousands of severely affected children in West Africa. Key recommendations from the study include the need to

- integrate a mental health component in public health programs and national health agendas that takes into account the psychosocial needs of children and parents
- build up the capacity of the concerned ministries and NGOs on how to develop and implement effective psychosocial support programs to severely affected children
- avoid AIDS- and orphan-specific responses and develop holistic strategies for vulnerable children
- strengthen family coping mechanisms and support caregivers to take care of their children

#### 4. Achievements by the Performance Monitoring Plan

USAID/WA Result	Indicators	Targets	Status as of July 2008	Comments
<b>SO 9 Adoption of Selected High-Impact Health Policies and Approaches in West Africa</b>	<b>SO Indicator 9 A</b> Number of countries that have adopted a new policy in FP/RH and STI/HIV/AIDS supported by AWARE	13	14	Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Sierra Leone, The Gambia, and Togo
	<b>SO Indicator 9 B</b> Number of countries that are implementing at least one AWARE-selected best practices in FP/RH, STI/HIV/AIDS and CS and ID	14	14	Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Nigeria, Sierra Leone, The Gambia, and Togo
	<b>SO Indicator 9 C</b> Number of countries that are participating in cross-border integrated FP/RH, STI/HIV/AIDS interventions	12	13	Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Senegal, Sierra Leone, The Gambia, and Togo
<b>IR 9.1: Improved Approaches to FP/RH, STI/HIV/AIDS, and CS Services Disseminated Region-wide</b>	<b>IR Indicator 9.1.A</b> Number of AWARE-supported applications of selected best practices in FP/RH, STI/HIV/AIDS, CS and ID	36	38	<b>Advocacy</b> =6: Burkina (2), Cape Verde, Guinea and Niger (2) <b>CBHF</b> =4: Burkina, Cape Verde and Togo (2) <b>VCT</b> =4: Benin, Cameroon, Guinea-Bissau, and Niger <b>C&amp;T</b> =6: Guinea, Guinea-Bissau, Liberia, Niger, Sierra Leone, and Togo <b>Cross-border</b> =8: Chad, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sierra Leone, and The Gambia <b>PMTCT</b> =5: Liberia, Mauritania, Sierra Leone, The Gambia, and Togo <b>STI</b> =5: Cameroon, Liberia, Mauritania, Nigeria and Sierra Leone

*\*Application in collaboration with other donors: documented additional funding that contributed to the achievement of the application of BPs or that complemented the fund provided by AWARE-HIV/AIDS as part of the BP application with or without a signing of an MOU or agreement.*

USAID/WA Result	Indicators	Targets	Status as of July 2008	Comments
IR 9.2: Increased Regional Advocacy for Policy Change	<b>IR Indicator 9.1.B</b> Number of applications of best practices being implemented in collaboration with other donors	14	22	<b>STI=2:</b> Cameroon and Mauritania <b>VCT =4:</b> Benin, Cameroon, Guinea-Bissau, and Niger <b>PMTCT=4:</b> Liberia, Mauritania, Sierra Leone, and The Gambia <b>Cross-border=4:</b> Guinea-Bissau, Liberia, Sierra Leone, and The Gambia <b>C&amp;T=2:</b> Liberia and Niger <b>Advocacy=5:</b> Burkina Faso (2), Cape Verde, Guinea, and Niger <b>CBHFS =1:</b> Burkina Faso
	<b>IR Indicator 9.2.A</b> Number of newly adopted policies at regional and national levels in FP/RH and STI/HIV/AIDS	16	29	<b>HIV Law=12:</b> model law, Benin, Burkina Faso, Cape Verde, Chad, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Sierra Leone, and Togo <b>Religious HIV policy=4:</b> Burkina Faso, Chad, Mali, and Niger <b>Youth HIV policy=4:</b> Burkina Faso, Niger, The Gambia, and Togo <b>VCT norms and procedures=3:</b> Benin, Chad, and Niger <b>VCT supervision guide=3:</b> Benin, Cameroon, and Guinea-Bissau <b>PMTCT policy=1:</b> Mauritania <b>PMTCT SOPs=2:</b> Liberia and The Gambia <b>C&amp;T pediatric guide =1:</b> Togo
IR 9.3: Increased Capacity of Regional Institutions and Networks	<b>IR Indicator 9.3 A</b> Number of person weeks of TA provided by AWARE-supported regional partners.	150	178	

## 5. Challenges and Lessons Learned

### 5.1. Challenges

There were constraints inherent to the realities of the West Africa region that made the implementation of the project more difficult and costly including poor communication systems across the region, weaknesses of existing health systems, and the language divide between countries.

In addition to the above, the implementation of the AWARE project encountered the following challenges:

- **Need to coordinate:** The necessity to coordinate activities with other stakeholders in the region often caused delay in undertaking the activities, given the differing priorities. To minimize the negative impact on the project and speed up the process, AWARE-HIV/AIDS often had to do most of the ground work and/or pay for activities.
- **Geographic scope:** Although the project had limited financial resources (US\$35 million for 5 years), it was called on to cover 18 countries, and Gabon and São Tomé and Príncipe were added to this number during the project's last two years. This made it quite challenging, as resources available were spread thinly and were insufficient to respond to the many requests for technical and financial support from countries.
- **Insufficient and changing information from USAID/WA:** The implementation of the project was quite challenging due to the lack of clear, consistent, and sufficient information from USAID/WA on the direction (strategy, technical areas, countries of focus) of the project, especially during the last three years. For example, the original directive from USAID/WA to minimize the project's involvement in PEPFAR and bilateral countries represented an additional hurdle to reaching some of the project indicator targets (such as SOs 9A and 9B). The AWARE-HIV/AIDS team was instructed at the beginning of FY2007 to phase-out activities in countries with USAID bilateral missions and/or PEPFAR. However, the team was informed in the course of the year that in FY2008 a portion of AWARE funding would be coming through these countries, and the team therefore had to think about activities that might benefit these countries.

### 5.2. Lessons Learned

AWARE-HIV/AIDS not only brought together countries and regional entities to align agendas and their actions to support the response, but it also encouraged collaboration among country-level stakeholders. The project served as a catalyst for action, promoting increased dialogue and experience-sharing, forging vibrant partnerships, and stimulating leadership. The platform thus provided by the AWARE project helped build ownership and consensus on vital issues, including on policies that provide an enabling environment, best practices that warrant replication to scale up the response, and on HIV prevention messages and interventions for migratory populations.

Bringing together stakeholders from across the region to reach consensus on key issues is important but it is not enough. To ensure that decisions made and agreements reached are implemented, these decisions and agreements needs to be turned into action plans and integrated into existing national frameworks for their implementation. AWARE-HIV/AIDS provided TA that maintained the momentum that had been created and developed tools and manuals to expedite action-plan implementation in different countries.

Bringing countries together around a task such as passing an HIV/AIDS law also speeded up its passage in countries that wanted to be among the first to record this success or not be left behind. A focused regional project was required to accomplish these objectives, but they also required one that effectively consulted and partnered with national AIDS control bodies and respected their legitimate leadership roles.

AWARE-HIV/AIDS always respected the “Three Ones” principle and aligned its support accordingly. This was very much appreciated in all countries and contributed to the project's positive working relationships with

national entities.

The project demonstrated that countries of the region are eager to learn from each other and that efforts to facilitate this provide enormous, sustainable returns on the investment. The project also demonstrated that attention from a regional project adds value to successful country-focused interventions and mobilizes their rollout by bilateral stakeholders, especially when customized technical expertise is provided to support their replication or adaptation.

The regional efforts of AWARE-HIV/AIDS resulted in the leveraging of funds and other support from in-country donors for the replication of best practices, policy change, institutional strengthening, and cross-border prevention interventions. The project's achievements were, thus, multiplied beyond its limited resources.

The platform AWARE-HIV/AIDS provided for West African countries to engage in regular exchanges and dialogue and obtain technical support was very valuable and should be maintained, perhaps by regional entities such as WAHO or UNAIDS. Such exchanges and collaborative relationships they engender hold the key to a strengthened response and the increased adoption of high-impact health policies and approaches.

To improve efficiency and more productive collaboration between countries across the region, it will be critical to identify groups of countries with common health challenges and bring them together to design concerted responses.

There is also a need to devise a robust M&E system to count and track the number of secondary beneficiaries of regional programs whose support for best practice replication and training ultimately results in lives saved and improved health outcomes.

AWARE-HIV/AIDS demonstrated the merits of facilitating south-to-south assistance with support for infrastructural capacity development and health system strengthening. New regional projects need to include concerted attention to these areas and to long-term sustainability. Though the project did much to build the capacities of regional institutions and networks, additional assistance in marketing and resource development is required to sustain and build on their achievements. Civil society organizations are also likely to need capacity building and other kinds of support, including from government entities and bilateral partners, to improve their governance, responsiveness to beneficiaries, and contributions to the response.

## Annex 1. List of Selected Best Practices

Best Practice	Key Features	Originator
<i>1. Best Practices Identified by AWARE-HIV/AIDS</i>		
Increased access to HIV VCT services for youth students	Testing campaigns targeting youth and organized in schools with involvement of NACP and the Ministry of Education	PAMAC (Burkina Faso)
Decentralization of access to ARVs for people living with HIV	Using experienced providers at the central level to mentor regional-level providers	MOH/AIDS/STI Division (Senegal)
Introduction of comprehensive HIV clinical care in a district hospital and use of disclosure and treatment monitors to ensure high adherence	Patient's disclosure of HIV status to a relative of choice to serve as adherence monitor.	NACP/FHI (Ghana)
Care for people living with HIV through a medico-social assistance center	Community-based continuum of care for PLHIV, including on-site and home-based care, psychosocial and nutritional support.	Hope Worldwide (Côte d'Ivoire)
Rapid scale up of PMTCT services	Bottom-up approach from periphery to central level and use of opt-out approach and support groups	CBCHB (Cameroon)
Integration of PMTCT into pre-service training curricula of national training institutions	Review and adaptation of existing training materials and training of expert trainers	CDC/Retro-CI Project (Côte d'Ivoire)
STI adapted services for sex workers and their partners to reduce STI/HIV prevalence	Community outreach activities linked with active testing and treatment for STI and HIV	SIDA-3 (Benin)
Adaptation and adoption of the HIV law to create an enabling environment for HIV prevention, care, treatment, and support	Full involvement of key partners and stakeholders	FAAPP (Benin)
Involvement of religious leaders in the HIV response and the use of religious principles in combating HIV	Using a core of committed leaders to engage others to join	Network of religious leaders (Mali)
Communication for behavioral change by sex workers for sex workers – "sister-to-sister"	Peer education linked to community outreach and referrals to clinical services	FAMME (Togo)
Community financing of care and support for people living with HIV	A government and community supported center providing prevention and care to PLHIV and their families at low cost	CESAC (Mali)
Microcredit loans for people living with HIV	PLHIV association provides loans to members in good standing to help with drugs, medical fees and other needs	Espoir 27 (Chad)
Union of health mutual organizations in the district of Bembereke to organize HIV prevention activities	Training of peer educators and organization of educational campaigns to reduce transmission among members	Union of Health Mutual Organizations (Benin)
Development of income-generating activities within a PLHIV association	Monthly contribution by members given to one member to start an IGA	Hope Is Rising Association (Cameroon)
Mutual health insurance plan	Financing by union members of a negotiated package of health services and HIV prevention campaigns for members	National traders and industrialists union (Senegal)
Risk-sharing in Dangme and Nkoranza	Health services funded by members' premiums with government and donors assistance	Dangme and Nkoranza health insurance schemes (Ghana)
National health insurance schemes	National health insurance system funded through workers' contributions and taxes	National health insurance secretariat (Ghana)
"The tantines," a strategy to reduce teenage pregnancy and HIV/STI among adolescents	Peer education and counseling support by trained teenaged mothers (the tantines)	GTZ (Cameroon)

*2. Best practices identified by UNAIDS and selected by AWARE-HIV/AIDS for dissemination*

<b>Best Practice</b>	<b>Key Features</b>	<b>Originator</b>
HIV counseling for men attending STI clinics	Sensitization on condom use and HIV testing at two public clinics	National AIDS research institute of Pune (India)
Training in and promotion of syndromic management of STIs	Promotion of syndromic management of STI s within private pharmacies and dispensaries	PATH (Philippines)
Socio-medical center for PLHIV	Community involvement in care for PLHIV	Hope Worldwide (Côte d'Ivoire)
Prevention of STI and HIV among sex workers and their partners and provision of care and support	Mapping of needs, peer education, referrals for STI management and HIV VCT	Ministry of AIDS (Côte d'Ivoire)
Health education through popular theater	Use of theatrical sketches to sensitize schoolchildren	Wan Smolbag Theater (New Zealand)
Lifeskills program, "My future is my choice"	Information on sexual and reproductive health for young people ages 10–18 and the lifeskills needed to make wise choices	UNICEF-Namibia

## Annex 2: Summary of best practices supported by AWARE-HIV/AIDS\*

Best Practice	Key Aspects	Country of Origin	Replicating Country	Replication Status
Rapid scaling up of prevention of mother-to-child HIV transmission	<ul style="list-style-type: none"> <li>- Set up of a training centre</li> <li>- Integration of PMTCT service delivery into routine antenatal services</li> <li>- Opt-out approach for testing</li> <li>- PLHIV Support groups</li> <li>- Community based approach in service delivery</li> </ul>	Cameroon	The Gambia	Two learning sites established for trainings; technical and training tools developed (training manual, supervision tool, data collection tools); training of trainers and service providers; 13 new PMTCT sites established bringing the total number up to 23 in July 2008. Scale up of services ongoing.
			Liberia	A national PMTCT framework created; national guides, training curriculum and SOPs developed; sites offering PMTCT services increased from 2 to 18 as of July 2008. Scale up efforts ongoing.
			Mauritania	National policy and training curriculum developed, service providers trained; SOPs developed; from zero, 15 sites established in different regions in the country as of July 2008. Scale up efforts ongoing.
			Sierra Leo	Two training sites established and national tools developed. Services providers trained and PMTCT sites increased with more than 50 new sites established since 2005. Efforts being pursued to scale up services in the country.
			To	Revision of national policy and training curriculum; training sites established; strengthening of 26 out of 41 existing PMTCT sites to become functional by training providers, conducting supervision visits and integrating opt-out approach. Scale up effort being pursued.
Expansion of ARV treatment using the mentoring system	<ul style="list-style-type: none"> <li>- Training of service providers</li> <li>- Definition of care services by level of health system</li> <li>- Set up of a mentoring system</li> </ul>	Senegal		Two learning sites established. Providers from 7 regions trained and a pool of mentors oriented on the mentoring system. Mentoring visit plan developed and efforts being pursued to make decentralization of ART access effective in the 7 regions.
			Guinea-Bissau	A pool of mentors oriented on the mentoring system. Service providers trained in 6 regions from 10 sites in ART provision. Mentoring visit conducted in

				targeted sites for effective initiation of ART prescription. Efforts ongoing to pursue mentoring visits.
				A pool of mentors oriented on the mentoring system. Service providers from regions trained in ART provision. Mentoring visits conducted in targeted sites ART prescription effective in 6 regions. Efforts ongoing to scale up mentoring system.
			Togo	Mentoring manual developed and pool of mentors trained. Pediatric care guide developed and mentoring visit conducted to the regions. Efforts to scale up services ongoing.
Comprehensive HIV/AIDS care in a district hospital that includes disclosure and use of treatment monitors	<ul style="list-style-type: none"> <li>- Development of national guidelines and protocols</li> <li>- Set up of services (CT, PMTCT, ART)</li> <li>- Set up of HIMS</li> <li>- Development of laboratory capacities</li> <li>- Set up of treatment adherence monitoring system</li> </ul>	Ghana	Liberia	A training site established; training of providers conducted; National C&T guide developed; M&E system set and related tolls developed; ART sites increased from four to 15. Scale up efforts ongoing.
			Sierra Leone	National learning sites established; national training curriculum developed using Ghana curriculum as basis; services providers trained; national HMIS and LMIS set up. ART sites increased from 15 to 80 as of Dec2008. Effort being continued to scale up services.
Adapted services for sex workers and their sexual partners: a strategy to reduce STI transmission and minimize HIV/AIDS transmission	<ul style="list-style-type: none"> <li>- Set up of a friendly clinical centre</li> <li>- Peer education</li> <li>- Medical care and follow up (fixed and mobile)</li> <li>- Community support activities</li> <li>- Collection of data</li> <li>- Conduct of operational research</li> </ul>	SIDA-3/Regional		Adapted service site established in Yaoundé; service providers trained; technical tools developed; activity started and supervision visits conducted to site. Expansion of services started with 1 new additional site established in Douala. Efforts for scale up ongoing.
				Adapted service site established in Monrovia; service providers trained; technical tools developed; activity started and supervision visits conducted to site. Expansion of services started with 1 new additional site established. Efforts for scale up ongoing.
			Mauritania	Adapted service site established in Nouakchott; service providers trained; technical tools developed;

				activity started and supervision visits conducted to site. Expansion of services started with 1 new additional site established in Dosso. Efforts for scale up ongoing.
				Adapted service site established in Abia State; service providers trained; technical tools developed; activity started and one supervision visit conducted to site. Efforts for scale up ongoing with local supports.
				Adapted service site established in Freetown; service providers trained; technical tools developed; activity started at one site and supervision visit conducted to site. Expansion of services and efforts for scale up ongoing.
HIV counseling and testing campaign for youth	Annual Campaign including: - Inter-sectors collaboration (civil society, ministers of health, education and youth) - Consultative committee to lead the process including NACP and NAC - Combination of approaches (fixed and mobile services) - Use of existing resources	Burkina Faso	Benin, Cameroon, Guinea-Bissau, Niger	Campaign conducted and report finalized. National authorities dedicated to adopt the experience and make it an annual event.
Prevention of AIDS on migratory routes in West Africa	- Identification of major migratory routes - Mapping of sites - Training of animators and supervisors - Development of tools - Implementation of	FHA-PSI/Regional	Chad, Gambia, Guinea, Guinea-Bissau, Liberia, Mauritania, Niger, Sierra Leone	Migratory routes selected; mapping exercise conducted; providers trained; communication approach adapted and related tools developed. Minimum package of IEC/CCC services implemented. CT and STI services integrated. Local partners committed to pursue activities with local supports.

	<ul style="list-style-type: none"> <li>minimum package of services (IEC/CCC)</li> <li>- Integration of CT and STI services</li> </ul>			
Use of Islamic principles and values in support of the fight against HIV/AIDS	<ul style="list-style-type: none"> <li>- Identification of problems</li> <li>- Awareness of the need to act</li> <li>- Definition and adoption of coherent strategies</li> <li>- Implementation of adopted strategies</li> </ul>	Policy Project/ Network of Religious Leaders, Mali		Religious leaders sensitized. Strategies defined and implementation ongoing.
Adaptation and adoption of the law on HIV/AIDS	<ul style="list-style-type: none"> <li>- Identification of problems</li> <li>- Acknowledgement of policy requirements</li> <li>- Development and approval of policy documents</li> <li>- Implementation of adopted policy document</li> </ul>	Network of Parliamentarians, Benin	Burkina Faso, Cape Verde, Niger	HIV Law adapted, adopted and promulgated. Efforts to implement Laws ongoing.
Community financing of HIV/AIDS prevention	<ul style="list-style-type: none"> <li>- Integration of HIV/AIDS services in the mutual action plans</li> <li>- Training of peer educators</li> <li>- Outreach activities</li> <li>- Sale of condoms</li> </ul>	UCMSB, Benin		Action plan developed; peer educators trained and outreach activities being conducted. Efforts to integrate sale of condoms ongoing.
Community financing of counseling, care, and support for PLHIV	<ul style="list-style-type: none"> <li>- Set up of the centre and definition of services</li> <li>- Conduct of prevention activities</li> <li>- Provision of clinical care and biological services at a very low cost</li> <li>- Set up of community</li> </ul>	ARCAD-SIDA, Mali		CT centers established and efforts to scale up and strengthen services ongoing.

	support services			
Micro-Credit: Experience of the association “Espoir 27” of KOUMRA	<ul style="list-style-type: none"> <li>- Set up of a micro-credit plan</li> <li>- Contributions of members (membership and monthly)</li> <li>- Credits loan to members in need repayable over 12 month period interest-free</li> </ul>	Espoir 27, Chad	Burkina Faso	Micro-credit plan developed; modality of members’ contribution defined; credit loan ongoing. Efforts to scale up services also ongoing.

*\*As previously discussed and agreed with USAID/WA, for AWARE as a regional project, the direct beneficiaries of our interventions are the countries or institutions and organizations supported to replicate. We agreed that we could not count individuals (secondary beneficiaries) receiving services as a consequence of the replication given that these services were part of country programs and supported by bilateral agencies. We did rather discuss the possibility of estimating secondary beneficiaries. Further, we had nothing to do with the implementation of BPs in the originating countries.*

### Annex 3: Advocacy tools developed under AWARE-HIV/AIDS

Advocacy Tools	Specifics	Description	Country of Application	Comments
AIMs	Regional AIM (AIDS Impact Model)	Advocacy tool designed to collect and analyze information to help decision-makers on HIV and HIV-related issues. It exists in both English and French versions. They include power point presentations, brochures.	- Block of ECOWAS Countries  - Block CILSS  - CORRIDOR	Used in advocacy with evidence-based HIV and AIDS related issues in the sub-region.
	Country AIM	Advocacy tool designed to collect and analyze information to help decision-makers on HIV and HIV-related issues. It exists in both English and French versions. They include power point presentations, brochures.	Benin, Gambia, Mauritania	Used in advocacy with evidence-based HIV and AIDS related issues at the country level.
	Religious Leaders' AIM	Advocacy tool designed to collect and analyze information to help decision-makers on HIV and HIV-related issues. It exists in both English and French versions. They include power point presentations, brochures.	Burkina Faso (Muslim-Christian-Traditional leaders),  Niger (Christian- Muslim)  Guinea, Mauritania (Muslim).	Used in advocacy with evidence-based HIV and AIDS related issues to fight stigma and discrimination specifically with the involvement of religious leaders
Others	Advocacy tool for NAP+	Power point presentation with HIV context, evolution of infection without treatment and with treatment, HIV projections with strong	Cameroon, Chad, Gambia, Guinea Bissau, Liberia, Niger, Nigeria, Mauritania, Mali, Burkina Faso and Sierra Leone.	Used mainly by national networks of PLHIV

		response and without actions Need to achieve universal access.		
	Advocacy tools on counseling and testing (CT), Prevention of mother-to-child transmission (PMTCT), Access to treatment, Care and support for PLHIV, Gender issues	Power point presentations highlighting importance of access to CT, PMTCT and C&T services and approach with regard to the provision of the above services	Regional and national	Designed for advocacy activities for the implementation of regional and national advocacy plans in the areas of CT, PMTCT, C&T.
	DVD on the sub-regional advocacy days for the religious leaders (Christians, Muslims and Traditionalists)	Audio-visual proceedings of a regional workshop of religious leaders involved in the fight against HIV and AIDS held in Mali in March 2008	Regional	Used by various religious leaders to fight against stigmatization and discrimination associated with HIV/AIDS in West and Central Africa
	Cross border caravan products (DVD, DV Cam, BETA Cam, Brochures)	Various audio-visual and documentation materials showcasing eventful one-month-long caravan that was organized by AWARE-HIV/AIDS in 2005.	Regional	Used by various religious leaders to fight against stigmatization and discrimination associated with HIV/AIDS in West Africa

#### Annex 4: Policies developed with AWARE-HIV/AIDS support

Name	Description	Country	Status of implementation
HIV/AIDS model law	Law comprises seven components which include education and information on drugs to be provided by a health service; safe and secure practices required when dealing with blood donation, surgery, dental work, etc; regulation of traditional medicine; voluntary counseling and testing; health and counseling services; medical confidentiality and prohibition of discriminatory acts based on one's HIV status.	Countries covered by AWARE	Adapted in 11 countries of the region
HIV Law		Benin	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Burkina Faso	<a href="#">Adopted in 2008.</a>
		Cape Verde	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Chad	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Guinea	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Guinea Bissau	Promulgated and published in the official newspaper
		Mali	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Mauritania	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Niger	Promulgated and published in the official newspaper. Development of texts of application was initiated
		Sierra Leone	<a href="#">Adopted in June 2007</a>
		Togo	Promulgated and published in the official newspaper. Development of texts of application was initiated
Policy for Religious Leaders in the fight against HIV/AIDS	Describes religious leaders' intervention strategy and approaches in addressing HIV.	Burkina Faso	National policy adopted and being used to guide involvement of religious leaders in the fight against HIV and AIDS in the country.

		Chad	National policy adopted and being used to guide involvement of religious leaders in the fight against HIV and AIDS in the country.
		Mali	National policy adopted and being used to guide involvement of religious leaders in the fight against HIV and AIDS in the country
		Niger	National policy adopted and being used to guide involvement of religious leaders in the fight against HIV and AIDS in the country
Policies on counseling and testing among the Youth and care and support of young PLHIV	Describes counseling and testing services among the Youth and care and support of young PLHIV	Burkina Faso	National Youth HIV Policy on counseling and testing among the Youth and care and support of young PLHIV adopted and being used to guide efforts on increased access to counseling and HIV testing services for the youth, and CT including ARVs
		Gambia	National Youth HIV Policy on counseling and testing among the Youth and care and support of young PLHIV adopted and being used to guide efforts on increased access to counseling and HIV testing for the youth, PMTCT services and CT including ARVs
		Niger	National Youth HIV Policy on counseling and testing among the Youth and care and support of young PLHIV adopted and being used to guide efforts on increased access to counseling and HIV testing for the youth, PMTCT services and CT including ARVs
		Togo	National Youth HIV Policy on counseling and testing among the Youth and care and support of young PLHIV adopted and being used to guide efforts on increased access to counseling and HIV testing for the youth, PMTCT services and CT including ARVs
PMTCT Policy	Describes national strategy, approaches, norms, regarding PMTCT services	Mauritania	In use in the country in the design of PMTCT program
PMTCT SOPs	Comprehensive guidelines for the	Gambia	In use in the country in the implementation of

	delivery of PMTCT services		PMTCT services
		Mauritania	In use in the country in the implementation of PMTCT services
Counseling and Testing norms and procedures	Describes norms and procedures for HIV CT and testing algorithms.	Benin	In use in country in the provision of counseling and testing services
		Chad	In use in country in the provision of counseling and testing services
		Niger	In use in country in the provision of counseling and testing services
Counseling and Testing Supervision guide	Provides guidance on conducting supervision of HIV counseling and testing services to ensure quality	Benin	In use in country to guide in the supervision of counseling and testing services
		Cameroon	In use in country to guide in the supervision of counseling and testing services
		Guinea Bissau	In use in country to guide in the supervision of counseling and testing services
C&T pediatric guide	Guidelines on pediatric care for HIV infected children	Togo	Being used in the administration of HIV pediatric care in the country.

## Annex 5: Technical assistance to and by TLIs and TLNs

Type of Organization	Type of TA provided	Status of the Organization	Beneficiaries of services
<b>Regional Technical Leadership Institutions</b>			
Centre de Recherche Clinique et de Formation du Service des Maladies Infectieuses et Tropicales de l'Hôpital FANN de Dakar (SMIT)	<ul style="list-style-type: none"> <li>- Technical management</li> <li>- Organizational management</li> <li>- Marketing and resources mobilization</li> <li>- Skills transfer</li> </ul>	<p>Is self sufficient in skills transfer, organizational and technical management</p> <p>Needs more additional assistance in marketing and resources mobilization</p>	Provided TA to Guinea, Guinea Bissau, Mauritania, Niger and Togo in support of BP replications.
Centre d'Information, de Conseil et de Documentation sur le sida et la tuberculose (CICDoc)	<ul style="list-style-type: none"> <li>- Technical management</li> <li>- Organizational management</li> <li>- Marketing and resources mobilization</li> <li>- Skills transfer</li> </ul>	<p>Is self sufficient in technical and organizational management</p> <p>Needs more additional assistance in skills transfer, marketing and resource mobilization</p>	Provided TA to Benin, Cameroon, Guinea Bissau Niger and Togo in support of BP replications.
Cameroon Baptist Convention Health Board (CBCHB)	<ul style="list-style-type: none"> <li>- Technical management</li> <li>- Organizational management</li> <li>- Marketing and resources mobilization</li> <li>- Skills transfer</li> </ul>	<p>Is self sufficient in technical management and skills transfer</p> <p>Needs more additional assistance in organizational management and marketing</p>	Provided TA to Gambia, Liberia, Mauritania and Sierra Leone in support of BP replications.
Komfo Anokye Teaching Hospital of Kumasi (KATH)	<ul style="list-style-type: none"> <li>- Technical management</li> <li>- Organizational management</li> <li>- Marketing and resources mobilization</li> <li>- Skills transfer</li> </ul>	<p>Is self sufficient in technical management and skills transfer</p> <p>Needs more additional assistance in organizational management, marketing and resource mobilization</p>	Provided TA to Liberia and Sierra Leone in support of BP replications.
<b>Regional Technical Leadership Networks</b>			
West Africa Network of AIDS Service Organizations (WANASO)	<ul style="list-style-type: none"> <li>- Technical management</li> <li>- Organizational management</li> <li>- Marketing and resources mobilization</li> <li>- Skills transfer</li> </ul>	Still need TA in all four domains	National networks of AIDS service organizations and local NGOs: Mauritania, Guinea Bissau, Niger, Guinea Bissau, Togo, Benin, etc.

	- Advocacy		
West Africa Branch of Network of African People Living with HIV (NAP+ WA)	- Technical management - Organizational management - Marketing and resources mobilization - Skills transfer - Advocacy	Still need TA in all four domains	National PLHIV networks and associations in West and Central Africa: Burkina, Cameroon, Ghana, Niger, Liberia, Mauritania, Guinea Bissau, Chad, Burundi, etc.
Society of Women Against AIDS in Africa (SWAA)	- Technical management - Organizational management - Marketing and resources mobilization - Skills transfer - Advocacy	Still need TA in all four domains	National networks: Burkina, Cameroon, Chad, Mauritania, Niger and Togo.
<b>Others Organizations</b>			
Regional Coordination of Religious Networks	- Organizational management - Advocacy	Still need TA in all two areas	Religious leaders' networks/associations in Burkina, Mali, Niger and Senegal
Regional Coordination of Youth Networks	- Organizational management - Advocacy	Still need TA in all two areas	Youth networks in Burkina, Gambia, Niger and Togo
Regional Coordination of Journalists Networks	- Organizational management - Advocacy	Still need TA in all two areas	None
Forum of African and Arab Parliamentarians for Population and Development (FAAPPD)	- Organizational management - Advocacy	Still need TA in all two areas	National parliamentarians' networks: Benin, Burkina, Cape Verde, Chad, Guinea, Guinea Bissau, Mali, Mauritania, Niger, Sierra Leone and Togo
Pan African Writers' Association (PAWA)	- Organizational management - Advocacy	Still need TA in all two areas	None

## Annex 6: Countries and organizations supported through WAAF by Rounds

### Round I

Country	Organization	Technical Area of Implementation	Amount Awarded in US Dollars	Summary of Achievements
Burkina Faso	Population Services International (PSI)	Social Marketing, counseling and testing	40,000	<ul style="list-style-type: none"> <li>A total of 12 Counseling and Documentation (CICdoc) centers were provided with equipment for a total value of \$10,500 to assist in improving the quality by providing equipment to under equipped CICDoc centers</li> <li>To ensure the creation of an incentive for network members to strive for quality and to create quality benchmark, an assessment of the member sites was conducted for 11 CICdoc member sites. This assessment was used to establish a ranking of the best CICDoc centers. The top 3 (Oasis, Vie Positive, La Bergerie Centers) received promotional materials and equipments as an incentive for quality services.</li> <li>A marketing campaign was launched in December 2002 to increase consumer awareness and demand for VCT services in all 13 CICDoc centers.</li> <li>A production of “L’Eveil” radio spots in Dioula, More, Fulfude and French was done. The spots were broadcast through 6 radio stations in Ouaga, Koudougou, Ouahigouya and Pô.</li> </ul>
	Catholic Relief Services (CRS)	Capacity building of community based organisations in the area of care ; support to persons living with HIV/AIDS	10,000	<ul style="list-style-type: none"> <li>Community based care and support was organized in the Dioceses of Ouagadougou and Bobo Dioulasso. A total of 60 persons belonging to these dioceses received training on palliative care, nutrition, STI management and home-care based treatment. In addition to the training received, participants were offered the opportunity to practice these techniques through their associations and parishes in their respective communities.</li> <li>Volunteers from catholic associations and religious leaders who participated in the training sessions conducted home visits to PLWHA. Some were also involved in sensitization and anti stigma campaigns through their parishes or directly in their communities.</li> <li>Equipment comprising 2 motorcycles, 10 bicycles and 10 medical equipment kits were given to training participants for conducting home visits.</li> <li>CRS developed a training curriculum aimed at strengthening the capacity of the</li> </ul>

				<p>dioceses of Ouagadougou and Bobo Dioulasso to provide community care and support to people living with HIV/AIDS and to promote VCT. 15 persons were identified per dioceses by the Office of the President of the Diocesan Committee to participate in the 6 training sessions.</p>
	World Relief/Secours Mondial	Capacity building and provision of financial support to community based organisations working on prevention of AIDS and care and support to people living with HIV and AIDS.	25,000	<ul style="list-style-type: none"> <li>• Capacity of partner structures was built by conducting Training of trainers' workshops for counselors and animators. A total of 47 trainers were trained and each structure was granted financing to carry out training activities in its community.</li> <li>• Support networks have increased due to counseling and outreach activities to PLWHA.</li> <li>• World Relief conducted 2 workshop sessions aimed at providing training to 22 counselors' trainers and 25 animators' trainers. A total of 20 religious associations were provided micro financing for the conduct of activities. Out of the 20 beneficiary associations, 17 conducted training activities (counsel pre and post-test/animation). This second generation trainings have touched a total of 858 persons belonging to religious associations. The outreach activities conducted by the 3 other beneficiaries also reached an important number of persons (4,500,000 persons).</li> <li>• 2 TOT training sessions were held: 1 for counselors provided training to 22 counselors trainers. The other training gathered 25 animators trainers.</li> </ul>
Cameroon	Care & Health Program under FHI/FHA	Improvement in counseling and voluntary testing and capacity building.	75,000	<ul style="list-style-type: none"> <li>• FHI/FHA took responsibility for the implementation of activities in response to the proposal submitted by the US Embassy (financed through FHI/FHA core funds, \$75,000). These activities were carried out in coordination with other activities planned for Cameroon in FHI/FHA's FY02 and FY03 workplans. Specifically, these included: Training of trainers in VCT counseling, training of counselors in VCT skills, supervision visits to trained VCT counselors, infrastructure support to VCT resources in Kribi and Tiko; development and finalization of Policies, Norms and Procedures (PNP) in VCT, Development and finalization of VCT trainers and counselors' manuals.</li> <li>• Further infrastructure improvement to the 2 centres (i.e. Tiko and Kribi) launched under Round 1 was completed and 2 additional centres were established in Fouban and Kousseri District Hospitals. A total of 20 VCT counsellors were trained this year. English translation of the Policies, Norms and Procedures documents (PNP) as well as the national training manual and a training guide on HIV/AIDS and STI counselling was also completed before hand over of the documents to the MOH for</li> </ul>

				<p>wide dissemination.</p> <ul style="list-style-type: none"> <li>Cameroon, CHP duplicated 1,500 brochures developed by NACP and 20 video cassettes of productions created under the Family Health and Aids project (FHA).</li> </ul>
Cape Verde	Association Cape Verdienne pour la Protection de la Famille (VERDEFAM)	Prevention of infections, Treatment of Sexual Transmitted Infections.	75,000	<ul style="list-style-type: none"> <li>Verdefam was supported to reinforce existing HIV/AIDS prevention activities through clinical STI training and support equipment, BCC materials development and BCC training for local associations.</li> </ul>
Chad	ACODE	Information, Education and Communication targeting vulnerable populations on cross border.	50,000	<ul style="list-style-type: none"> <li>BCC materials were distributed to five health sites</li> <li>Training workshops for NGOs and journalists on use of FHA Message Guide on 18 Jan 6-, 2003 and Feb 10-14, 2002 respectively were held with 10 people participating in the case of NGOs and 19 in the case of the journalists.</li> <li>Early and effective diagnosis and management of STIs through improved services and healthcare was held for health care providers on Feb 10-14, 2002 with 15 people participating.</li> </ul>
The Gambia	GFPA	Prevention of infections and treatment of sexually transmitted infections; capacity building of service providers.	18,000	<ul style="list-style-type: none"> <li>STI syndromic management treatment, infection prevention and formative supervision training was done. The beneficiaries of these trainings were very positive about their experience particularly in terms of the syndromic management and infection prevention trainings. As a direct result of the syndromic management training, the health personnel at both the GFPA clinic and the Farafenni hospital said that they were able to use medications more efficiently and understood more fully what they were seeing in terms of specific STIs among their patients.</li> <li>The infection prevention workshop was also highly appreciated by all beneficiaries who immediately implemented much of what they had learned.</li> </ul>
The Gambia	Worldview	Information Education and Communication targeting vulnerable population on cross border site.	6,500	<ul style="list-style-type: none"> <li>Worldview developed and adapted PSAMAO bill boards, STI and VCT brochures and edutainment cassette for the campaign targeting truckers, seasonal workers and CSW.</li> </ul>
	Population Services	Purchase of medical equipment	14,000	<ul style="list-style-type: none"> <li>Farafenni General Hospital and Soma Health centres were supplied with minor medical equipment.</li> </ul>

	International sous couvert du projet Sante Familiale et Prevention du Sida (SFPS)			
Guinea Bissau	Population Services International (PSI)	Behaviour Change Communication targeting the youth	50,000	<ul style="list-style-type: none"> <li>A mass media IEC program targeting the youth in urban areas i.e The Tudo fichi campaign was organized.</li> </ul>
Liberia	Africare	Support to community based organizations implementing HIV and AIDS prevention activities, care and support to people living with HIV and AIDS.	75,000	<ul style="list-style-type: none"> <li>\$75,000 was awarded to Africare to carry out activities through a small grants mechanism: the organization of an HIV/AIDS training workshop targeting community-based organization (CBOs), a coordination seminar for CBOs, a peer educators training workshop, an HIV/AIDS training workshop targeting teachers, the establishment of health clubs in targeted schools and the production of IEC materials.</li> </ul>
Mauritania	Stop Sida	Support to community based organizations implementing HIV and AIDS prevention activities, care and support to people living with HIV and AIDS.	34,000	<ul style="list-style-type: none"> <li>A 3 day- training workshop was organized for 50 journalists from the public and private media sector from November 11 to 13. The objective of the workshop was to provide participants with a further insight on the question of HIV/AIDS and to train them on communication techniques, using the message guide developed by FHA/JHUCCP under the SFPS project.</li> <li>A total of 41 peer educators were trained through 2 workshops that took place in Rosso and Nouakchott (20 PE trained in Rosso, 21 in Nouakchott). This was followed by a refresher workshop conducted.</li> <li>A total of 20 religious leaders participated in each workshop on HIV/AIDS awareness. Following the workshops, the religious leaders were able to raise HIV/AIDS awareness issues and their message reached 600 persons.</li> </ul>
	Terre Vivante	BCC outreach targeting the youth	21,000	<ul style="list-style-type: none"> <li>Equipment namely 1 large TV set, 1 videl, 1 amplifactory, 2 speakerphones and 2 microphones were purchased.</li> <li>A 5-day workshop was organized for the development of 2 posters in French and Arab and 1 brochure in French, Arab, Pular and Soninke. 20 youths from Nouakchott participated in the workshop with a designer to develop the materials. The posters were duplicated in 250 copies and brochures in 1,250 copies that were</li> </ul>

				<p>disseminated to local associations to support discussion during tea-debates sessions and the public communication days. 100 promotional ‘tee’ shirts bearing the slogan ‘HIVAIDS is here: let’s protect us’ were produced.</p> <ul style="list-style-type: none"> <li>• A total of 24 tea-debate discussion sessions were conducted in Nouakchott and Rosso. 8 sessions were held in each district of Nouakchott and 8 sessions in Rosso.</li> <li>• 3 social mobilization events were conducted in Nouakchott (1 in each district of the project intervention areas) and Rosso.</li> </ul>
	Centre d'Etudes pour realiser l'Espoir de l'Enfant du Desert (C.E.R.E.E.D)	BCC outreach targeting administrative and religious leaders in the region of Rosso.	7,000	<ul style="list-style-type: none"> <li>• CEREED implemented an HIV/AIDS religious leaders’ workshop which was carried out in the cities of Adrar, Nema and Brakhna, an HIV/AIDS seminar for journalists and one for political/administrative leaders in Rosso.</li> </ul>
	Peace Corps	BCC outreach	8,000	<ul style="list-style-type: none"> <li>• Peace Corps was granted \$8,000 to organise community rallies in Rosso and along the Senegal River, as well as community mobilisation activity in the Atar Region.</li> </ul>
Niger	Regroupement des ONG et Associations du Secteur de la Sante du Niger (ROASSN)	Financial support for the implementation of micro credit projects, capacity building of community based organisations in prevention activities and care and support to PLWHIV.	75,000	<ul style="list-style-type: none"> <li>• A total of 4 accounting workshops were conducted in collaboration with CNPG (Centre National de Perfectionement a la Gestion). The workshops, which were of progressive levels, dealt with a variety of accounting themes. Participants were selected from a network of NGOs (ROASSN) working in the field of Health.</li> <li>• Two workshop sessions in project monitoring were conducted by SFPS/Tulane on August 16 (international NGOs) and on August 17 and 19, 2002 (local CSOs).The objective of the training was to enable CSOs to better manage their project from a programmatic perspective.</li> <li>• A workshop session providing intensive training in HIV/AIDS was offered to the project beneficiaries from November 27-29<sup>th</sup>, 2002. The workshop which was conducted by SFPS/FHI was fulfilling the objective of providing the 18 participants with deeper insight on HIV/AIDS technical aspects as well as on specific communication and BCC techniques and community-based mobilization strategies. In addition to STI/HIV/AIDS general knowledge, the themes of VCT, care and support as well as Niger HIV/AIDS national framework were also fully explored.</li> <li>• A proposal writing workshop was held from November 14-16 and 18-19, 2002 with the objective of improving CSOs writing and proposal design skills. A total of 30 participants took part in the workshop.</li> <li>• 4 NGOs were awarded financing to implement STI/HIV/AIDS intervention.</li> <li>• A total of 100 persons were trained in 4 villages (Dosso, Simiri, Koyira Gourma, Saya). The specific objectives of this intervention were to provide basic knowledge</li> </ul>

				<p>about the question of STI/HIV/AIDS to men and women leaving in rural areas and to enable them to disseminate this knowledge to their peers in the villages.</p> <ul style="list-style-type: none"> <li>• 65 traditional practitioners received HIV/AIDS training in Niamey (40) and Dosso (25).</li> <li>• A basketball tournament was organized in Niamey's stadium from July 29 to August 2, 2003. The objective of this program was to sensitize the youth in Niamey on STI/HIV/AIDS and the consequences of unprotected sex and unwanted pregnancies. A total of 60,000 condoms were distributed during this highly successful event. The 3 local TV channels also broadcast reports on the tournament. The event drew a tremendous crowd and was a big success ( more than 4,000 youth coming for each match, with a total of 10 matches played during the tournament)</li> </ul>
Sierra Leone	Care International	Condom social marketing	75,000	<ul style="list-style-type: none"> <li>• \$75,000 was granted to the US embassy in Freetown through Care International for the establishment implementation of a social marketing program.</li> <li>• A total of 529,920 condom units were sold in this round.</li> </ul>
Togo	Population Services International	VCT and BCC outreach targeting the youth	52,500	<ul style="list-style-type: none"> <li>• PSI/Togo has established three VCT Centers for youth. The total number of youth who received VCT services in these three sites were 1,109.</li> <li>• According to clinic data over 1,122 youth have received counseling and testing. The vast majority received services from the two Lome sites. The third site in Sokode was launched in April and has only seen 13 youth so far. The average number of youth seen per month has increased steadily since the initiation of services.</li> <li>• PSI provided basic infrastructure improvements as well as necessary equipment to establish confidential, quality VCT services. Equipment provided included refrigerators, necessary lab materials, centrifuges and TV and VCR for educational videos. PSI supplies all rapid test kits.</li> <li>• The national testing protocol was elaborated with PSI's assistance with the inclusion of the use of two rapid tests (Determine and Double Check). PSI has assisted on a few discordant results brought to its attention. Upon retesting it was found that most of these clients are actually negative and that national protocols including 2 drop smears may be insufficient.</li> <li>• PSI conducted a 2 week training for counselors and 1 week training for lab technicians held in Lome. PSI has trained 3-5 counselors per site and 2-3 lab technicians.</li> <li>• PSI has produced pamphlets and posters for promotion and identification of VCT sites as well as distribution by peer educators.</li> <li>• TV spots have run daily on two national TV channels since February.</li> </ul>

## ROUND II

Country	Organization	Technical Area of Implementation	Grant Awarded in USD	Summary of Achievements
Burkina Faso	Association Burkinabe des Sages Femmes (ABSF)	Prevention of infections; capacity building of service providers.	12,631	<ul style="list-style-type: none"> <li>Association Burkinabe des Sages Femmes (ABSF) was awarded funding to organize and deliver 4 infection prevention training workshops targeting midwives and women leaders in rural areas in the Seno and Boulkendie provinces.</li> <li>100 women received infection prevention training in May 2004, ABSF provided training to another 100 women from the Seno province, in December 2005, bringing the total number of women trained in infection prevention over the project to 200.</li> </ul>
	Initiative Privee et Communautaire (IPC)	Income generating activities	42,157	<ul style="list-style-type: none"> <li>Initiative Privee et Communautaire (IPC) created IGAs for PLWHA through the establishment of a partnership with community based organizations (CBOs) working in the field of Care &amp; Support to PLWHA.</li> <li>The second component was the provision to 8 CBOs of financing to either provide direct micro-credits to PLWHA or to conduct activities that will generate funds to allow those CBOs to conduct care &amp; support activities to PLWHA.</li> </ul>
	Africare	Voluntary Counseling and Testing.	45,000	<ul style="list-style-type: none"> <li>Africare conducted voluntary counselling and testing activities. To ensure successful implementation of a VCT clinic, training of local communities (i.e. administrative and religious leaders) and persons infected and affected by HIV/AIDS to support activities for a better community response was done.</li> <li>A partnership agreement was signed between Africare and the Centre for Information, Counselling and Documentation (CICdoc) to conduct training sessions for religious leaders and VCT counsellors in STI/HIV/AIDS and in Care &amp; Support of HIV/AIDS infected and affected persons. A total</li> </ul>

				<p>of 11 counsellors, 2 laboratory technicians and 82 administrative leaders were trained.</p> <ul style="list-style-type: none"> <li>• 52 religious leaders received training in home-based care &amp; support.</li> </ul>
Cameroon	Care & Health Project (CHP)	Voluntary Counseling and testing	100,000	<ul style="list-style-type: none"> <li>• <u>The Care &amp; Health Project (CHP)</u> has completed infrastructure improvement of the 2 centres (i.e. Tiko and Kribi) and established two new VCT centres in Foumban and Kousseri District Hospitals.</li> <li>• The English translation of the Policies, Norms and Procedures documents (PNP) and the national training manual and training guide on HIV/AIDS and STI has been done and handed over to the MOH for wide distribution.</li> <li>• In order to foster the demand for VCT services, promotion of the existing and new sites was conducted through the organization of orientations meetings targeting VCT site officials and health care providers in the existing sites of Tiko and Kribi and in Foumban and Kousseri. A total of 1,578 persons received testing in the 2 new centres of Foumban and Kousseri.</li> </ul>
Cote d'Ivoire	Chigata	Support to AIDS orphans	98,186	<ul style="list-style-type: none"> <li>• Chigata has established a centre for infected and affected children, which temporarily welcomes children in difficult situation where children could be adequately taken care of through educational, psychological, medical and nutritional support.</li> <li>• The centre permanently houses 7 children among whom 6 were children living with HIV/AIDS who received full medical, nutrition and psychological support over the whole project implementation period.</li> <li>• Intensive sensitization was conducted in the children families and respective communities to assist them overcome the fear of HIV/AIDS and ensure their effective re-integration when they are ready to return home.</li> <li>• Monthly gatherings between family members and the children were also organized at the centre in order to maintain family ties. The kids also received reproductive</li> </ul>

				health education and participated in a series of entertaining activities organized at the centre.
The Gambia	National Youth Council	Support to Pan African youth for the participation in Pan African conference on HIV/AIDS.	1,960	<ul style="list-style-type: none"> <li>04 members of the National Youth Council were sponsored to participate in the Panafrican Youth Conference in Dakar in 2004.</li> </ul>
	Catholic Relief Services (CRS)	Support and capacity building of PLWHA	75,000	<ul style="list-style-type: none"> <li>In The Gambia, Catholic Relief Services (CRS) implemented a two-dimensional project to support and mentor Santa Yalla Support Society (SYSS), the first PLWHA association in The Gambia. Support to SYSS was being provided at two levels: support for a functioning office and capacity building.</li> </ul>
Guinea Bissau	Association Guineene de Marketing Social (AGMS)	Behaviour Change Communication.	99,950	<ul style="list-style-type: none"> <li>The network of 60 peer educators delivered a total of 1,425 group discussion sessions, reaching a total of 15,111 youths in the cities of Bissau, Bafata and Gabu.</li> <li>2 TV and 4 radio spots on abstinence, condom use, personal risk management and the trusted partner myth have been produced and have being broadcast on local radio channels</li> <li>12 open public awareness and 02 events were conducted in the region of Bafata and Gabu during the same period.</li> </ul>
Mauritania	Stop Sida	Income generating activities; support to AIDS orphans; Behaviour Change Communication.	60,196	<ul style="list-style-type: none"> <li><u>STOP SIDA</u> implemented a package of interventions aimed at providing care &amp; support to PLWHA and to cover for the transportation cost of 30 PLWHA who come to STOP SIDA's centre to receive counselling and get treatment of opportunistic infections and support the transportation expenses for the NGO's health care provider.</li> <li>Stop SIDA organized and delivered a training session targeting 30 CBOs representative from the Brakna and Hod Elgharbi region.</li> </ul>
	Terre Vivante	Behaviour Change communication targeting the youth	40,000	<ul style="list-style-type: none"> <li><u>Terre Vivante</u> conducted 32 tea-debates sessions in Rosso, thereby reaching 864 youths</li> </ul>
Niger	Association Nigerienne pour le Traitement de la Delinquance et du Traitement du Crime	Behaviour Change Communication.	49,993	

- “Association Nigerienne pour le Traitement de la Delinquance” (ANTD) implemented a peer education project and Income Generating Activity project (IGA) targeting prostitutes in the cities of Tera, Ouallam,

	(ANTD)			Balleyara, Dosso and Kollo. ANTD created animation kiosks which served as venue for the conduct of small group discussion and interpersonal communication sessions among prostitutes. Income Generating Activities (IGAs) for 122 prostitutes were also supported as part of this project.
	Croix Rouge Francaise	Behaviour Change Communication.	19,601	<ul style="list-style-type: none"> <li>• <u>Croix Rouge Française</u> implemented a BCC project targeting youths and prostitutes in Niamey and its suburbs. The project consists of HIV/AIDS prevention outreach, specifically targeting students and teachers through theatre play, and a community-based component. Through this component, the NGO is providing institutional support to PLWHA associations.</li> <li>• Outreach activities were conducted in 45 schools, reaching 31,406 students and 1,263 teachers. Through the community-based component, a total of 947 persons were reached since January 2005 at which the community-based component activities were initiated.</li> </ul>
	Homme Environement Developpement (Hed Tamat)	Behaviour Change Communication.	24,999	<ul style="list-style-type: none"> <li>• HEDTAMAT's theatre group conducted a total of 15 outreach tours in the Agadez municipality and reached an estimated number of 16,788 persons (including 250 military). These outreach tours consisted of sketches, play roles and songs on HIV/AIDS transmission mode, STI/HIV/AIDS prevention, VCT and care and support to PLWHA.</li> </ul>
	Corps de la Paix	Behaviour Change Communication	5,463	<ul style="list-style-type: none"> <li>• AIDS Bike Ride 2003 was organised by the Peace Corps on the Niamey-Tahoua axis.</li> </ul>
Sierra Leone	Care International	Condom Social marketing.	100,000	<ul style="list-style-type: none"> <li>• <u>Care International</u> in Sierra Leone conducted condom social marketing activities. 980,640 units of "Protector Plus" male condoms were sold this reporting period, bringing the total number of condoms sold under the program since its launch - in May 2003- to 4,312,080</li> </ul>
Togo	Population Services International	Voluntary Confidential Testing	43,924	<ul style="list-style-type: none"> <li>• <u>PSI</u> in Togo, implemented activities aimed at strengthening the operation of the 5 VCT centres established in Lome, Sokode and Kara. They initiated (i.e. extension of operating</li> </ul>

				<p>hours, recycling and training of staff, equipment reinforcement, provision of rapid test kits). Among the 5 project sites 2 were operated in collaboration with Association Togolaise du Bien Etre Familial (ATBEF) in Lome.</p> <ul style="list-style-type: none"> <li>• A total of 1,697 youths were tested in the 3 centres that are currently operational (i.e. 1 in Lome, 1 in Kpalime and 1 in Kara). The counsellor manual was updated in collaboration with the National Aids Program (NAP).</li> </ul>
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### ROUND III

Country	Organization	Technical Area of Implementation	Grants Awarded in USD	Summary of Achievements
Burkina Faso	World Relief- Secours Mondial	Voluntary Counseling and testing (VCT); Behaviour Change Communication.	20,000	<ul style="list-style-type: none"> <li>• <u>World Relief</u> renovated 2 education and counseling centres for youths located in Piela and Fada.</li> <li>• Animation and counseling activities were initiated in both centres during the first quarter. A total of 10 youth animators and 02 counselors were trained in counseling and interpersonal communication techniques through the project. The youth animators conducted a total of 40 animation sessions reaching 2,600 youths.</li> <li>• Two thousand seven hundred and seventy persons received counseling in both centres while a total of 2,701 persons were tested at Fada and Piela General Hospitals.</li> </ul>

	Population Services International (PSI)	Sensitisation on Behaviour Change Communication; Media Mass campaign.	40,000	<ul style="list-style-type: none"> <li>• <u>Population Services International (PSI)</u> was selected to finalize the adaptation and broadcast of a media campaign on the national television network. The Trusted Partner Campaign was developed in Kenya and has been adapted to West and Central Africa as a regional/generic media campaign. PSI slightly adapted the 3 TV spots that were developed in Mali and Togo to the Burkina's context for better impact. TV broadcast of the spots was initiated.</li> </ul>
Cameroon	Association Camerounaise de Marketing Social (ACMS)	Behaviour Change Communication ; Mass campaign against Cross Generational sex	100,000	<ul style="list-style-type: none"> <li>• <u>ACMS</u>, tackled the issue of cross-generational sex. The project which targeted girls 15-24 years old and men over 30 years old in Yaounde, Douala and Bamenda, included a KAP study administered to youth in Douala, Yaounde and Bamenda and the development of 2 TV spots and subsequent round table discussions to reinforce the mass media campaign. Official campaign launch took place on June 23, 2005 in Yaounde with the participation of the Secretary General at the Ministry of Public Health and a representative from The US embassy in Cameroon.</li> </ul>
The Gambia	North Bank Divisional Aids Committee (DAC) under Sphinx Associates	Renovation of building	69,819	<ul style="list-style-type: none"> <li>• <u>Sphinx Associates</u> served as umbrella organization for North Bank Divisional Aids Committee (DAC) for the establishment of an HIV/AIDS resource centre. An HIV/AIDS resource centre has been established.</li> </ul>
Guinea Bissau	Communita de San Egidio	Care and support to PLWHIV/PLWHA	99,700	<ul style="list-style-type: none"> <li>• <u>San Egidio</u> implemented a VCT/medical follow-up intervention targeting 1,000 tuberculosis patients. 40 patients were enrolled in the therapeutic and medical follow-up program. San Egidio has established a well equipped medical facility for tuberculosis patients who, in addition to receiving treatment, were also tested for HIV/AIDS and undergo medical and therapeutic follow-up when</li> </ul>

				tested positive.
Liberia	Christian Health Association of Liberia (CHAL)	Capacity building ; Voluntary Counseling and Testing	99,989	<ul style="list-style-type: none"> <li>• Ten (10) HIV/AIDS counselors took part in training of trainer's workshop in Botswana for month.</li> <li>• A total of six (6) VCT centres have been set up in two counties namely Lofa and Gbarpolu.</li> <li>• Three (3) VCT centres were established in each of the two counties. The three districts in the Lofa County that benefited include Voinjama, Kolahun and Foya districts.</li> <li>• The centres have been equipped with IEC materials, (6) TV sets, (6) DVD recorders, (12) tables and (30)chairs.</li> <li>• Fifty (50) health personnel were trained in counseling and testing procedures for the benefit of the VCT centres.</li> <li>• A training manual on the basic facts about HIV/AIDS, STIs and counseling has also been produced by CHAL to be used by the VCCT counsellors and peer educators.</li> <li>• A total of one hundred (100) persons were trained in HIV/AIDS and STIs prior to the establishment of the centres to carry out HIV/AIDS and STIs awareness within their communities.</li> </ul>
Mauritania	Stop Sida	Income generating activities/support to AIDS orphans; Behaviour Communication Change targeting the youth and women.	20,000	<ul style="list-style-type: none"> <li>• Stop SIDA implemented a package of interventions aimed at providing care &amp; support to PLWHA: a contribution to cover for the transportation cost of PLWHA who come to STOP SIDA's centre to receive counselling and get treatment of opportunistic infections and support the transportation expenses for the NGO's health care provider. The health care provider was hired by Stop SIDA provided pre and post counselling services at its medical centre, as well as home-based medical care to PLWHA.</li> </ul>
	Terre Vivante	Behaviour Change	1,007	<ul style="list-style-type: none"> <li>• <u>Terre Vivante</u> conducted 32 tea-debates sessions</li> </ul>

		Communication targeting the youth.		in Rosso, thereby reaching 864 youths
	Nedwa	Development and production of BCC tools.	15,000	<ul style="list-style-type: none"> <li>• <u>Nedwa</u> produced 120 spots (40 seconds to 1 minute each) in 4 local languages also targeting the youth. The spots addressed the issues of STI/HIV/AIDS, fidelity, responsibility towards others, personal risk management, abstinence and living with AIDS. The spots are currently being broadcast on local radio channels.</li> </ul>
	Bababe Aids Association sous couvert de Stop Sida	BCC targeting the youth and community in general.	9,810	<ul style="list-style-type: none"> <li>• <u>The AIDS Association of Bababe</u> initiated delivery of a 3-step AIDS education/awareness project targeting youth in addition to adults in rural communities. The association delivered awareness conferences, reaching a total of 1607 persons.</li> </ul>
	Education on Material for the population of Boghe (EMPB) sous couvert de Stop Sida	Sensitisation for Behaviour Change Communication	2,754	<ul style="list-style-type: none"> <li>• <u>Education on Material for the Population of the community of Boghe (EMPB)</u> held informational IEC sessions and large youth conference meetings. 8 HIV/AIDS conferences targeting the youth was conducted.</li> </ul>
	Ligue des Experts Defenseurs des Droits des Enfants et Adolescents (LEXDEF)	Sensitisation on Behaviour Change Communication targeting the youth.	16,000	<ul style="list-style-type: none"> <li>• <u>Ligue des Experts Defenseurs des Droits des Enfants et Adolescents</u>, also focussed on youths, delivering small group, open public discussions and movies shows in high schools in the Aftout region and in the suburbs of Nouakchott. 89 BCC teach sessions were delivered. 10 health community agents received training in the delivery of psychosocial support.</li> </ul>
	Direction Regionale de la Promotion Sanitaire et Sociale (DRPSS) Gorgol sous couvert de Stop Sida	Capacity building of members of community based associations.	3,114	<ul style="list-style-type: none"> <li>• <u>DRPSS</u> successfully completed a three-day peer educators training for 325 members of youth focused CBOs in the <u>Wilaya of Gorgol</u>.</li> </ul>
	Direction Regionale de la promotion Sanitaire et Sociale (DRPSS)	Sensitization on Behaviour Change	4,389	<ul style="list-style-type: none"> <li>• 15 religious leaders, 11 health care providers<sup>1</sup> were targeted by the “Direction Regionale de la</li> </ul>

	Tidjicka sous couvert de Stop Sida	Communication targeting service providers medical		Promotion Sanitaire et Sociale” ( <u>DRPSS</u> ) in the <u>Tidjikja community</u> . In May and June two 3-day educational sessions addressing the themes of Islam and AIDS for the religious leaders and STI/HIV/ for health care providers were conducted.
Niger	Reseau des Partenaires des Arts Vivants pour le Developement (RAV)	Sensitisation Behaviour Change Communication targeting the youth, truckers and migrants.	15,580	<ul style="list-style-type: none"> <li>The “<u>Reseau des Arts Vivants</u>” (RAV) implemented BCC outreach in high schools in the urban communities of Niamey. The sessions were held under the form of plays performed by a theatre band, using a participative approach (i.e. theatre forum). A total of 20 schools were visited, reaching a total number of 6,522 persons.</li> <li>RAV also delivered outreach tours in 16 villages in the Tahoua region of Niger with the objective of targeting truck drivers and migrant populations, reaching a total of 7,890 persons ( 4,240 men, 1,865 women and 17,85 youths).</li> <li>In the Framework of the same intervention, RAV delivered a training workshop in collaboration with NACP, thereby providing HIV/AIDS training to 14 actors</li> </ul>
	Marketing Social / prevention Sida	Development and production of communication tools for Behaviour Change Communication. (Documentary film).	46,429	<ul style="list-style-type: none"> <li>Marketing Social produced a 52 minutes documentary of HIV/AIDS. The documentary, provided testimonies from PLWHA, ordinary people as well as persons involved in the fight against HIV/AIDS with the objective of showing a realistic view of HIV/AIDS in Niger to the Nigerien population. This documentary which is called “The reality of HIV/AIDS in Niger” won a strong support from the local health authorities.</li> </ul>
	Troupe les Messagers du Sahel	Development and production of communication tools for Behaviour Change Communication. (Television series).	25,167	<ul style="list-style-type: none"> <li><u>Troupe les Messagers du Sahel</u> produced 3 episodes of Kiri Kiri, the highly praised local television series. The episodes addressed the themes of STI/HIV/AIDS, condom use, CT and unwanted pregnancies.</li> </ul>

	Corps de la Paix	Sensitisation on Behaviour Change Communication	5,463	<ul style="list-style-type: none"> <li>In December 2004, an 8-day bike ride was conducted along the Maradi–Zinder axis by <u>Peace Corps volunteers</u>. 32 HIV/AIDS IEC sessions were delivered in Hausa to rural communities, reaching a total number of 13,135 persons.</li> </ul>
Sierra Leone	Care International	Social Marketing of condom.	100,000	<ul style="list-style-type: none"> <li><u>Care International</u> in Sierra Leone continued its implementation of the condom social marketing activities implemented during the 2 previous rounds. A total of 529,920 condom units were sold.</li> </ul>
Togo	Cercle de Reflexion pour l'Emergence des Jeunes (CREJE)	Care and support to PLWHIV/PLWHA	25,000	<ul style="list-style-type: none"> <li>CREJE Togo implemented a medical psychological and nutritional support project provided to PLWHA in Atapkame. Two hundred home visits were paid to 138 PLWHA, 19 auto-support sessions were conducted, with the participation of 175 PLWHA and 6 nutritional demonstration sessions were delivered with the participations of 86 persons.</li> </ul>
	Population Services International	Voluntary Confidential Counseling and Testing.	75,000	<ul style="list-style-type: none"> <li>Population Services International (PSI) implemented a mass media campaign targeting youth (15-29) in Ouagadougou.</li> <li>Three spots on the theme of the trusted partner myth were broadcast 128 times on national television. The campaign was conceived to break the erroneous conceptions that often relate trust and personal risk perception among youth. A final evaluation study revealed that the persons who were exposed to the campaign have initiated a behaviour change start and have experienced a higher risk perception in light of HIV/AIDS and this, to a larger extent than those who were not exposed to the campaign.</li> </ul>

## ROUND IV

Country	Organization	Technical area of implementation	Grant Awarded	Summary of Achievements
Burkina Faso	Africare	Behaviour Change Communication	\$37,000	<ul style="list-style-type: none"> <li>Africare implemented BCC project targeting youth through the establishment of peer educator networks and the delivery of soccer games tournaments in the Yatenga, Loroum, Passore and Zondoma provinces.</li> <li>48 Kick AIDS coaches were trained. Identification and training of 778 Kick Aids players, constituting a total of 40 teams was completed in all four Kick AIDS league sites.</li> <li>48 PLWHA were identified and provided with meals and psycho-social support from youth in the Kick AIDS program. The prime objective of this project was to mobilize communities around the Kick AIDS soccer league, while ensuring that the focus on HIV prevention and care is at the forefront of its activities.</li> </ul>
	AIDS Empowerment & Treatment International (AIDSETTI)	Behaviour Change Communication	\$25,000	<ul style="list-style-type: none"> <li>AIDSETTI initiated BCC activities targeting youths in the Titao and Dano regions with the implementation of HIV/AIDS discussion sessions and video projections, the development and production in More and Dioula theatre play as well as holding of musical sensitization sessions</li> <li>31,663 people took part in 150 educational chats sessions on ways of transmission and means of prevention; wearing of male and female condoms; vulnerability of the youth to HIV/AIDS, advantages of voluntary counseling and testing of HIV/AIDS.</li> <li>76 films were shown at the project sites to 34,553 people followed by discussions. 14 theatre forums were realised and a total of 9,900 benefited.</li> <li>Musical shows on HIV/AIDS were realized benefiting 2,288 people for the two sites. There was a total of 24 radio broadcasts on HIV/AIDS prevention.</li> </ul>
	Association Espoir pour Demain (AED)	Care & Support	\$38,000	<ul style="list-style-type: none"> <li>Association Espoir pour Demain (AED), based in Bobo Dioulasso, initiated psychosocial, medical, nutritional and educational support targeting infected and affected women, children and teenagers.</li> <li>12 AED counselors were trained in VCT, adherence counseling and care before they started providing psychosocial counseling sessions in three health care delivery sites. Smaller group counseling sessions for PMTCT, adherence counseling, VCT, care &amp; support to PLHIV and individual sessions were provided daily in the three centers.</li> <li>A total of 540 women attended psychosocial session this reporting period.</li> </ul>

				<ul style="list-style-type: none"> <li>• 6 monthly self-support sessions for 25 PLHIV were held and financial support was provided to 49 infected children for cost of drugs, and biological exams.</li> <li>• Similarly, in the framework of providing basic care to infected and affected children and teenagers, school fees and school materials were provided for 10 children and 10 teenagers.</li> <li>• Formula milk was donated to 20 infants born to HIV/AIDS infected mothers below the age of seven months.</li> <li>• talk/debate on HIV/AIDS organized reaching a total number of during the talks 14177</li> <li>• 395 people requested to do personal counseling, 304 accepted to do HIV/AIDS testing whereas 249 were referred.</li> <li>• 33 HIV/AIDS positive cases were detected being 10% of people tested. Out of the number 14 children aged between 6 to 15 years and 7 pregnant women were referred to AED and 11 to other associations.</li> <li>• In all 150 persons sub divided into 6 groups with 25 in each group benefited from the auto support group. The group also strengthened their knowledge on the subject of HIV/AIDS, modes of transmission, measures to take to prevent infection and re-infection.</li> <li>• Conduct of Home visit: in all 288 home visits were conducted throughout the project.</li> </ul>
Chad	World Vision	VCT/ Care & Support	\$100,000	<ul style="list-style-type: none"> <li>• World Vision implemented programs aimed at providing Psycho Social Support (PSS) to Persons Living with HIV/AIDS (PLWHA), voluntary counseling and testing (VCT), sensitization and communication activities.</li> <li>• 7 counseling and testing points (health centers) were supported in two districts - Moundeo and Laokassy. 1186 people were counseled and tested.</li> <li>• 3 counseling training workshop for counselors were organized 2 in Moundou and 1 in Laokassy. 87 community members were trained during these workshops in order to be community counselors.</li> <li>• 199 PLWH received training about life association and how they can work together, survive, share ideas and strongly fight against the stigma that many PLWH are facing in their communities.</li> <li>• 8 local NGOs involved in fighting against AIDS were assisted to provide nutritional support to PLWA.</li> <li>• 1973 people from 52 villages were sensitized on HIV/AIDS prevention.</li> <li>• A 2 day meeting and a training session was conducted with Muslims religious authorities to get support and involvement in the sensitization activities. 97</li> </ul>

				<p>Muslim leaders and 11 Souprefets of Moundou region attended the training.</p> <ul style="list-style-type: none"> <li>67 Muslim women leaders also participated in the sensitization workshop. It is interesting to note that after these training activities, the Muslim community who were totally absent with regards to the fight against HIV/AIDS rejoined the battle.</li> </ul>
Cameroon	Fobang Foundation	Support to PLWHA/ capacity Building, capacity building teachers network	\$97,374	<ul style="list-style-type: none"> <li>Fobang Foundation (FF) implemented a multidimensional project providing economic support and capacity building of PLWHA through the establishment of a vocational training center for mushroom gardening and the production of bed nets. FF also trained trainers of trainers to promote messages on AIDS prevention using popular theatre and interactive cartoon series on topics that cover the demystification of the causal origin of AIDS, improved health behavior and stigma alleviation.</li> <li>20 persons received training in VCT counseling. FF produced 2 manuals which served as a teaching kit and a workbook for Secondary and High School Health Clubs that have been developed on stigma alleviation and on sexuality/reproductive health. A play entitled 'Boomerang' depicting the stigma surrounding AIDS and its alleviation has been acted and 200 VCDS has been produced for schools. The play has been aired 8 times on the television.</li> <li>87 recipes were collected from the 5 regions of the Cameroon to improve on the nutritional and food habits of PLWHA. A nutritional manual has been developed.</li> <li>Regular sessions were held to educate PLWHA on how to grow mushrooms. The first cohort of PLWHA that were trained was 10 people.</li> <li>FF also gave microfinance loans to people to improve their mushroom business.</li> <li>14 generation trainers who will in turn carry the training of others in their regional high schools to perform both in school in the village community and a refresher course on community theatre were trained.</li> <li>10 school health club masters and 14 university students were drilled on the importance of message content and community ownership in popular theatre.</li> <li>FF organized 4 sessions of training involving teachers and drama groups in Yaounde.</li> <li>10 clubs average 55 members were sponsored for health promotion activities within 2006-2007. A total of 20,000 students were reached.</li> </ul>
Cape Verde	Platform of NGOS	Care & Support/ Capacity Building/ VCT	\$100,000	<ul style="list-style-type: none"> <li>Platform of NGOs was awarded a grant for institutional capacity building, care and support to AIDS orphans, voluntary counseling and testing initiatives to scale up prevention efforts in the fight against HIV/AIDS in Cape Verde.</li> <li>The institutional capacity has been strengthened through the purchase of office</li> </ul>

				<p>equipment. Two (2) regional workshops were held in Praia and Barlavento. A total of forty eight (48) participants were present. The workshop deliberated on new strategies in the fight against AIDS. It also reviewed the National Strategic Plan (2006 – 2010) in fighting against HIV/AIDS.</p> <ul style="list-style-type: none"> <li>• One (1) national meeting of NGOs and CBOs to exchange experiences in the intervention efforts in the fight against AIDS was held.</li> <li>• Thirty two (32) member NGO's participated in the national meeting. Participants were drawn from different municipalities across the country.</li> <li>• A national workshop was held in Praia on the strategies of micro credit for HIV/AIDS victims on the planning and coordination of activities on the fight against AIDS.</li> <li>• Two (2) television advertisements, two (2) radio advertisements were produced and broadcast on the national radio. A total of twelve (12) radio programs have been broadcast four (4) times. In all, forty eight (48) broadcasts were done.</li> <li>• A one (1) hour round table radio discussion was held to sensitize the public about voluntary testing.</li> <li>• Seventy six (76) animation sessions have also been held. A day was also set aside for sensitization programs. In all, One hundred and seventy five (175) participants took part in these sessions.</li> <li>• Seventeen (17) families and thirty (30) orphans benefited from psycho-social support continuous financial support in terms of payment of school fees, transportation, and purchase of materials for school.</li> <li>• Fourteen (14) families also benefited from provision of micro-credit support.</li> </ul>
The Gambia	The Gambia Red Cross	BCC Outreach	\$99,976	<ul style="list-style-type: none"> <li>• The Gambian Red Cross implemented an outreach activities based on the Stepping Stones concept which is a participatory approach for STI/HIV/AIDS prevention in communities.</li> <li>• Ten (10) schools within the communities were sensitized to engage in abstinence from sex.</li> <li>• Condoms were distributed on monthly basis to 50 communities.</li> <li>• 60 listening groups were created.</li> <li>• The project has made a lot of impact on the community:</li> <li>• Action plans have been developed by community members</li> <li>• Two communities have received support from Social Development Fund to implement skills development programs</li> <li>• Communities are now initiating their own activities (Condom distribution during</li> </ul>

				<p>festivals)</p> <ul style="list-style-type: none"> <li>• Community drama groups are performing in their communities</li> <li>• Traditional Communicators are performing in their community and other communities surrounding them</li> <li>• There is high demand for condom from all the villages</li> <li>• STI patients are being seen and referred to clinics by Facilitators</li> </ul>
Guinea Bissau	San Egidio	Care & Treatment PLWHA	\$100,000	<ul style="list-style-type: none"> <li>• <b>Sant Egidio</b> was awarded a grant to implement an HIV treatment of TB patients in the ‘Comunita di Sant’ Egidio’ Hospital in Bissau. The main activities which were undertaken included, training of the Hospital personnel, Inpatients Health Education – Outpatients Health Education and home assessment visits.</li> <li>• <b>Training of Hospital Personnel</b> <ul style="list-style-type: none"> <li>➤ A total of 100 daily meetings were held by medical doctors in order to revise the most complicated cases amongst inpatients. 6 medical doctors participated in the meetings.</li> <li>➤ One hundred and forty five (145) cases were examined during the meetings while 66 X-Rays were done.</li> <li>➤ Five (5) monthly meetings on medical and scientific issues were held. Discussions included topics on: Hypertension in TB patients, Multidrug resistant.</li> <li>➤ A three (3) day intensive training on Tuberculosis was held.</li> <li>➤ A Five (5) day training on Nutrition in TBA/HIV infected patients were conducted. In all one hundred and sixty (168) people attended the training workshop. Participants included medical doctors, nurses and laboratory staff.</li> </ul> </li> <li>• <b>In patients and outpatients’ health education</b> <ul style="list-style-type: none"> <li>➤ Twenty (20) lessons for inpatients were held in five months. 1375 inpatients participated in the lessons. Indirect beneficiaries of the lessons included relatives of in patients who came to visit them. The lessons held included: <ul style="list-style-type: none"> <li>○ Prevention and transmission of water-borne infections</li> <li>○ Respiratory infectious disease</li> <li>○ Malaria prevention and transmission</li> <li>○ Food and Nutrition</li> <li>○ Water and food borne disease.</li> </ul> </li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>➤ Eighty (80) lessons for outpatients were held for five months. One thousand three hundred and ten (1310) outpatients participated in the lessons.</li> <li>• <b>Home assessment visits</b> <ul style="list-style-type: none"> <li>➤ 65 home visits were conducted in five months. 22 of the home visits were outside of Bissau. 6 children were visited, 4 of whom were orphans.</li> <li>➤ The personnel who visited the homes included 1 medical doctor, 3 nurses and 4 PLWA (3 women and 1 man).</li> </ul> </li> </ul>
Mauritania	Stop Sida	VCT	\$100,000	<ul style="list-style-type: none"> <li>• Stop Sida has established a CT and informational centre for the youth. The centre is located in Nouakchott and is a venue where youth from the neighbourhood gather and receive computer training, get information on STI/HIV/AIDS and are offered counseling and testing services. <ul style="list-style-type: none"> <li>○ 20 peer educators have received training in order for them, to be able to sensitize youth coming to the centre and those in the neighbourhood, against STI/HIV/AIDS.</li> <li>○ Auto support group for PLWHA as well as medical consultations were conducted in the centre once a week.</li> <li>○ 20 peer educators were trained, 2,635 youth have visited the centre.</li> <li>○ 1420 animation sessions were held, 1,132 internet classes were delivered and 63 pre counseling sessions were offered and 59 tests and post counseling sessions were conducted.</li> <li>○ A total of 27 women and 20 men received medical care services. In order to stimulate the demand in the neighbouring moughattas, awareness and promotional events were conducted, in addition to a 1 hour radio promotional broadcast.</li> <li>○ 1,409 animation sessions were held, 50 internet classes were delivered and 105 pre counseling sessions were offered. 105 post counseling sessions were also conducted.</li> </ul> </li> </ul>
Niger	Espoir Niger	Care & support to PLWHA	\$19,965	<ul style="list-style-type: none"> <li>• Espoir Niger implemented a multidimensional intervention by conducting BCC outreach through the establishment of peer educator networks in 38 fadas (Small neighbourhoods), offering CT services at the NGOs clinic, conducting home based care activities as well as implementing a tailoring program course targeting 10 HIV/AIDS infected and affected women. <ul style="list-style-type: none"> <li>○ A total of 48 persons received CT services at Espoir Niger's clinic</li> <li>○ 76 peer educators were trained and delivered a total of 592 small group</li> </ul> </li> </ul>

				<p>discussions.</p> <ul style="list-style-type: none"> <li>○ 967 interpersonal communication sessions, reaching 5,220 and 1,467 persons respectively were held.</li> <li>○ 46 home visits were paid to provide psychosocial support to PLWHA and 10 infected /affected women were enrolled in a tailoring course.</li> <li>○ A total of 101 participants underwent retraining to enhance their knowledge on STI/HIV/AIDS in a bid to halt the spread of the disease in the nine neighbourhoods of the Niamey urban community.</li> <li>○ Additional equipment was purchased for the organisation's laboratory to assist in voluntary testing. 5 team members made up of an advisor psychologist, 1 social worker, 2 laboratory assistants and a nurse were contracted as part of reviving the activities of the association. The team conducted 136 tests out of which 42 were males and 94 males</li> <li>○ A competition aimed at raising awareness on HIV/AIDS was also organized. 992 students who took part were drawn from 18 schools.</li> <li>○ Cross country running was also organized all aimed at sensitizing communities against HIV/AIDS. 25 physical education teachers were mobilised to assist in the event. 160 people participated.</li> </ul>
	Organization Nigerienne pour le Developpement a la base du Potentiel Humain (ONDPH) / DIMOL	BCC outreach	\$40,001	<ul style="list-style-type: none"> <li>● <u>ONDPH</u> initiated implementation of outreach activities targeting youths and prostitutes in 08 villages in the Diagourou and Kokorou districts in the goldfield zone of Koma Bangou Tera. At the end of the reporting period: <ul style="list-style-type: none"> <li>○ A total of 20 prostitutes, 20 religious leaders and 40 peer educators were trained in communication techniques and STI/HIV/AIDS.</li> <li>○ 2 mass open public animations, 500 small group discussion, 388 interpersonal sessions.</li> <li>○ 241 IEC/ film projections sessions were delivered, reaching a total of 18,843 persons.</li> </ul> </li> </ul>
	Reseau des Acteurs Intervenant dans la Lutte contre le SIDA et les Infections Sexuellement Transmissibles-RAIL/SIDA/IST-	BCC outreach/ Capacity building	\$29,833	<ul style="list-style-type: none"> <li>● RAIL SIDA embarked on a two dimensional projects focussing on BCC outreach targeting in-school youths and their teachers in three districts of the Maradi region and on building the capacity of the network. <ul style="list-style-type: none"> <li>○ RAIL SIDA commemorated the celebration of the World AIDS day in December 2006 with the distribution of 5,000 flyers on HIV/AIDS as well as condom distribution.</li> <li>○ A debate on the state of HIV/AIDS in Niger was organized. The event brought together three (3) NGOs.</li> </ul> </li> </ul>

	NIGER / Peace Corps			<ul style="list-style-type: none"> <li>○ A cultural night on the theme “Youth and HIV/AIDS’ was organized by the five (5) youth groups.</li> <li>○ 1000 copies of RAIL INFO was published which contained vital information on the members of the network regarding the commemoration of the celebration of the World Aids Day.</li> <li>○ Publication of five hundred (500) brochures on the structures and systems of the network was done.</li> <li>○ 4 IEC bill boards with information sensitizing people against AIDS were erected.</li> </ul>
Sao Tome	The Sao Tome Association for Family Planning (ASPF)	BCC, Counseling and Testing	\$100,000	<ul style="list-style-type: none"> <li>● The Sao Tome Association for Family Planning (ASPF) initiated the implementation of a Behavior Change Communication (BCC) and Counseling and Testing (CT) promotion project in August 2006. <ul style="list-style-type: none"> <li>○ A large community awareness campaign including Interpersonal Communication (IPC) sessions, mass media campaign targeting youth as well as sensitization activities specifically targeting armed forces, political and administrative leaders were implemented. Separate workshops were organized for 15 health workers, 15 traditional leaders, 15 religious leaders, 15 political leaders and 15 members of parliament.</li> <li>○ ASPF also organized and delivered community-based outreach activities by the youth peer educator network, interpersonal communication sessions, as well as small group discussion in 7 districts in São Tomé as well as the autonomous region of Principe.</li> <li>○ 70 bicycles, 04 motorcycles, 70 bicycles, 01 computer, 01 photocopier, 01 amplifier, 04 TV set, 04 DVDs, 01 video recorders. 70 peer educators who form the national network of peer educators were involved in community-based awareness campaigns as well as in the dissemination of information on the availability of free VCT services</li> </ul> </li> </ul>
Sierra Leone	The International Rescue Committee (IRC)	Voluntary Confidential Counseling and Testing (VCCT)	\$100,000	<ul style="list-style-type: none"> <li>● The International Rescue Committee (IRC) initiated implementation of Voluntary Confidential Counseling and Testing (VCCT) and the use of Post Exposure Prophylaxis (PEP) services targeting sexual assault victims. In addition, IRC incorporated and developed a component on HIV/AIDS education, as well as the importance of early reporting for efficient Post- Exposure Prophylaxis (PEP) treatment, for sexual assault survivors into its existing basic sensitization activities (i.e. radio programs, focus group discussions, public events sensitization etc). <ul style="list-style-type: none"> <li>○ IRC has established three (3) Sexual Assault Referral Centers (SARCs), commonly known as Rainbo Centers, in the Western and Eastern Provinces</li> </ul> </li> </ul>

				<p>of Sierra Leone so that survivors of sexual assault could access appropriate, quality services and care following incidents of rape or other forms of sexual assault.</p> <ul style="list-style-type: none"> <li>○ In addition to preventing HIV/AIDS among victims of sexual assault IRC established guidelines and protocol for adult and pediatric VCCT and PEP administration at the Freetown Rainbo Center.</li> <li>○ 425 clients were provided with pre-counseling services</li> <li>○ 327 clients were provided with VCCT services, while 16 opted for PEP</li> <li>○ 16 clients received a full year PEP regiment</li> <li>○ 12 Rainbo center client volunteers and 9 school social club members were identified. 21 peer educators received training whereas 21 adolescents received follow up training as peer educators. 185 education sessions conducted. Through role plays, participants were able to demonstrate an understanding of the skills and topics discussed during the trainings and developed a plan of action for implementing the skills learned.</li> </ul>
Togo	CREJE/ AKARALE	Support to PLWHA/ capacity Building	\$20,000	<ul style="list-style-type: none"> <li>● The associations CREJE/AKARALE implemented a medical psychological and nutritional support project targeting PLWHA in Atapkame. Activities undertaken by CREJE/AKARALE under WAAF project include, home visits, Group support meetings, culinary demonstrations and Mass sensitization.</li> <li>○ Home visits conducted reached a total of 632 people. 308 PLWAs of the two associations had access to medical care. There were 96 consultations.</li> <li>○ 29 group support meetings were held from February to October 2007 reaching a total of 457 PLWAs. Out of the 457 PLWAs, 6 were pregnant women and 3 were nursing mothers.</li> <li>○ 09 culinary demonstrations were held in this period. A total of 341 PLWA benefited from the demonstration.</li> <li>○ 04 mass sensitizations were held for students in 3 colleges and two communities. HIV positive speakers testified of their experience living with the disease. In all a total of 750 people benefited.</li> <li>○ Free voluntary testing was offered for 794 people out of which 53 tested positive.</li> <li>○ 16 radio broadcasts were made and estimated number of over one thousand (1,000) people benefited.</li> </ul>
Togo	Population Services International	Capacity Building	\$80,000	<ul style="list-style-type: none"> <li>● PSI/Togo aimed at providing institutional support and capacity building of the national network of PLHIV associations (RAS+). Their goals were to be achieved through increased access of PLHIV to post-test support, enhancing the</li> </ul>

				<p>confidence, capacity and coordination of PLHIV NGOs (i.e. building of a formalized network of Post Test Support Groups (PTSGs), provision of finance, administration and organizational management training sessions to NGOs, establishment of a small grants scheme aimed at providing an opportunity for NGO/PTSGs to access grants to undertake micro-projects).</p> <ul style="list-style-type: none"> <li>• In the bid for PSI Togo to introduce referrals to tackle the access of HIV+ clients to PLWHA/ NGO's/Post test support groups (PTSGs) 2154 referrals were made. Out of this number 2114 made use of this opportunity. <ul style="list-style-type: none"> <li>○ 48 Auto support group (ASG) have been formed each comprising 8-12 PLWHA and each group met every two weeks during the first semester.</li> <li>○ and once a month in the second semester.</li> <li>○ 6 special events were organized by RSA and AED</li> <li>○ 39 members of the association were trained in organization development and management, financial management, resource management, organizational principles and procedures.</li> <li>○ A capacity building workshop was held for all the partner NGOs to familiarize themselves with PSI procedures.</li> <li>○ A workshop on experience sharing, and identification of best practices in terms of HIV infection was held for 5 days. 36 member NGOS took part.</li> <li>○ Monitoring of treatment of PLHIV and OVC was done.</li> <li>○ A computer and a printer were purchased for RAS+ at the start of the project.</li> <li>○ A football gala was organized for the benefit of PLHIV. The message of the importance of HIV testing, creating awareness on law (2005/12), a legal framework protecting PLWA, the acceptance by the PLWA of their status was disseminated.</li> <li>○ A cultural night at Lome was organized in association with RAS+ and 7 other association members on HIV/AIDS prevention. A public testimony by an HIV+ person with the face covered was organized by MECAP-FR-TOGO</li> <li>○ A schedule of broadcasting of radio spots was done.</li> <li>○ 10,400 posters were distributed to 13 NGOs with each obtaining 800 copies.</li> </ul> </li> </ul>
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## ROUND V

Country	Organization	Technical area of implementation	Grant Awarded	Summary of Achievements
Burkina Faso	Africare	Behavior Change Communication	\$75,000	<ul style="list-style-type: none"> <li>• <i>Africare</i> extended implementation of the Kick Aids project implemented under Round Four activities to Round Five. The new project which is called “YES!” makes use of the Sport for Life (SFL) concept. ‘YES!’ however differs slightly from Kick AIDS in the following areas: geographical zone of implementation (the project will be based in Ouagadougou) and introduction of an innovative mass communication tools with the implementation of a 24-hour hotline telephone service. The project also has a new gender focus which seeks to empower young women through the practice of basketball. The project has two components each addressing two different but complementary objectives: the enhancement of HIV prevention and the ability of young women to abstain or to negotiate safer sex and the improvement of HIV/AIDS prevention, and care through the training and sensitization of youths in school setting.               <ul style="list-style-type: none"> <li>○ 34 Physical Educators (PEs) were trained. The PEs are now delivering their task to their school girls and school boys in Ouagadougou. Documents from the Ministry of Education show that each class has 50 pupils. <u>Africare</u> therefore believes that at least 1700 school girls and school boys are now being taught the SFL knowledge.</li> <li>○ 198 young SFL players of stage II soccer teams in the North have been equipped with knowledge of STIs, life skills and behavior change patterns information, transforming them into skilled peer educators at work throughout the North region and in an attempt to bring about a positive change in youths’ behavior vis-à-vis HIV/AIDS</li> <li>○ 30 SFL stage 2 soccer coaches were trained in the northern region. 10 SFL stage 2 soccer coaches did not meet the criteria that were established for the refresher workshop and could not attend.</li> <li>○ 64 soccer coaches were trained in Ouagadougou.</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ 1 SFL master trainer was recruited. A JHU/CCP consultant was deployed to conduct 2 SFL workshops, 1 Training Of Trainers' workshop for SFL stage 1 coaches in Ouagadougou and the 2<sup>nd</sup> workshop was a refresher workshop for the SFL stage II coaches in the North . The 2<sup>nd</sup> SFL master trainer, a Grass Roots Soccer (GRS) consultant could not attend.</li> </ul>
Cameroon	Care & Health Program	Counseling and Testing	\$60,000	<ul style="list-style-type: none"> <li>● The Care &amp; Health Program (CHP) conducted counseling and testing (CT) project targeting Police Forces in the cities of Bafoussam, Douala, Maroua, Mutengene, Garoua, Ebolowa, and Yaounde. BCC Training of Trainer (TOT) was conducted for police instructors for them to be able to train their colleagues and create peer educators networks that will promote condom use and CT. CT and care and treatment training was also provided to health care providers in seven police health centers in the geographical zone of implementation.</li> </ul> <p><b>Development and production of curriculum trainer guide and student workbook</b></p> <ul style="list-style-type: none"> <li>○ 50 trainer guide has been produced</li> <li>○ 50 training manuals have been produced.</li> <li>○ 1350 participants workbook has been produced.</li> </ul> <p><b>Development and production of BCC materials</b></p> <ul style="list-style-type: none"> <li>○ 1000 posters and 5000 brochures have been produced.</li> <li>○ 03 advertisements from French to English have been translated.</li> </ul> <p><b>Workshops</b></p> <ul style="list-style-type: none"> <li>○ 12 people benefited from training of trainers (TOT) in STI/HIV/AIDS</li> <li>○ 15 health care providers participated in a training workshop in counseling, care and treatment.</li> </ul> <p><b>Campaigns</b></p> <ul style="list-style-type: none"> <li>○ 02 campaigns on Voluntary HIV testing were organized Yaoundé and Douala.</li> </ul> <p><b>Provision of condoms</b></p> <ul style="list-style-type: none"> <li>○ 70 male and female condoms were bought and distributed in 07 police health centre with each centre receiving 10 boxes.</li> </ul>

Chad	AMASOT	Behaviour Change Communication	65,000	<ul style="list-style-type: none"> <li>• The <b>Association pour le Marketing Social au Tchad (AMASOT)</b> focused on Behavior Change (BCC) activities through the creation of a peer educator network and the delivery of IEC sessions targeting truckers, migrants and sex workers in the lake Chad region (i.e. Kinassaroum, Fitine, Koulfoua, Kembela). The second focus of the project is to offer counseling and testing services targeting youth in N'djamena.</li> </ul> <p><b>Interpersonal talks</b></p> <ul style="list-style-type: none"> <li>○ A total of 454 interpersonal talks were done. 3,307 truckers benefited</li> <li>○ 416 interpersonal talks with commercial sex workers 3,305 benefited.</li> </ul> <p><b>Educative talks</b></p> <ul style="list-style-type: none"> <li>○ 545 educative talks were organized.</li> <li>○ 109 animations sessions were done.</li> <li>○ In all 13,926 people benefited from these activities</li> </ul> <p><b>Referrals to Health Centres</b></p> <ul style="list-style-type: none"> <li>○ 56 truckers with STI were referred to health centres</li> <li>○ 17 truckers were referred for voluntary counseling and testing</li> <li>○ 59 commercial sex workers with STI were referred</li> <li>○ 28 commercial workers were referred for voluntary counseling and testing.</li> <li>○ Other category of people with STI were 12 and 03 were referred for VCT.</li> </ul> <p><b>IEC Materials</b></p> <ul style="list-style-type: none"> <li>○ Condoms distributed - 3368</li> <li>○ Brochure on HIV - 80</li> <li>○ Brochure on condoms - 80</li> </ul> <p>Two consultative meetings were done in 04 islands. 04 associations were selected. Two training workshops were organized for peer educators and animators 20 participants draw from the 04 associations took part from 04 different localities. 12 participants took part in the training workshop which was organized for animators.</p>
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				<p>Participants were drawn from the 04 associations with 03 each from organization.</p> <p><b>Organization and delivery of interpersonal and small group communication sessions.</b></p> <ul style="list-style-type: none"> <li>○ Individual (one on one) communication with truckers</li> <li>○ 454</li> <li>○ Educative talks with commercial sex workers - 416</li> <li>○ Group educative talks – 545</li> <li>○ Mass animation 109</li> </ul> <p><b>IEC materials</b></p> <ul style="list-style-type: none"> <li>○ Condoms distributed - 3182</li> <li>○ Brochure on condom – 80</li> <li>○ Brochure on testing – 150</li> <li>○ Brochure on HIV/AIDS – 150</li> <li>○ Leaflets – 750</li> </ul> <p><b>Referrals to Health Centres</b></p> <ul style="list-style-type: none"> <li>○ <b>Truckers referred</b> <ul style="list-style-type: none"> <li>STI – 91</li> <li>VCT – 78</li> </ul> </li> <li>○ <b>Commercial sex workers</b> <ul style="list-style-type: none"> <li>STI – 121</li> <li>VCT – 68</li> </ul> </li> <li>○ <b>Others</b> <ul style="list-style-type: none"> <li>STI – 66</li> <li>VCT – 68</li> </ul> </li> </ul>
Cameroon	ACMS	BCC	40,000	<ul style="list-style-type: none"> <li>• ACMS is implementing a project titled “Cross Generational Sex Campaign (CGS)”. Eight (8) major local partners were identified to collaborate with for the realisation of the goals of the campaign. <ul style="list-style-type: none"> <li>○ Twenty thousand (20,000) leaflets, ten thousand (10,000) posters, five hundred (500) T-shirts and one hundred and fifty (150) CDs were produced and delivered to facilitate the peer education on the field.</li> <li>○ Twenty (20) girls participated in a one day training workshop that equipped</li> </ul> </li> </ul>

				<p>them with knowledge and skills in HIV, Cross Generational sex, life skills and peer education. Each peer educator received training manual and other documents to facilitate the implementation of the field exercises. The 20 peer educators have since begun the peer education sessions.</p> <ul style="list-style-type: none"> <li>○ 20 men (30 years and above comprising farmers, teachers, business men, head of organisations, local administrators and health personnel) were trained as peer educators within the framework of the campaign. They were given training manuals and other materials to commence the training.</li> <li>○ 39 leaders from various backgrounds participated in the conference held to ascertain the level of their involvement in the fight against HIV and CGS. At the end of the conference, the leaders came up with proposals for a way forward in the fight against HIV/AIDS. They also agreed that for the campaign to be successful they have to take the challenge in changing their behaviours and actions that promote CGS relationships in their communities. It was unanimously agreed that sanctions will be taken against leaders who do not behave in the appropriate manner.</li> <li>○ A total of one thousand (1,000) posters, one thousand (1,000) leaflets and 40 T-shirts were distributed to both the participants and media representatives doing coverage of the event.</li> <li>○ ACMS managed to reach an agreement with two (2) media houses whereby these media houses will broadcast the CGS spots for free in return for their logos featuring on IEC materials.</li> </ul>
Niger	Marketing Social/Prévention du SIDA (Peace Corps)	AIDS Bike Ride	4,500	<ul style="list-style-type: none"> <li>● A bike ride caravan was used to attract the attention of population in Dosso and Gaya highway. Stops were made at 22 localites on the highway during which edutainment HIV/AIDS prevention sensitizations were conducted. The local authorities, traditional leaders/chiefs addressed the populations before the members of the caravan started the edutainment activities. Video projections, drama, condom use demonstration and distribution as well as messages on prevention and the necessity of doing counselling and testing were some of the highlights on each stop.</li> <li>● More 5,000 persons were reached. 2,880 condoms were distributed while 20 persons bought 6024 condoms to start condoms sales in these localities in collaboration with the social marketing program of Niger.</li> </ul>
	Marketing Social/Prevention du SIDA	Behaviour Change Communication	55,400	<ul style="list-style-type: none"> <li>● <b>Programme Marketing Social/Prevention SIDA (PMS/PS)</b> implemented a BCC outreach intervention targeting long distance truck drivers, migrant and sex workers at key transport stations along international trade routes leading to Burkina Faso, Nigeria, Benin, Togo and Cote d'Ivoire.</li> </ul>

				<ul style="list-style-type: none"> <li>○ PMS/PS has done a total of 55 STI/HIV/AIDS IEC sessions in Houssa language at the start of the project implementation.</li> <li>○ 5 937 educative sessions including (group sessions, individual discussions) targeting 10 400 truckers, 8 685 prostitutes and 17 322 has been done. A total of 265,289 condoms were sold.</li> <li>○ Currently 430 condom sales and distribution points are functional.</li> <li>○ A total number of 1423 film projections were organized in kiosks and 31,183 people were contacted and participated in discussions.</li> <li>○ 152 STI cases were referred to appropriate health centers for counseling and testing.</li> </ul>
Gabon	RENAPS/AJ	Behaviour Change Communication	47,500	<p><b>RENAPS/AJ</b> serves as an umbrella organization for the implementation of BCC activities and condom distribution targeting sex workers in Libreville and Port-Gentil.</p> <ul style="list-style-type: none"> <li>○ A focal point in Port Gentil has been identified and established. The project is been manned by two members from the locality.</li> <li>○ 7 members of Conscience NGO were given a training workshop in project management</li> <li>○ 33 members of the organisation participated in how to fight against HIV/AIDS refresher workshop or 4 days</li> <li>○ The offices of Libreville and Port Gentil were provided with furniture and equipment. The equipment included two computers and computer accessories, a conference table and 6 conference chairs.</li> <li>○ The training seminar for peer educators was held in Port Gentil from 24 to 27 January 2008 with the aimed of enhancing HIV/AIDS prevention. 180 peer educators participated in the sessions, 120 persons from Libreville and 30 from Port Gentil.</li> <li>○ An awareness session was held with commercial sex workers. This was aimed at creating awareness about the HIV/AIDS pandemic, distributing flyers and male and female condoms, referrals for HIV/AIDS testing and referrals for gynecological consultations.</li> </ul>
The Gambia	Catholic Relief Services	Counseling and Testing	52,497	<ul style="list-style-type: none"> <li>● <b>CRS</b> is implemented two different projects; promotion of Counseling and Testing (CT) which was undertaken through community sensitization and the establishment of mobile CT services. The project was implemented by CRS in collaboration with the Catholic Development Office (CaDO) and Sisters of Saint Joseph of Annecy (SSJA) in Basse Upper River Division.</li> </ul>

				<ul style="list-style-type: none"> <li>• Under their strategic objective of increasing the uptake of VCT from 250 people annually to 300 people CRS has achieved the following: <ul style="list-style-type: none"> <li>○ A 5 day's training workshop was held to recruit and train religious, opinion and influential leaders in HIV and AIDS. 25 people have been trained so far.</li> <li>○ 10 community awareness meetings have been conducted.</li> <li>○ 10 monthly radio programs have been aired.</li> <li>○ 6 National VCT manual were adapted and reproduced</li> <li>○ 12 Staff were trained in-service in VCT, IEC, BCC and PDA</li> <li>○ 5 mobile VCT service points have been established.</li> </ul> </li> <li>• Under their strategic objective of providing Institutional Strengthening of the PLHIVS support Group "Kubbeh Jarra" activities accomplished are as follows: <ul style="list-style-type: none"> <li>○ 250 pamphlets and 250 leaflets promoting nutrition and healthy living have been developed.</li> <li>○ A meeting hall for Kubbeh Jarra Nutrition counseling and support to improve food intake and maintain weight gain has been leased for the activity.</li> <li>○ Provision of home based care for PLHIVs has been done.</li> <li>○ Counseling of new clients and follow up counseling for existing PLHIV clients have been undertaken.</li> </ul> </li> </ul> <p><b>CRS, Upper Region (UR) and its surrounding</b></p> <ul style="list-style-type: none"> <li>• VCT has been an important tool for preventing spread of HIV especially in communities with generalized epidemic. The number of VCT uptake continues to rise as outreach activities are taken to the door steps of the people they serve through mobile VCT activities. <ul style="list-style-type: none"> <li>○ 126 clients were counseled between May and October. Among these, 49 were males and 75 females. 14 males and 19 females tested sero-positive. 02 people declined to be tested.</li> <li>○ An outreach services was opened in November in Garawol health centre. 47 people opted to be counseled and tested on the first day of the launching. Out of the 47, 02 males tested and the rest 45 were females. Prior to the introduction of the VCT services in Garawol, no laboratory facilities existed. Clients used to travel to Basse which is 57km away from Garawol to access have to laboratory services.</li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>○ A two-bed room house was hired in Kubejarah for PLHIV meetings and training. The rooms served as a hall for training and meetings whilst the bed rooms will be used for administration and temporal lodging for PLHIV who travel from afar for further management or for laboratory investigations.</li> <li>○ 29 posters on HBC and VCT were developed to reflect its usefulness to targeted audience.</li> <li>○ 25 traditional communicators were trained in a five day workshop in the promotion of IEC and behaviour change communication to promote HIV/AIDS prevention and care.</li> </ul>
The Gambia	Catholic Relief Services	Capacity Building	40,000	<ul style="list-style-type: none"> <li>● <b>The Gambia Country Coordinating Mechanism (CCM)</b> was awarded grant through The Catholic Relief Services for institutional support to through the establishment of an operational Secretariat for the CCM. <ul style="list-style-type: none"> <li>○ The institutional capacity of the CCM has been strengthened through the recruitment of personnel for various positions. Various office equipment has been purchased to aid work. These include: 01 desktop computer, 01 printer, 01 scanner, 01 laptop computer, 01 photocopy machine.</li> <li>○ 01 Conference table, 02 telephone sets, 39 conference chairs, 04 Executive chairs, Printed 2,500 letter heads, 01 digital camera, 01 APC back UPS, 01 LCD projector, 01 fax machine, 02 filing cabinet, 01 book case, 01 notice board, 01 electric kettle, 01 flip chart stand</li> </ul> </li> </ul>
Guinea Bissau	San Egidio	Care & Treatment	75,000	<ul style="list-style-type: none"> <li>● <b>Sant Egidio</b> continued is care and treatment activities in round 4.</li> </ul> <p><b>Training of Hospital Personnel</b></p> <ul style="list-style-type: none"> <li>○ A total of 100 daily meetings were held by medical doctors in order to revise the most complicated cases amongst inpatients. 6 medical doctors participated in the meetings.</li> <li>○ One hundred and forty five (145) cases were examined during the meetings while 66 X-Rays were done.</li> <li>○ Five (5) monthly meetings on medical and scientific issues were held. Discussions included topics on: Hypertension in TB patients, Multidrug resistant.</li> <li>○ A three (3) day intensive training on Tuberculosis was held.</li> <li>○ A Five (5) day training on Nutrition in TBA/HIV infected patients were conducted. In all one hundred and sixty (168) people attended the training workshop. Participants included medical doctors, nurses and laboratory staff.</li> </ul>

				<p><b>In patients and outpatients' health education</b></p> <ul style="list-style-type: none"> <li>○ Twenty (20) lessons for inpatients were held in five months. 1375 inpatients participated in the lessons. Indirect beneficiaries of the lessons included relatives of in patients who came to visit them. The lessons held included: <ul style="list-style-type: none"> <li>- Prevention and transmission of water-borne infections</li> <li>- Respiratory infectious disease</li> <li>- Malaria prevention and transmission</li> <li>- Food and Nutrition</li> <li>- Water and food borne disease.</li> </ul> </li> <li>○ Eighty (80) lessons for outpatients were held for five months. One thousand three hundred and ten (1310) outpatients participated in the lessons.</li> </ul> <p><b>Home assessment visits</b></p> <ul style="list-style-type: none"> <li>○ 65 home visits were conducted in five months. 22 of the home visits were outside of Bissau.6 children were visited, 4 of whom were orphans.</li> <li>○ The personnel who visited the homes included 1 medical doctor, 3 nurses and 4 PLWA (3 women and 1 man).</li> </ul>
Togo	CREJE Togo	Care & Support	50,000	<ul style="list-style-type: none"> <li>● <b>CREJE</b> extended implementation of the medical, psychological and nutritional support to PLHIV project to Round Five.</li> </ul> <p><b>Home visits</b></p> <p>27 home visits were conducted reaching a total of 389 PLHIV</p> <p><b>Culinary Demonstrations</b></p> <p>6 Culinary demonstrations were conducted reaching a total of 251 PLHIV</p> <p><b>Radio Broadcasts</b></p> <p>30 radio broadcasts were made reaching about 8,400 people</p> <p><b>HIV Testing</b></p> <p>191 HIV Testing was done</p> <p><b>Training in income generating activities</b></p> <p>20 persons benefited from a training on income generation</p>

				<p><b>Sensitisation activities</b> 2<sup>nd</sup> December 2007 a grand public sensitisation was held and 70 people were reached.</p> <p><b>Capacity building</b> Capacity building workshop was held on 14-15 December 2007 for 12 members of staff of CREJE</p> <p><b>Discussion groups</b> CREJE facilitated 05 discussion groups reaching 70 PLHIV. Akarale animated 01 with 13 people participating.81 persons benefited from the auto support group meetings.</p> <p><b>Installation of internet cafe</b> 16 computers have been installed in an internet cafe which has been established for the youth.</p>
Mauritania	STOP SIDA	Counseling & Testing	100,000	<ul style="list-style-type: none"> <li>• <b>Stop SIDA</b> after the successful implementation of the counseling and testing (CT) and information centre for the youth in Nouakchott decided to replicate it in Nouadhibou. Similar to the center in Nouakchott, the one located in Nouadhibou is provided computer training classes and information on STI/HIV/AIDS. Counseling and Testing services as well as STI medical consultations are also being offered. <ul style="list-style-type: none"> <li>○ 3,400 youth were counseled 55% of which were male and 45% were female.</li> <li>○ 100 audio visual sessions on reproductive health (RP) were organized.</li> <li>○ 20 peer educator groups were formed.</li> <li>○ 259 youth who were screened tested positive. All of them benefited from pre-testing counseling and 94% benefited from post testing counseling.</li> <li>○ 50 youth were trained on the use of computer for three months.</li> <li>○ 50 other youth also had computer lessons.</li> <li>○ Sensitization activities <ul style="list-style-type: none"> <li>○ 3 days of mass sensitisation programs was organized.</li> <li>○ 41 animation sessions and sensitization programs were held and 100 people benefited.</li> </ul> </li> <li>○ In the second semester, 35 animation sessions were held with each program lasting one (1) hour.61% of the number are women with 39% being men. Also in the course of the second semester additional 76 animation sessions were held with 64 females and 36 males participating.</li> <li>○ 01 Radio transmission was done</li> <li>○ Brochures and four thousand (4,000) copies of leaflets were produced and</li> </ul> </li> </ul>

				<p>distributed.</p> <ul style="list-style-type: none"> <li>○ Provision of financial and psychosocial support to AIDS orphans and families. 30 beneficiaries were identified. Out of this number, 17 families received permanent support which included psycho-social support to orphans and their family, HIV testing, regular school visitation. They also received a monthly stipend to help improve their standard of living. The thirty (30) orphans were also provided with school fees and given money for transportation. 14 families also benefited from micro-credit support</li> </ul>
Sao Tome	Sao Tome Association for Family Planning (ASPF)	Care and Support, BCC outreach	40,000	<p>ASPF implemented a project aimed at providing care and support for persons living with HIV/AIDS (PLWHA). The project also aimed at education and behavior change communication (BCC) to prevent new HIV infections:</p> <ul style="list-style-type: none"> <li>○ A national network of Peer Educators were established made up of 70 young people 50% of which were males and the other 50% were female. Members of this community based delivery network have undergone training on Behaviour Change Communication. The peer educators have carried out the following activities:</li> <li>○ 57,000 people have been counseled or had interpersonal communication during door to door awareness raising.</li> <li>○ 4,700 people were sensitized through 240 talks organized in 07 districts.</li> <li>○ 113,000 condoms were distributed in 04 intervention areas.</li> <li>○ 3,700 persons were sensitized through 70 film shows in 07 districts. In all 70 plays were staged in each district.</li> <li>○ 1,800 posters were distributed in the communities of which 1,500 were provided by PNLS.</li> <li>○ 3,500 people took part in the cultural and sporting activities organized by Peer Educators in their respective communities. Other community based organizations also participated in social mobilization through the promotion of cultural and sporting events by sending out clear messages on HIV/AIDS.</li> <li>○ 24 new TV program were transmitted on Sunday and 24 were retransmitted on Wednesday with each lasting 30 minutes.</li> <li>○ 48 radio programs were transmitted on Mondays and retransmission done on Saturday lasting 30 minutes each. In all 24 program were transmitted on the National Radio in Sao Tome and 24 on the regional radio on the island of Principe.</li> <li>○ ASPF has fully furnished two (2) ambulances with funds received from WAAF. The ambulance has been furnished with a stretcher, HIV rapid</li> </ul>

				<p>testing facilities, IEC materials and condoms. This mobile network provides services to both the North and South of Sao Tome. A technical Officer who is in charge performs voluntary HIV rapid test for the communities in the project sites. Together with other volunteers they sensitized the communities on HIV/AIDS, distributed condoms and provided counseling. Massive turn out for HIV rapid testing has been reported during the visit of the mobile vans to the communities.</p>
Sierra Leone	The International Rescue Committee (IRC)	Voluntary Confidential Counseling and Testing (VCCT)	\$100,000	<ul style="list-style-type: none"> <li>• The International Rescue Committee (IRC) initiated implementation of Voluntary Confidential Counseling and Testing (VCCT) and the use of Post Exposure Prophylaxis (PEP) services targeting sexual assault victims. In addition, IRC incorporated and developed a component on HIV/AIDS education, as well as the importance of early reporting for efficient Post- Exposure Prophylaxis (PEP) treatment, for sexual assault survivors into its existing basic sensitization activities (i.e. radio programs, focus group discussions, public events sensitization etc).</li> <li>• IRC has established three (3) Sexual Assault Referral Centers (SARCs), commonly known as Rainbo Centers, in the Western and Eastern Provinces of Sierra Leone so that survivors of sexual assault could access appropriate, quality services and care following incidents of rape or other forms of sexual assault.</li> <li>• In addition to preventing HIV/AIDS among victims of sexual assault IRC established guidelines and protocol for adult and pediatric VCCT and PEP administration at the Freetown Rainbo Center.</li> <li>• 425 clients were provided with pre-counseling services</li> <li>• 327 clients were provided with VCCT services, while 16 opted for PEP</li> <li>• 16 clients received a full year PEP regimen</li> <li>• 12 Rainbo center client volunteers and 9 school social club members were identified. 21 peer educators received training whereas 21 adolescents received follow up training as peer educators. 185 education sessions conducted. Through role plays, participants were able to demonstrate an understanding of the skills and topics discussed during the trainings and developed a plan of action for implementing the skills learned.</li> </ul>
Cape Verde	Platform of NGOs	Institutional capacity building, HIV/AIDS	\$50,000	<ul style="list-style-type: none"> <li>• The Platform of NGOs' initiated a project aim at building its institutional capacity; capacity building of NGOs and CBOs on the elaboration and management of HIV/AIDS projects and providing care and financial support to</li> </ul>

		<p>prevention activities and support to people living with HIV/AIDS.</p>		<p>people living with HIV/AIDS.</p> <p><b>Institutional strengthening and development</b>  The institutional capacity has been strengthened through the purchase of office equipment. A photocopier machine was purchased under this project.</p> <p><b>Workshops on HIV/AIDS</b>  Two (2) regional workshops were held in Praia and Barlavento. A total of forty eight (48) participants were present. 29 persons participated in the Praia workshop whereas 19 participants took part in the Barlavento workshop. The workshop deliberated on new strategies in the fight against AIDS. It also reviewed the National Strategic Plan (2006 – 2010) in fighting against HIV/AIDS.</p> <p><b>National Meeting</b></p> <ul style="list-style-type: none"> <li>○ One (1) national meeting of NGOs and CBOs to exchange experiences in the intervention efforts in the fight against AIDS was held.</li> <li>○ thirty two (32) member NGO's participated in the national meeting. Participants were drawn from different municipalities across the country. The meeting gave participants the opportunity to exchange ideas and to assess the role played by non government institutions within the framework of the national plan in fighting against AIDS and also to identify new strategies for the future. The meeting also assessed the actions of NGOs in the fight against AIDS, the strengths, weakness and the engagement of civil society, their priorities and challenges. Recommendations on improving intervention efforts were made.</li> <li>○ A national workshop was held a Praia on the strategies of micro credit for HIV/AIDS victims and the planning and coordination of activities on the fight against AIDS. The workshop took place from 28<sup>th</sup> to 31<sup>st</sup> January 2008 with 35 participants form the 7 islands. The workshop shared experiences on the implementation of micro credit in Cape Verde, Using micro credit as an instrument in the fight against HIV/AIDS and supporting people infected and affected by AIDS. Other topics included the techniques and methods of planning micro credit activities, the strategies adopted for the coordination of activities.</li> <li>○ <b>IEC Campaigns</b></li> </ul>
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				<p>-Two (2) television advertisements, two (2) radio advertisement were produced and broadcast on the national radio. A total of twelve (12) radio programs have been broadcast four (4) times. In all, forty eight (48) broadcasts were done.</p> <p>- A one (1) hour round table radio discussion was held to sensitise the public about voluntary testing.</p> <p>- Seventy six (76) animation sessions have also been held. A day was also set aside for sensitization programs. In all, One hundred and seventy five (175) participants took part in these sessions.</p> <ul style="list-style-type: none"> <li>○ <b>Provision of psycho-social and financial support</b> <ul style="list-style-type: none"> <li>- Seventeen (17) families and thirty (30) orphans benefited from psycho-social support continuous financial support in terms of payment of school fees, transportation, and purchase of materials for school.</li> <li>- Fourteen (14) families also benefited from provision of micro-credit support.</li> </ul> </li> <li>○ Platform of NGOs collaborated with two partners namely MORABI and OMCV to identify beneficiaries of micro credit facilities. The criteria used included the socio-economic situation of the beneficiaries, the quality and viability of the project, the psycho-social conditions of beneficiaries. Several supervisions were carried out to ensure activities of beneficiaries are on course. 30 sessions of technical assistance was provided to improve their proposal. The technical assistance also included psycho-social support which continued throughout the project. Whereas MORABI took charge of the management of 10 micro-credit, OMCV managed 13 micro credits. A total of 23,276 USD was dispensed for micro credit activities. As most of the beneficiaries are heads of their family it is hoped that around 138 people will indirectly benefit from the support provided.</li> </ul>
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## Annex 7: USG (PEPFAR) Program Element HIV/AIDS Indicators

Indicators	Target for 2008	Status as of July 2008	Type of cadre trained	Country/ies
3.1 Number of local organization provided with technical assistance for HIV-related policy development	68	68	NACPs Parliamentarian networks Regional networks National networks	Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Gambia, Guinea, Guinea Bissau, Mali, Mauritania, Niger, Sierra Leone and Togo
3.2 Number of local organization provided with technical assistance for HIV-related institutional capacity building	191	191	Regional Technical Institutions (SMIT, KATH, SWAA) Regional Networks (WANASO, NAP+, SWAA) Local PLHIV networks and associations Local AIDS service networks and organizations	Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo
4.2 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	61	197	Peer educators Supervisors	Burkina Faso, Cameroon, Chad, Gambia, Guinea, Guinea Bissau and Mauritania
4.3 Number of health workers newly trained or retrained in the provision of PMTCT services	243	335	Program managers Doctors Nurses Midwives TBA	Cameroon, Chad, Gambia, Guinea, Liberia, Mali, Mauritania, Niger, Sierra Leone and Togo
4.4 Number of individuals trained in counseling and testing	146	226	Program managers Counselors Supervisors Trainers	Benin, Burkina Faso, Cameroon, Chad, Guinea Bissau, Mali, Niger, Togo and Cote d'Ivoire
4.5 Total number of health workers	202	351	Program managers	Burkina Faso, Cameroon, Mauritania, Niger, Nigeria,

trained to deliver ART services, according to national and/or international standards (includes PMTCT+)			Doctors Nurses	Guinea, Guinea Bissau, Liberia, Sierra Leone and Togo
4.11 Number of individuals trained in HIV-related institutional capacity building	358	373	Members of NGOs	Burkina Faso, Cameroon, Chad, Gambia, Guinea Bissau, Mauritania, Niger, Senegal, Sierra Leone and Togo

## Annex 8: Trainings supported by AWARE-HIV/AIDS

### Trainings at regional level

Subject	Participated countries	Type of participants	# participants
<b>Advocacy and Policy</b>			
Analysis and utilization of data in Advocacy and Policy Dialogue in combating HIV/AIDS	15 countries	Managers Technical staff	38
Demographic projections and AIDS impact models	15 countries	Managers Technical staff	21
Advocacy in HIV/AIDS campaigns	18 countries	Managers Technical staff	76
Forecast of the impact of current strategies and dynamics pertaining to population and reproductive health: use of a computer-based tool called Spectrum	15 countries	Managers	42
Development of advocacy plans and use of AIM advocacy tools to effectively improve HIV policy environment	18 countries	Managers Technical staff	33
Use of advocacy tools in the response to HIV in West and Central	7 regional networks: NAP+, Religious, Journalists, Youths, Parliamentarians, SWAA and WANASO	Managers Technical staff	30
<b>Institutional Capacity Building</b>			
Marketing and resource development	4 RTLIs (SMIT, CICDoc, CBCHB, KATH) and 3 RTLNs (NAP+, SWAA, WANASO)	Managers Technical staff	24
Proposal writing, project management and resource mobilization	14 WANASO branches: Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Ghana, Guinea, Guinea Bissau, Liberia, Niger, Nigeria, Senegal and Togo	Presidents Managers Technical staff	21
Marketing, resource development and external relations	6 SWAA branches: Burkina Faso, Cameroon, Chad, Mauritania, Niger and Togo	Managers Technical staff	10
Management of PLHIV networks and associations	9 NAP+ WA branches: Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Mali, Niger, Nigeria, Senegal and Togo	Managers	12
<b>Behavior Change Communication</b>			
Interpersonal communication for behavior change through	Burkina Faso, Cameroon, Chad, Gambia,	Peer educators	197

ABC	Guinea, Guinea Bissau and Mauritania	Animators Managers	
<b>STI Management</b>			
Control of STI among female sex workers and clients through adapted services	12 countries: Benin, Burkina Faso, Cape Verde, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo	Program managers Doctors Nurses Midwives	34
<b>HIV Voluntary Counseling and Testing</b>			
HIV pre, post-test counseling and testing	7 countries: Benin, Burkina Faso, Chad, Guinea, Mauritania, Niger and Togo	Doctors Nurses Lab technicians Community workers	36
Set up, management and delivery of CT services	8 Countries: Benin, Burkina Faso, Chad, Congo, Guinea Bissau, Mali, Niger and Togo	Program managers Doctors Nurses Counselors Community workers Lab technicians	53
Supervision of CT services	5 countries: Benin, Cameroon, Côte d'Ivoire, Guinea and Niger	Program managers Site managers Counselors	13
<b>Prevention of Mother-To-Child HIV Transmission</b>			
Provision and scale up of PMTCT services	10 countries: Cameroon, Chad, Guinea, Liberia, Mali, Mauritania, Niger, Sierra Leone, The Gambia and Togo	Program managers Doctors Nurses Midwives	36
<b>HIV Care and Treatments</b>			
Provision, scale up and decentralization of clinical services including ARTs	10 countries: Burkina Faso, Cameroon, Guinea, Guinea Bissau, Liberia, Mauritania, Niger, Nigeria, Sierra Leone and Togo	Program managers Doctors Nurses Midwives Pharmacists Lab technicians	96

### Trainings at national level

Subject	Country	Type of participants	# of participants
<b>Advocacy and Policy</b>			
Application of AIDS Impact Models - AIM	The Gambia	Program managers Technical HR	23
Application of AIDS Impact Models - AIM	Benin	Program managers Technical HR	32
<b>Institutional Capacity Building</b>			
Monitoring and Evaluation	CBCHB, Cameroon	Staffs	10
	KATH, Ghana	Staffs	10
Marketing and resource development	CBCHB, Cameroon	Staffs	13
	KATH, Ghana	Staffs	10
Coaching and mentoring	CBCHB, Cameroon	Staffs	20
	KATH, Ghana	Staffs	10
Leadership and management of PLHIV associations in the response to HIV	RENIP+, Niger	Managers of member PLHIV associations	15
	REGIPIV, Burkina	Managers of member PLHIV associations	26
	Cameroon	Managers of member PLHIV associations	27
	Sierra Leone	Managers of member PLHIV associations	18
	Gambia	Managers of member PLHIV associations	17
	Mauritania	Managers of member PLHIV associations	15
Community participation in the response to HIV	RAIL-SIDA/IST, Niger	Managers of member civil society organizations	22
	TOCAHSO, Togo	Managers of member civil society organizations	25
	BURCASO, Burkina Faso	Managers of member civil society organizations	23
	Espoir et Vie, Mauritania	Managers of member civil society organizations	23

	RONACS, Guinea Bissau	Managers of member civil society organizations	23
<b>HIV Voluntary Counseling and Testing</b>			
HIV counseling and testing	Burkina	Doctors, Nurses, Lab Technicians and Community workers	15
	Cameroun	Doctors, Nurses, Lab Technicians and Community workers	40
	Chad	Doctors, Nurses, Lab Technicians and Community workers	15
	Guinea	Doctors, Nurses, Lab Technicians and Community workers	15
	Mauritania	Doctors, Nurses, Lab Technicians and Community workers	15
	Niger	Doctors, Nurses, Lab Technicians and Community workers	12
	Togo	Doctors, Nurses, Lab Technicians and Community workers	12
<b>Prevention of Mother-To-Child HIV Transmission</b>			
Provision and scale up of PMTCT services	Gambia	Doctors, Nurses, Midwives, Pharmacists, Lab Technicians	86
	Liberia	Doctors, Nurses, Midwives, Pharmacists, Lab Technicians	71
	Sierra Leone	Doctors, Nurses, Midwives, TBAs, Pharmacists, Lab Technicians	49
	Togo	Doctors, Nurses, Midwives, Pharmacists, Lab Technicians	93
	Mauritania	Doctors, Nurses, Midwives, Pharmacists, Lab Technicians	79
<b>STI Management</b>			
Control of STI among female sex workers and clients through adapted services	Burkina Faso	Doctors and Nurses	15
	Cameroon	Doctors and Nurses	16
	Guinea	Doctors and Nurses	70
	Mali	Doctors and Nurses	13
	Mauritania	Doctors and Nurses	22
	Senegal	Doctors and Nurses	9
	Togo	Doctors and Nurses	21

<b>HIV Care and Treatments</b>			
HIV pediatric care	Burkina	Doctors, Nurses, Pharmacists, Lab technicians	30
	Ghana	Doctors, Nurses, Pharmacists, Lab technicians	30
	Mali	Doctors, Nurses, Pharmacists, Lab technicians	23
	Togo	Doctors, Nurses, Pharmacists, Lab technicians	12
Provision, management and decentralization of HIV care and treatments services for adults	Guinea	Doctors, Nurses, Pharmacists, Lab technicians	30
	Guinea Bissau	Doctors, Nurses, Pharmacists, Lab technicians	30
	Liberia	Doctors, Nurses, Pharmacists, Lab technicians	49
	Sierra Leone	Doctors, Nurses, Pharmacists, Lab technicians	51
<b>Other Trainings</b>			
Coaching and Mentoring	Guinea	Program managers, Doctors, Lab Technicians	19
	Togo	Program managers, Doctors, Lab Technicians	12
	Niger	Program managers, Doctors, Lab Technicians	26
	Guinea Bissau	Program managers, Doctors, Lab Technicians	26
HLMIS	Sierra Leone	Program managers, M&E officers	40
	Liberia	Program managers, M&E officers	20

N.B. This tables does not include data from WAAF training activities

**Annex 9: Contribution leveraged**

<b>Activity</b>	<b>Country</b>	<b>Implementing Partner</b>	<b>Donor</b>	<b>Amount (CFA)</b>	<b>US Dollars</b>
Implementation of HIV counseling and testing campaign and services among the youth in Benin	Benin	- NACP Benin  - Youth & Education Ministries of Benin	- Local donors* through NACP - PSI Benin	CFA F36 802 500	US\$ 81 606
Implementation of HIV counseling and testing campaign and services among the youth in Yaoundé (Pilot phase)	Cameroon	National AIDS Council and local partners  Youth & Education Ministries	- Local donors through NAC - UNICEF	CFA F 57 002 800	US\$ 126 673
Implementation of HIV counseling and testing campaign and services among the youth in Guinea Bissau	Guinea Bissau	NACP/NAC  Youth & Education Ministries	- Local donors through NACP and NAC  - MTN Group	CFA F 5 306 550	US\$ 11 792
Implementation of HIV counseling and testing campaign and services among the youth in Niger	Niger	NACP/NAC  Youth & Education Ministries	- Local donors through NACP/NAC - UNFPA - UNICEF - WHO - UNAID - UNDP	CFA F 22 697 500	US\$ 50 439
Replication of C&T best practices in Guinea Bissau (BP from SMIT-Senegal)	Niger	NACP/NAC	- Local donors through NACP/NAC - UNICEF	Not available	-

			- MAP		
Replication of C&T best practices in Guinea Bissau (BPP from SMIT-Senegal)	Guinea Bissau	NACP/NAC	-	Not available	-
Implementation of strengthening prevention of mother-to-child transmission (PMTCT) of HIV/AIDS program in Liberia	Liberia	NACP	- UNICEF Liberia	Not available	-
Implementation of mother-to-child transmission (PMTCT) of HIV/AIDS program in Mauritania	Mauritania	NACP/NAC	- Local donors through NACP/NAC - UNICEF Mauritania	Not available	-
Implementation of scaling-up prevention of mother-to-child transmission (PMTCT) of HIV/AIDS program in Sierra Leone	Sierra Leone	NAS	UNICEF	Not available	-

- \* **Local donors** refer to NACP/ NAC financial contribution from various government funding sources (GFATM, World Bank, IMF, etc)

- The table above emphasizes financial resources leveraged. It must however be mentioned that the project achieved other non-monetary quantifiable (or monetary quantifiable but amounts not communicated to AWARE-HIV/AIDS) leveraging that involved diverse forms of participation of various partners in the project geographic coverage. E.g. UNICEF with the implementation of scaling-up of PMTCT of HIV/AIDS program in Liberia, Mauritania and Sierra Leone; UNICEF, MAP, GFATM in Niger for the replication of C&T best practice, etc.





# **ACTION FOR THE WEST AFRICA REGION REPRODUCTIVE HEALTH (AWARE-RH) FINAL PROJECT REPORT**

**JULY 16, 2003 – JULY 15, 2008**



## LIST OF ACRONYMS AND ABBREVIATIONS

Abt	Abt Associates
ACI	Africa Consultants International
AED	Academy for Educational Development
AFRO	WHO Regional Office for Africa
AGUIBEF	Association Guinéenne de Bien-être Familiale
ANC	Antenatal Care
ATBEF	Association Togolaise pour le Bien-être Familiale
AWARE	Action for West Africa Region
AWARE-RH	Action for West Africa Region, Reproductive Health
CAFS/CEFA	Center for African Studies / Centre d'Etudes de la Famille Africaine
CBCHB	Cameroon Baptist Convention Health Board
CEFOREP	Centre Régional de Formation et Recherche en Santé de la Reproduction
CERPOD	Centre d'Etudes de Recherches en Population et Démographie
CESAG	Centre d'Etudes Supérieures en Gestion
CFA	West and Central African Franc
CCM-IMCI	Community Case Management for Integrated Management of Childhood Illnesses
CIB	Coordinated Informed Buying
CONCERTATION	Network of national MHO organizations
COPE	Client-Oriented, Provider-Efficient – A clinic facility management tool
CREDOS	Centre de Recherche, d'Etudes et de Documentation pour la Survie de l'Enfant
CS	Child Survival
CSR	Corporate Social Responsibility
DYNAM	Association Dynamic Mutualiste
ECOWAS	Economic Organization of West African States
EOC	Emergency Obstetric Care
EPI	Expanded Program of Immunization
FAAPPD	Forum of African and Arab Parliamentarians on Population and Development
FHA	Family Health & AIDS
FHI	Family Health International
FIMAT	Financial Management tool
FP	Family Planning
GAIN	Global Alliance for Improved Nutrition
GAVI	Global Alliance for Vaccines and Immunization
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GIMPA	Ghana Institute of Management and Public Administration
GSMF	Ghana Social Marketing Foundation; now CMS-Commercial Market Strategies
GTZ	German Development Corporation
HFPI	Health for Peace Initiative
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immune-Deficiency Syndrome
ICD	Institutional Capacity Development
ID	Infectious Diseases
ICPD	International Convention on Population and Development
IMCI	Integrated Management of Childhood Illnesses
CERPOD/CERPOD	Institut du Sahel/Centre d'Etudes de Recherches en Population et Démographie
INTERCAP	Interafricaine pour le renforcement des capacités des parlementaires
IRSP	Institut Régional de Santé Publique
ISED	Institut de Santé et Développement
IUD	Intrauterine Device
JHPIEGO/ACCESS	JHPIEGO's global maternal health award
JSI/DELIVER	John Snow International's global commodity security award
MAC	Malaria Action Coalition

MEASURE	USAID Global M&E award
MHO	Mutual Health Organization
MIP	Malaria in Pregnancy
MNH	Maternal and Neonatal Health
MSH	Management Sciences for Health
MTA	Management and Technical Assessment
MWANGAZA	Kiswahili for “Beacon”
NEPAD	New Partnership for Africa’s Development
NETMARK	AED’s global award for social marketing of insecticide-treated bed nets
NHA	National Health Account
OGAC	Office of the U.S. Global AIDS Coordinator
PAC	Post Abortion Care
USAID HPI	USAID Health Policy Initiative Project (formerly POLICY)
PMTCT	Prevention of Mother-to-Child Transmission of HIV/AIDS
POLICY	USAID Policy Project (now USAID HPI)
PRB	Population Reference Bureau
ProFam	Network of private clinics in Benin delivering FP services
PSM	Procurement and Supply Management
RAMS/BF	Réseau d’Appui aux Mutuelles de Sante au Burkina Faso
RAOPAG	Réseau de l’Afrique de l’Ouest contre le paludisme pendant la grossesse
REDUCE	Reduce Maternal Mortality tool
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RPM +	Rational Pharmaceutical Management Plus, MSH’s global commodity security award
SAGO	Society of Gynecologists and Obstetricians
SAILD	Service d’Appui aux Initiatives Local de Développement a la base
SCB	Standard Chartered Bank
SMS	School of Medical Sciences, Kumasi
SPARHCS	Strategic Pathway to Reproductive Health Commodity Security
SPECTRUM	Spectrum Policy Modeling System software package
STI	Sexually Transmitted Infections
TA	Technical Assistance
TLI/Ns	Technical Leadership Institutions/Networks
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USAID/CCP	USAID Contraceptive Commodity Program
USAID/HPI	USAID Health Policy Initiatives Project (led by Constella Futures)
WAHO	West Africa Health Organization
WARN	West Africa Regional Network [for malaria]
WARP	West Africa Regional Program
WHO	World Health Organization
YPIP	WAHO Young Professionals Internship Program

## I. Overview of the project

This report summarizes the achievements of the Action for West Africa Region Reproductive Health Project (AWARE-RH) during its five-year life (July 2003 – July 2008). The Project was awarded under a Cooperative Agreement # 688A-00-03-00065 by the United States Agency for International Development West Africa Regional Program (USAID/WARP) to EngenderHealth in July 2003. This Cooperative Agreement was awarded for an estimated US\$31,313,359 over the course of five years. [See Section VIII for further details of financial allocations and expenditures.]

### Background

Until 1996 USAID had country-level missions in many West African countries. In addition, USAID maintained a regional office (REDSO West Africa, based in Abidjan, Cote d'Ivoire) that provided technical support to missions. Under the Clinton-Gore "Re-engineering Government" initiative, the REDSO/WA office and four country-level missions: Burkina Faso, Cameroon, Niger and Togo were closed. To maintain a USG presence in the region and in these countries, USAID designed The Family Health and AIDS (FHA) project (also known as Sante Familiale et Prevention du SIDA – SFPS). Initially, the FHA Project was comprised of four separate Cooperative Agreements with JHPIEGO Corporation, Population Services International (PSI), JHU/CCP and Tulane University. From 1996-2001, this project managed in-country implementation of best practices in service delivery, behavior change communication, and peer education for prevention of HIV/AIDS in those countries where USAID had closed missions. In addition, the FHA project worked to improve the technical capacity of regional organizations (called RAPIS). In 2000, USAID re-established a regional presence with the West Africa Regional Program (WARP), based in Mali. In 2001, USAID extended the FHA Project by three years, significantly increased HIV and AIDS activities by providing field support to Family Health International (FHI) through its global project IMPACT and shifted the focus of other partners away from country-level implementation toward a regional clearing-house function. At that time, work with the regional institutions ceased.

In September 2002 USAID convened a technical working group to design the follow-on to FHA. A decision was made to separate HIV and AIDS and Reproductive Health to maintain a strong focus on RH at a time when HIV and AIDS was receiving the majority of resources and attention. The two projects were ultimately awarded in July 2003 and named The Action for the West Africa Region Project HIV and AIDS and RH Projects.

### Overview of the AWARE-RH Project

The AWARE-RH Project was designed to implement USAID/WA's results framework shown on the following page (Figure 1). The overall Strategic Objective (SO5) during the life of the project was **Increased Adoption of Sustainable RH STI/HIV/AIDS, and Child Survival Policies and Approaches in West Africa**. At its inception, there were four intermediate results: IR 5.1: Improved approaches to FP/RH, STI/HIV/AIDS and CS & ID services disseminated region-wide; IR 5.2: Increased regional stakeholder advocacy for policy change; IR 5.3: Increased capacity for regional institutions and networks; and IR 5.4: Health Sector reform models developed and disseminated.

### The AWARE-RH Project Vision

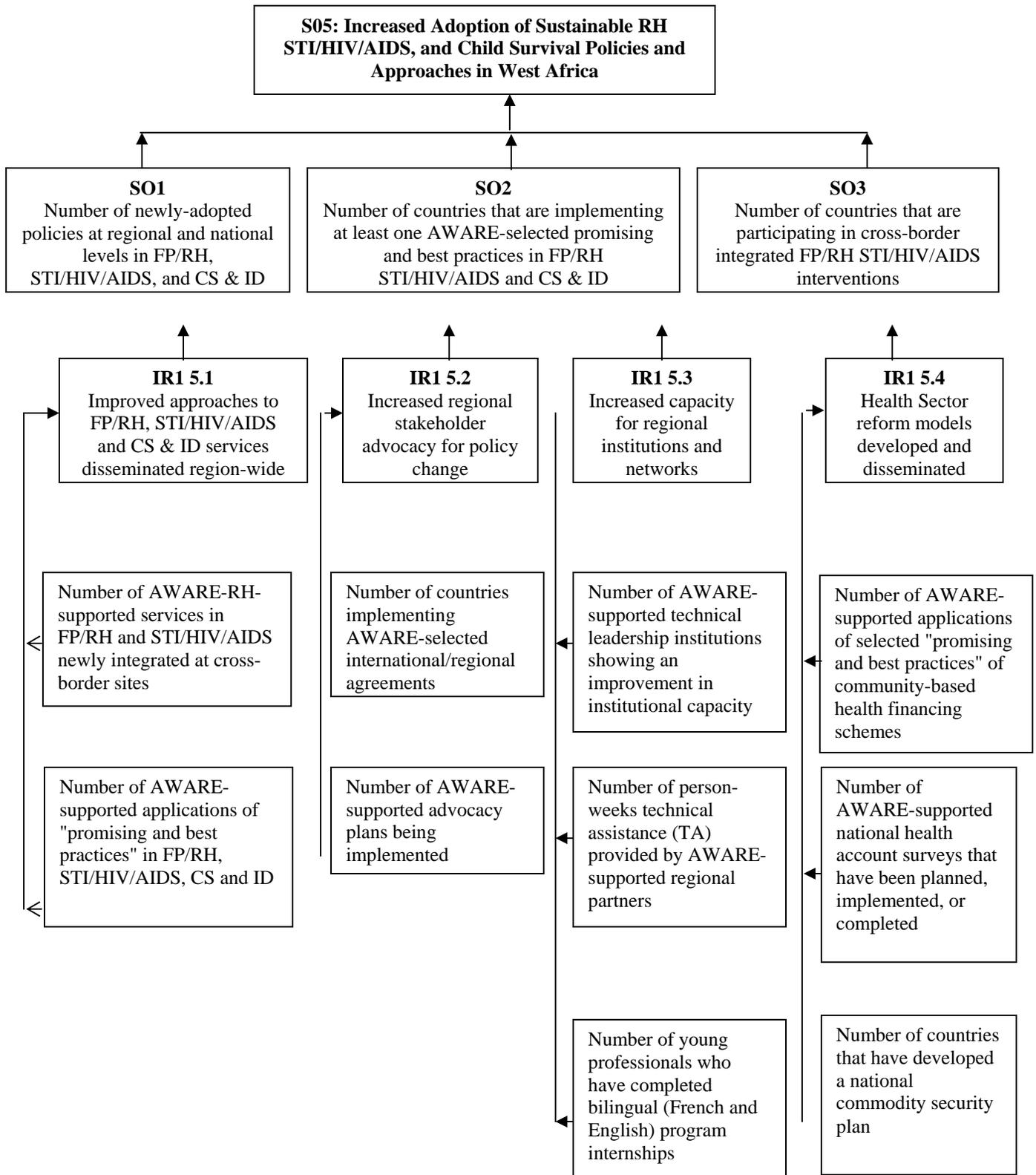
The AWARE-RH project was guided by a vision of strong, capable, relevant, vibrant and sustainable regional health institutions and networks, proactively assisting national and cross-border health programs in developing quality health services that meet the needs of their people.

### USAID/WA Results Framework

In 2003 and 2004, USAID, consultants from the MEASURE Project and program staff from the two AWARE Projects worked together to design the Results Framework Summarized in Figure 1. This

framework was used to assess Project results. It should be noted that revising the framework following the USAID/WA strategy revision was discussed, but did not occur. Instead, the Project chose six results from the USAID Operational Plan list that matched closely with data already being collected. Those results were added to the reporting plan.

Figure 1: USAID/WA Results Framework



## II. The AWARE-RH Approach

### *Team Composition*

The AWARE-RH project was a consortium of four partners:

- **EngenderHealth** (Headquarters in New York) was the managing partner and the lead partner for family planning, maternal health, quality improvements and training. EngenderHealth had sub-agreements with the following partners as core members of the Project.
- **Abt Associates** (Headquarters in Cambridge, MA) was the lead partner in health sector reform, including National Health Accounts (NHA), Mutual Health Organizations (MHO), and the private sector activities.
- **Academy for Educational Development** (AED: Headquarters in Washington) was the lead partner on policy and advocacy. It also led the marketing component of institutional capacity building.
- **Management Sciences for Health** (MSH: Headquarters in Boston) was the lead partner on institutional capacity development. It was also the lead partner for child survival and reproductive health commodity security.

In addition to the four consortium partners, EngenderHealth entered into a multi-year subcontract with **Population Services International (PSI)** to lead project activities in two areas: 1) integration of reproductive health messages and services into peer education activities to prevent HIV and AIDS and HIV and AIDS services that were delivered at cross border sites; and 2) replication of best social franchising and social marketing models.

Over the life of the Project, EngenderHealth and partners entered into 11 subcontracts with regional organizations for provision of technical assistance in various content areas.

### **Overview of programming**

AWARE-RH programming was driven by the AWARE-RH Systematic Approach for Intervention and Policy Replication, Documentation and Dissemination (see Figure 2 below for the model).

The four strategic programming approaches for the Project included:

- To use regional consultative processes to ensure regional ownership of best practices and approaches
- To facilitate the creation of diverse partnerships to implement activities, exchange technical information, and leverage resources
- To apply systematic knowledge management approaches to identify, disseminate, and apply best practices that can be adapted and replicated throughout the region
- To foster technical leadership, management and organizational capacity, marketing, and business development capacity in regional institutions and networks

Below is a summary of yearly programming related to that model.

### **Program Year One (PY1) programming: Engaging partners, assessing national commitment**

The first nine-month workplan (October 2003-September 2004) focused on developing relationships with regional partners and identifying and beginning disseminating best practices relevant to the region. In the model, activities were centered on steps one and two, Identification and Analysis. Contacts were made with partners such as WAHO, BASICS II, UNICEF, UNFPA, WHO/AFRO, CARE, Helen Keller International (HKI), Plan International and many others. Staff focused on identifying relevant best practices, taking advantage of regional forums and workshops that brought together directors and decision makers within the health sector to share best practices and generate interest in replication of best practices. After AWARE shared examples of successful practices within the region and globally other countries requested TA from AWARE to replicate such practices. The AWARE-RH Project involved the Ministries

of Health at the highest level. This included forming a country team led by a focal person for each activity, providing local support for in-country costs, and follow-up and reporting. A situation analysis would be jointly done, results disseminated and workplans developed by the country team, supported by AWARE. AWARE made many follow-up visits to interested countries to encourage and support workplan implementation. When a country identified a best practice that would help resolve particular health problems, AWARE provided TA to support country implementation of that best practice.

During the first program year, the Project extended support to the Cameroon Convention Health Board (CBCHB) to pave the way for replication of a best practice model in PMTCT and to create a model site for regional training and study tours. The Project also collaborated with WHO/AFRO to develop the REDUCE/ALIVE advocacy tool in Mali. Within the same six-month period AWARE-RH worked with WAHO and Tulane to design the Young Professional Internship Program (YPIP).

### **Years Two and Three**

Early in PY2 (October 2004-September 2005), AWARE-RH began disseminating its chosen best practices throughout the region while negotiating for in-country replications. These activities are represented in the model by steps three and four: Adaptation, Adoption and Replication. By the end of PY3 (September 2006), the project was actively supporting the replication of 27 best practices in 12 countries.

### **Revisions to the USAID/WA Strategy**

In early 2006, the USAID/WA Mission redesigned its Strategic Framework that removed IR 5.4, Health Sector Reform models developed and disseminated. Three elements of Health Sector Reform were eliminated: National Health Accounts, Donor Coordination and Corporate Social Responsibility. Community-based financing through Mutual Health Organizations (MHOs) was incorporated into the Community to Facility Continuum of Care Model for Safe Motherhood (IR 5.1) and Commodity Security was incorporated into IR 5.2, Advocacy for Policy Change.

### **Mid-Term Assessment**

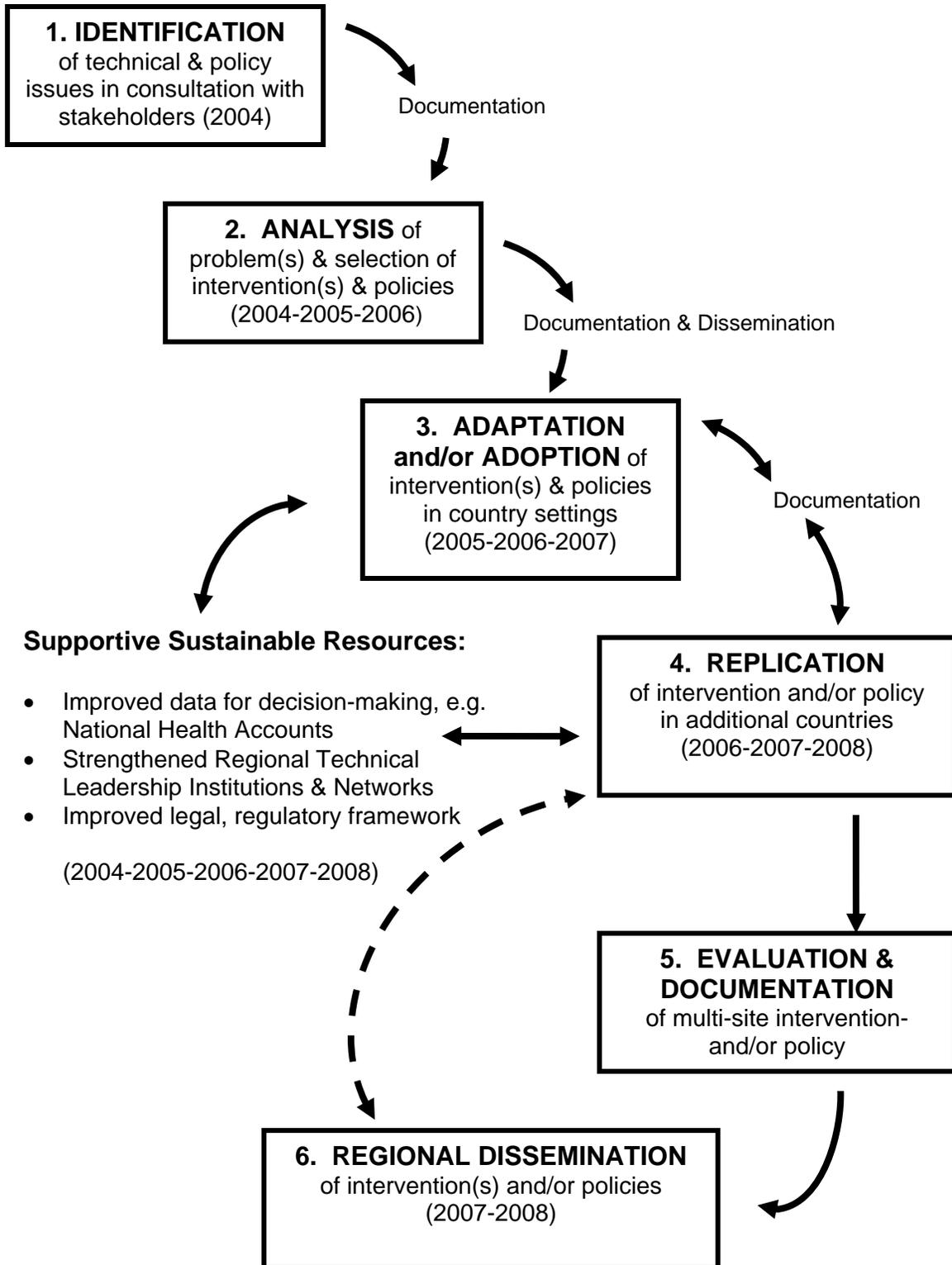
A mid-term assessment of the USAID West Africa portfolio was conducted in May 2006. The Project had worked diligently to enable a positive operating environment for national programs to plan and implement quality service delivery programs, working closely with other donors to achieve consistency between donor programs. As a result the program successfully strengthened and promoted African regional and national capacity to plan, manage and implement health programs. The mid-term assessment recommended that the project prioritize a few select best practices to scale up for greatest impact.

### **Years Four and Five**

Steps three and four of the model; Adaptation, Adoption and Replication, continued to be the focus during year four. Responding to the mid-term assessment recommendations, the Project finished all work related to the National Health Accounts and the social franchising work in Benin (ProFam). By the close of FY2008, all but two targets had been met.

PY5 was abbreviated due to the July close date of the project. Programming in PY5 was focused on step five, Evaluation of best practice implementation, Documentation of other activities, and Dissemination of project results. Replication of some best practices continued, but the focus was on helping other organizations take over implementation. At the end of the year, the Project returned to its dissemination role through presentations at the Global Health Council in Washington, DC, regionally at a large meeting held in Accra in June, and on a country level in Cameroon, Niger and Sierra Leone.

**FIGURE 2: SUMMARY AWARE-RH  
SYSTEMATIC APPROACH FOR INTERVENTION & POLICY  
REPLICATION, DOCUMENTATION & DISSEMINATION**



### III. AWARE-RH Best Practices

Since its inception, AWARE-RH has promoted best practices that have been demonstrated to achieve results in the West African setting. In April 2004, the AWARE-RH team formed a Task Force to identify these best practices. In June 2004 it held a regional workshop in Mauritania and has since collaborated with other partners to disseminate these best practices.

By the end of FY 2005, AWARE was supporting 20 best practices. To respond to practical demands in the field and for greater impact, the project regrouped the best practices into a shorter more focused list of interventions that were packaged into five holistic sets of interventions, which could be disaggregated upon demand and adapted to each country context. The five holistic intervention areas are:

- Maternal and Child Health
- Community Case Management of Malaria and ARI as part of Integrated Management of Childhood Illnesses
- Mutual Health Organizations for Expanded Access to MCH and other health services
- Family Planning and Reproductive Health
- Malaria

The final list of AWARE-RH best practices for FY2007 – 2008 is shown in Figure 3. The short description and two-page description of the best practices is in Annex 3.

#### FIGURE 3: AWARE-RH BEST PRACTICES FY 2007-2008

NOTE that the Best Practices documentation includes both technical as well as the critical policy dimension, with incorporation of supportive sustainable resources.

##### Maternal and Child Health

- Community to Facility Continuum Model for emergency obstetric care (EOC) and focused antenatal care (FANC). AWARE-RH's approach to replicating the model is summarized in the text that precedes this figure. AWARE disseminated and replicated the full Continuum Model in some sites and disseminated/replicated specific components at other sites.
  - Full model (without PMTCT): Cameroon, Niger, Togo, Mauritania
  - Replication of Malaria in Pregnancy component: Sierra Leone
  - Replication of Post-Abortion Care Component: Bissau and Cap Verde
  - Adaptation of PMTCT component in Cameroon, (with AWARE-HIV)
- Community Case Management of Malaria and ARI as part of IMCI
  - Full model (including MHOs) in Niger and Togo
- Mutual Health Organizations for Expanded Access to MCH and other health services
  - Full Model as adjunct to MNH in Cameroon & Niger
  - Replication of MHOs linked to non-AWARE health programs in Burkina Faso and Cap Verde

##### Family Planning and Reproductive Health

- Assure Availability of FP/RH commodities through National RH Commodity Security Plans
  - Full Model in Sierra Leone and Togo

##### Malaria

- Peer Education Approach to Malaria through School Health Programs in Sierra Leone

#### IV. Results achieved by the AWARE-RH Project

Below are the results achieved by the Project using the USAID/WA Results Framework indicators. For the life of the Project, AWARE reported on ten PMP results. The yearly targets were updated annually since the initial targets were often exceeded. By the end of the project, AWARE exceeded six targets and met four targets. The details are shown in Table 1.

Table 1: PMP Indicators and Life of Project Achievements

Indicator	Achievement as of June 30, 2008
SO Indicator 5.A: Number of newly-adopted policies at regional and national levels in FP/RH, STI/HIV/AIDS, and CS and ID	Target was 16; Project contributed to 19 Newly adopted policies Target exceeded
SO Indicator 5.B: Number of countries that are implementing at least one AWARE-selected promising and best practice in FP/RH, STI/HIV/AIDS, CS and ID	Target was 14; Project met the target of 14 countries and achieved results at the regional level as well: ensuring the implementation of 4 regional Best Practices
IR 5.1.B: Number of AWARE-supported applications of selected promising and best practices in FP/RH, STI/HIV/AIDS, CS and ID in the WARP region	54 country applications, 1 regional. The target was 43 replications of best practices.
IR 5.2.A: Number of countries implementing AWARE-selected international/regional agreements	Target was 8. Project met the target.
IR 5.2.B: Number of AWARE-supported advocacy plans being implemented	Target was 28. Project met the target.
IR 5.3.A: Number of AWARE-supported technical leadership institutions in West Africa showing an improvement in institutional capacity	Life of Project target was 6; Project exceeded this at 9 <i>CAFS/CEFA, CEFORP, MWANGAZA ACTION, GSMF, ISED, IRSP, CESAG/ISMS, SAILD, RAMS</i>
IR 5.3.B: Number of person weeks of technical assistance (TA) provided by AWARE-supported regional partners	Target was 290 person weeks. The AWARE project provided with USAID funds 324.8 person-weeks of TA thus exceeding the target. The TLIs on their own provided with non-USAID funds a total of 82.4 person-weeks of TA. Total person-weeks provided: 407.2
IR 5.4.A: Number of AWARE-supported replications of selected best practices of community-based health financing schemes	Target was 20. Project exceeded target at 29 MOHs.
IR 5.4.B: Number of AWARE-supported national health account surveys that have been conducted or completed	At the end of the project 4 NHA activities were completed as planned in Ghana, Niger, Benin and Mali
IR 5.4.C: Number of countries that have developed a national commodity security plan	The Project achieved 7; the target was 6.

Table 2: Details of Project Achievements

Indicator	FY08 Target	Achievement as of June 30, 2008	Comments
SO Indicator 5.A: Number of newly-adopted policies at regional and national levels in FP/RH, STI/HIV/AIDS, and CS and ID	16	19 Newly adopted policies <ul style="list-style-type: none"> <li>• <b>RH Law in Senegal (POLICY), Burkina Faso, Niger, Mauritania</b></li> <li>• <b>Notification of Maternal Death in Ghana</b></li> <li>• <b>RHCS Strategy for West African Sub-region – Regional</b></li> <li>• <b>T&amp;T Resolution adopted by Health Ministers – Regional</b></li> <li>• <b>Accelerating the Reduction of Maternal and Perinatal Mortality and Morbidity in West Africa - WAHO</b></li> <li>• <b>IPT for Malaria in Benin, Niger, Mauritania and Burkina Faso</b></li> <li>• <b>Subsidies for emergency obstetric care– Burkina Faso</b></li> <li>• <b>Adoption of C-IMCI by ECOWAS Ministers as standard approach – Regional</b></li> <li>• <b>Road Map for RH – Niger</b></li> <li>• <b>Increased Budget allocation for Contraceptive Procurement – Togo</b></li> <li>• <b>Neonatal Health Policy – Cameroon</b></li> <li>• <b>RH Regulatory text – Guinea Conakry</b></li> <li>• <b>Removal of VAT on ITNs – Togo</b></li> </ul>	Target exceeded
SO Indicator 5.B: Number of countries that are implementing at least one AWARE-selected promising and best practice in FP/RH, STI/HIV/AIDS, CS and ID	14	14 <ul style="list-style-type: none"> <li>• <b>Benin: Social Franchising of private sector clinics, NHA</b></li> <li>• <b>B’Faso: RHCS strategy, MHOs</b></li> <li>• <b>Cameroon: PMTCT, MNH (EOC), MHOs, RHCS</b></li> <li>• <b>Chad: PAC</b></li> <li>• <b>Niger: MNH (EOC), MHOs, CCM-IMCI, FP/HIV integration, NHA</b></li> <li>• <b>The Gambia: RHCS</b></li> <li>• <b>Ghana: Notification of Maternal Death</b></li> <li>• <b>Guinea Bissau: PAC</b></li> <li>• <b>Guinea Conakry: IPT</b></li> <li>• <b>Mauritania: EOC</b></li> <li>• <b>Mali: PAC, NHA</b></li> <li>• <b>Sierra Leone: RHCS, National Standards and Guidelines for FP, Peer Education for malaria</b></li> <li>• <b>Togo: RHCS, FP/HIV integration, PAC</b></li> <li>• <b>Senegal: RH Law</b></li> </ul> + 4 Regional Implementation of BPs <ul style="list-style-type: none"> <li>• RHCS Strategy for West Africa</li> <li>• Adoption of C-IMCI by ECOWAS Ministers as standard approach</li> <li>• Adoption of T&amp;T Resolution by Health Ministers</li> </ul>	Target met

		<ul style="list-style-type: none"> <li>Accelerating the Reduction of Maternal and Perinatal Mortality and Morbidity in West Africa</li> </ul>	
SO Indicator 5.C: Number of countries that are participating in cross-border integrated FP/RH, STI/HIV/AIDS interventions	NA	NA	
IR 5.1.A: Number of AWARE-supported replications of integrated FP/RH and STI/HIV/AIDS interventions at cross-border sites in the WARP region	NA	NA	
IR 5.1.B: Number of AWARE-supported applications of selected promising and best practices in FP/RH, STI/HIV/AIDS, CS and ID in the WARP region	43	<p>54 country applications, 1 regional</p> <hr/> <p><b>9 FP Applications</b></p> <ul style="list-style-type: none"> <li><i>RHCS applications in Burkina Faso, Cameroon, the Gambia, Sierra Leone and Togo</i></li> <li><i>Development of National Standard Guidelines for FP in Sierra Leone</i></li> <li><i>Integration of FP messages in Togo and Niger</i></li> <li><i>Social Franchising in Benin</i></li> </ul> <p><b>3 MNH Applications</b></p> <ul style="list-style-type: none"> <li><i>EOC in Cameroon, Mauritania and Niger</i></li> </ul> <p><b>4 PAC Applications</b></p> <ul style="list-style-type: none"> <li><i>Chad, Guinea Bissau, Mali and Togo</i></li> </ul> <p><b>1 PMTCT Application</b></p> <ul style="list-style-type: none"> <li><i>Cameroon</i></li> </ul> <p><b>2 C-IMCI Applications</b></p> <ul style="list-style-type: none"> <li><i>Niger, Togo</i></li> </ul> <p><b>2 Malaria Applications</b></p> <ul style="list-style-type: none"> <li><i>Sierra Leone, The Gambia</i></li> </ul> <p><b>33 Health Sector Reform Applications</b></p> <ul style="list-style-type: none"> <li><i>NHAs in Benin, Ghana, Mali and Niger</i></li> <li><i>MHOs in Burkina Faso (1), Cameroon (19), Cape Verde (3), Mauritania (1) and Niger (5)</i></li> </ul> <p><b>1 Regional</b></p> <ul style="list-style-type: none"> <li><i>YPIP</i></li> </ul>	Target exceeded
IR 5.2.A: Number of countries implementing AWARE-selected international/regional agreements	8	<p>8</p> <ul style="list-style-type: none"> <li><b>Benin:</b> <i>IPT/MIP</i></li> <li><b>Burkina Faso:</b> <i>IPT/MIP, RH Law</i></li> <li><b>Ghana:</b> <i>Notification of Maternal Deaths</i></li> <li><b>Niger:</b> <i>IPT/MIP, RH Law</i></li> <li><b>Senegal:</b> <i>RH Law</i></li> <li><b>Guinea Conakry:</b> <i>IPT/MIP</i></li> <li><b>Togo:</b> <i>RH Law, Increased Budgetary allocation for Contraceptive Procurement</i></li> </ul>	Target met

		<ul style="list-style-type: none"> <li>• <b>Mauritania: MIP Policy</b></li> </ul>	
IR 5.2.B: Number of AWARE-supported advocacy plans being implemented	28	<p><b>28</b></p> <ul style="list-style-type: none"> <li>• <i>1 Advocacy for the removal of T&amp;T: Sierra Leone</i></li> <li>• <i>1 Advocacy for the adoption of Regional RHCS Plan: ECOWAS Ministers – Regional</i></li> <li>• <i>1 YPIP Advocacy Plan: WAHO – Regional</i></li> <li>• <i>3 Advocacy for the adoption of the RH Law: Burkina Faso, Mauritania, Togo</i></li> <li>• <i>3 Advocacy for the adoption of the Regulatory Texts for the RH Law: Burkina Faso, Chad, Togo</i></li> <li>• <i>7 REDUCE Advocacy Plans: Burkina Faso, Cameroon, Ghana, Mali, Mauritania, Niger, Togo,</i></li> <li>• <i>1 Advocacy to establish MHOs: Cameroon</i></li> <li>• <i>7 IPT/MIP Advocacy Plans: Benin, Burkina Faso, Guinea-Conakry, Niger, Mauritania, Sierra Leone and Togo</i></li> <li>• <i>1 Advocacy for MHO institutionalization in Niger</i></li> <li>• <i>1 Advocacy for WAHO using REDUCE for the adoption of AHM resolutions on RH</i></li> <li>• <i>1 Advocacy Plan for increasing MHOs in Burkina Faso</i></li> <li>• <i>1 Advocacy Plan to finalize the national Contracting Framework for MHOs in Burkina Faso</i></li> </ul>	Target met
IR 5.3.A: Number of AWARE-supported technical leadership institutions in West Africa showing an improvement in institutional capacity	6	9 <i>CAFS/CEFA, CEFORP, MWANGAZA ACTION, GSMF, ISED, IRSP, CESAG/ISMS, SAILD, RAMS</i>	Target exceeded
IR 5.3.B: Number of person weeks of technical assistance (TA) provided by AWARE-supported regional partners	290	407.2 CEFORP: 66; CEFA: 26.4; GSMF: 20; MWANGAZA: 65.6; SAILD: 77.2; CESAG: 7.	Target exceeded
IR 5.3.C: Number of young professionals who have completed bilingual (French and English) program internships	NA	NA	
IR 5.4.A: Number of AWARE-supported replications of selected best practices of community-based health financing schemes	20	<p>29</p> <p><u>19 MHO sites in Cameroon:</u></p> <p>(3) in Bafousam: (Bameka, Bangoua, Galim) with 1,461 members and 4,440 beneficiaries</p> <p>(7) in Adamaoua Province: Wack, Union des Mutuelle de Ngaoundere, Ngan Ha, Beka Hossere, Babone, Bangou Carrefour, Banfelouk</p>	Target exceeded

		<p>(9) MHO sites in Ngaoundéré: (Mbang Mboum, Bélel, Tourningal, Mbé, Likok, Martap, Wassandé, Nyambaka, Dibi) with 1,602 members and 6,663 beneficiaries</p> <p><u>5 MHO sites in Niger:</u> Loga, Sargadji, Kogou: in Dorso region 752 members and 1,300 beneficiaries Madarounfa, Bargaja: in Maradi region</p> <p><u>1 MHO site in Burkina Faso:</u> Tanghin Dassouci with 878 members and 2,037 beneficiaries</p> <p>3 MHO sites in Cape Verde: <u>Tarrafal, Santa Catarina and Orgaos with 15,000 beneficiaries</u></p> <p>1 MHO site in Mauritania: <u>Kaedi with 1,122 beneficiaries</u></p>	
IR 5.4.B: Number of AWARE-supported national health account surveys that have been conducted or completed	4	4 Ghana, Niger, Benin, Mali	Target met
IR 5.4.C: Number of countries that have developed a national commodity security plan	6	7 Sierra Leone, The Gambia, Togo, Cameroon, Burkina Faso, Niger, Sierra Leone	Target exceeded

In addition to the PMP indicators, the Project added six indicators from the USAID/WA Operational Plan. These indicators were chosen to reflect data that the Project was already collecting. These results are summarized below.

**MCH Indicators/Targets**

	<b><u>FY07:</u></b> <b><u>Achievements:</u></b> <b><u>9/30/07</u></b>	<b><u>FY08:</u></b> <b><u>Target</u></b> <b><u>FY08</u></b>	<b><u>FY08:</u></b> <b><u>Achievement:</u></b> <b><u>6/30/08</u></b>
1. Number of people trained in maternal/newborn health through USG-supported programs (Annual)	170	75	23
2. Number of people trained in child health and nutrition through USG-supported health area programs (Annual)	1,511	50	53
3. Number of policies drafted with USG support (Cumulative)	16	16	16

**FP/RH Indicators/Targets**

<b><u>FY07:</u></b> <b><u>Achievements:</u></b> <b><u>9/30/07</u></b>	<b><u>FY08:</u></b> <b><u>Target:</u></b> <b><u>9/30/08</u></b>	<b><u>FY08:</u></b> <b><u>Achievements:</u></b> <b><u>6/30/08</u></b>
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1. Number of new approaches successfully introduced through USG-supported programs (Cumulative)	13	13	13
2. Number of people trained in FP/RH with USG funds	258	200	379
3. Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services (Cumulative)	9	10	10

The Project achieved or exceeded results on all USAID/WA indicators except number of people trained in maternal/newborn health.

## V. Advocacy for Policy Change

Using a regional consultative committee of experts and key stakeholders, the Project selected a few key best practices that could be replicated throughout the region to meet the needs of the health programs in the project content areas. To support the replication of best practices, the project worked with key stakeholders to identify appropriate policies and to advocate for their adoption. Additionally, AWARE-RH built the capacity of selected institutions to provide technical assistance for implementing project activities.

Health policy in West Africa was relatively uncoordinated. Studies reported on various reproductive health policies in thirteen areas ranging from family planning to violence against women. But most existing “policies” were not formal, comprehensive national policies, rather they were components of plans, programs and strategies that reflected the government’s position on aspects of reproductive health or service delivery policies, standards and norms. The findings and conclusions of these studies provided information to track each country’s progress in reaching the ICPD goals and to identify areas requiring further work.

To develop its advocacy for policy change strategy, AWARE-RH assessed the state of health policy and the advocacy activities aimed at streamlining and reinforcing them. The results showed that AWARE countries in general are committed to international agreements, conventions and action plans that specifically affirm the right to reproductive health care, child/infant health, safe motherhood and the right to reproductive self-determination and set out goals for improving reproductive health, child survival and maternal and neonatal health. However, countries differed in the degree to which their national laws and policies reflect these principles. Before project implementation, AWARE-RH selected interventions in the sub region consisted of:

- Five of 16 countries (Ghana, Nigeria, Senegal, The Gambia and Togo) had adopted an IPT policy;
- Four countries (Benin, Chad, Guinea and Mali) had adopted the RH law;

In all West African countries, maternal and neonatal health components were very low on the policy agenda. Funding for reproductive health, child survival and malaria programs was also low. Countries lacked comprehensive national contraceptive or reproductive health commodity security policies, either separately or as part of larger RH or health sector plans and strategies.

## VI. Institutional Capacity Development

The ICD unit regarded the Regional Technical Leadership Institutions as the preferred purveyors of technical assistance to national health programs throughout West and Central Africa. The unit developed strategies to turn them into strong, responsive, well managed and capable organizations that are adept at rapidly identifying good and promising practices that could be adapted to local context throughout the region by providing high quality technical assistance.

The Project used a two-pronged strategy to help transform these organizations into effective providers of regional expertise:

- Institutional Capacity Reinforcement - the ICD Unit reinforced the management and marketing skills of these organizations and networks, which helped them enhance their ability to meet the challenges and opportunities to provide quality technical assistance in an efficient, effective and sustainable manner; and
- Technical Skill Reinforcement - concurrently, AWARE-RH's health and policy/advocacy units reinforced the technical skills of regional organizations in the targeted health areas,.

The ICD unit used a multi-step process to develop an organization's internal structures and practices to enable it to become a high quality vehicle that could support technical activities within national health programs. The ICD team worked with the selected institutions to upgrade organizational policies, structures and practices and to foster more responsiveness, results-orientation and customer-focus.

Nine TLI/Ns matured to provide valuable TA to the region, which exceed the target of six institutions. The institutions and networks are:

- CAFS/CEFA
- CEFORP
- MWANGAZA ACTION
- GSMF
- ISED
- IRSP
- CESAG/ISMS
- SAILD
- RAMS

These institutions over the life of the project provided a total of 407.2 person weeks of technical assistance, which exceeded the target of 290. Out of this number of person-weeks of TA, 324.8 used USAID funds. Due to competence gained by the institutions and their enhanced marketing expertise, they were able to attract non-USAID funds with which they provided another 82.4 person weeks of TA to the region.

## **VII. Lessons Learned**

Replication of best practices works best when there is committed leadership in the partner/stakeholder organizations. Having a local partner with good relations with the government and existing programs in the content areas provides necessary context.

Capacity in advocacy enhances the region's ability to push for improved health policies and services. Adapting the policy environment facilitates adoption and replication of best practices. Harmonizing policies in the region will likely improve health disparities among countries.

Funding is critical. Coordination among funding and technical assistance agencies in the region is key to harmonizing approaches, sharing technical resources, maximizing the use of limited resources and minimizing duplication or confusion among programs throughout the region.

Only a few organizations will become Regional Technical Leadership Organizations. Further, building capacity within regional networks requires different approaches and often depends on the strength of country chapters. Capacity must be built in both organizational management and in marketing organizational strengths.

Coordination of planning and implementation of jointly funded activities is very rewarding but also very time intensive. Differences in budget cycles, institutional policies and national practices can be sometimes quite challenging. There are many networks in the region but most of them are not adequately staffed or organized to carry out their mission. Most of them are therefore not well suited to support implementation of best practices or to promote policy development. There are several institutions in the region that have

significant technical capability to support implementation of best practices and south to south learning. However, many of them have limited human resources and management capacity to provide TA on a large scale.

AWARE-RH made significant efforts to work more collaboratively with USAID bilateral missions and continual clarification of the role of the bilateral Missions is necessary. Lines of authority, levels of responsibility, types of information and levels of detail to be communicated need to be clarified.

#### **VIII. Financial information**

The AWARE-RH Project financial reports indicate that the Project received US\$31,313,359 from inception through July 15, 2008 and has expended \$30,066,838 of federal funds and \$3,562,664 of non-USG funding as cost share during that same period. Please note that because EngenderHealth has not closed the fiscal year accounts, these numbers are preliminary and subject to variation.

## Annex 1: Planned Activities in FY08

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
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### Intermediate Result 1: Improved Approaches to FP/RH, STI/HIV/AIDS, and CS services disseminated region-wide

#### *Activity 1.1 Document and Disseminate best practices from the replication of FP/RH, CS and QA tools and approaches*

*(Clarification: This activity is out-of-sequence. It covers the post-hoc Evaluation and Documentation of Results, Lessons Learned, etc. and Dissemination of best practices AWARE has or will have replicated under Activities 1.3, 1.4, 1.5. What is covered here is the write-ups, evaluations, reports, workshops, other media)*

#### *Activity 1.1.1: Document and disseminate best and promising practices in FP/RH, CS and Malaria replicated by AWARE:*

Support documentation (e.g. completion reports, evaluations, assessments) and dissemination (e.g. workshops, reports) of AWARE-RH selected best practices in collaboration with partners.

1.3.3	1.1.1	<ul style="list-style-type: none"> <li>• <b>C-IMCI:</b> Community Case Management of Childhood Illnesses in Niger and Togo</li> </ul>	Replication of C-IMCI evaluated in Niger January 14 – 28, 2008 and results disseminated at national in Niger May 21, 2008 and regional level June 10 – 12, 2008
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**Evaluation completed**

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
1.3.4 2.1.2	1.1.1	<ul style="list-style-type: none"> <li>• <b>Peer Education Approach to Malaria</b> through School Health Programs in Sierra Leone.</li> </ul> <p><b>Completed</b></p>	Replication of Peer Education and Malaria documented and Disseminated at regional level June 10 – 12, 2008
1.3.1 1.5 2.1.1 2.2.2 +	1.1.1	<ul style="list-style-type: none"> <li>• <b>Community to Facility Continuum Model for Emergency Obstetric Care:</b></li> <li>• <b>Evaluation, Dissemination of Results of Full Model</b> as replicated in Cameroon, Mauritania, Niger, Togo</li> </ul> <p><b>Evaluations completed and dissemination effected in Cameroon, Mauritania. Niger and regionally</b></p>	Replication of Facility Continuum Model evaluated (Cameroon: Nov 4 – 18, 2007; Mauritania: Feb 15 – 29, 2008;) and disseminated (Cameroon: April 1-2, 2008; Mauritania May 28, 2008) ) and regional level June 10 – 12, 2008
MH O- 4.5.5 +		<ul style="list-style-type: none"> <li>• <b>Evaluation, Dissemination of Results of Post-Abortion Care (PAC)</b> module in Guinea Bissau, Chad, and Cape Verde</li> </ul> <p><b>PAC report write up done</b></p>	PAC replication write up done and disseminated at the regional forum in June 2008
Com Sec- 4.1.1 4.1.2 4.1.3 4.1.4 4.1.5		<ul style="list-style-type: none"> <li>• <b>Documentation of Results/Lesson Learned, Dissemination of Findings on Management and Prevention of Malaria in Pregnancy (MIP)</b> module in Sierra Leone</li> </ul> <p><b>This activity was canceled: Nothing significant happened.</b></p> <ul style="list-style-type: none"> <li>• <b>Evaluation, Dissemination of Integration of Prevention of Mother to Child Transmission (PMTCT)</b> into routine Antenatal Care, CBCHB Program in Cameroon using selected quality improvement approaches and tools as below : Facilitative supervision; Infection prevention; COPE for PMTCT; Men As Partners.</li> </ul> <p><b>Evaluation completed, report done and disseminated.</b></p>	Evaluation of integration of FP into PMTCT activities evaluated Nov 4 – 18, 2007 and results disseminated in Cameroon April 1-2, 2008 and regionally June 10 – 12, 2008

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
1.3.1	1.1.1	<ul style="list-style-type: none"> <li>• <b>Documentation of Results/Lesson Learned, Dissemination of Findings on Use of Best Practices in Full Range of FP Services</b> including long-acting and permanent methods (LAPM) including intrauterine devices (IUD), implants, and mini-laparotomy under local anesthesia (ML/LA), as well as Facilitative Supervision, in Togo, Sierra Leone, Niger, Chad, The Gambia and Cameroon</li> </ul> <p><b>Report written.</b></p>	Replication of FP Services Best Practices documented and disseminated in the Gambia (May 27, 2008) and regionally June 10 – 12, 2008
MHO-4.5.6	1.1.1	<ul style="list-style-type: none"> <li>• <b>Social Franchising – Expansion of range of FP/RH services</b></li> </ul> <p><b>Finalize documentation and dissemination of Social franchising of FP/RH services approach and experience in Benin</b></p> <ul style="list-style-type: none"> <li>• Follow up Social Franchising Communication Plan implementation</li> <li>• Follow up the Evaluation of Social Franchising BPs implementation</li> <li>• Document lessons learned from Social Franchising BPs replication in Benin</li> <li>• Use a regional workshop to disseminate Social Franchising approach and BPs replicated in Benin results</li> </ul> <p><b>Report finalized; dissemination in Benin done.</b></p>	Replication of Expansion of Range of FP/RH Services Franchise Model documented and disseminated in Benin and also regionally June 10 – 12, 2008

*Activity 1.3: Support replication of best practices in FP/RH, CS and Malaria*

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
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**1.1.1 Activity 1.3.1: Support replication of FP interventions**

*Expand range of contraceptive methods, focusing on long acting and permanent methods (LAPM), including intrauterine devices (IUD), implants, mini-laparotomy under local anesthesia (ML/LA), and facilitative supervision (FS) while strengthening capacity for existing methods.*

**1.1.1 1.3.1 SIERRA LEONE**

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4.1.2**

- Provide Technical Assistance (TA) to update norms, standards and protocols for FP-ongoing. **(Completed)**
- Conduct training of service providers in FP counseling for selected Districts. **(Completed)**
- Carry- out minor renovations in the FP clinics for selected sites as needed. **This activity was eliminated.**
- Conduct two post trainings follow-up visits

Increased access to expanded contraceptive choices including LAPM; increased local partner skills for all contraceptive technologies and FP counseling through training and follow-up facilitative supervisory visits.

**One post training visit done**

**1.1.1 1.3.1 TOGO**

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**4.1.3**

- Conduct FP counseling standardization workshop for francophone countries
- Conduct training for IUD insertion/removal for FP service providers in Lome commune.
- Conduct 2 post training follow-up visits

FP counseling standardization training workshop for francophone countries conducted and local partner skills increased for all contraceptive technologies and FP counseling, with increased access to LAPM and expanded contraceptive choices.

**One post training visit done**

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
1.1.1	1.3.1	<b>NIGER.</b>	
+ Com Sec 4.1.4		<ul style="list-style-type: none"> <li>Conduct FP counseling standardization workshop for francophone countries.</li> <li>Conduct training for service providers to expand the use of the IUD (insertion and removal) in Maradi.</li> <li>Conduct two post trainings follow-up visits <b>Not done</b></li> </ul>	Increased access to LAPM, local partner skills increased for all contraceptive technologies and FP counseling and expanded contraceptive choices.
1.1.1	1.3.1	<b>CHAD</b>	
+ ComS ec 4.1.1		<ul style="list-style-type: none"> <li>Conduct FP counseling standardization workshop for Francophone countries.</li> <li>Conduct 1 post training (IUD) follow-up visit</li> </ul> <p><b>No in-countries activities carried out in Chad.</b></p>	No in-countries activities carried out in Chad due to political instability.
1.1.1	1.3.1	<b>THE GAMBIA</b>	
+ Com Sec 4.1.5		<ul style="list-style-type: none"> <li>Conduct training to expand the use of IUD in selected sites. <b>(Completed)</b></li> <li>Conduct training in FP counseling for FP service providers.</li> <li>Conduct two post trainings follow-up visits</li> </ul> <p><b>Post training follow-up visit done</b></p>	Increased access to IUD, local partner skills increased for IUD with expanded contraceptive choices.
1.1.1	1.3.1	<b>CAMEROON (Full Model including PAC and MIP)</b>	
+ Com Sec 4.1.5		<p><b>Continue support for ongoing replication activities</b></p> <p><b>Mob Soc:</b></p> <p>Formation des agents de santé sur la collaboration</p> <p>Atelier de concertation avec les accoucheuses traditionnelles</p>	<p>Increased access to quality MNH services by training agents de santé as part of social mobilization</p> <p>Regional and International level dissemination of project work and findings done (Global Health Council Meeting: Regional</p>

<b>XRef. No.</b>	<b>Act. Nos.</b>	<b>Planned Activities in FY08</b>	<b>Implementation Status as at June 30, 2008</b>
		Participation atelier de dissémination	Dissemination Meeting: June 10 – 12, 2008)
		<ul style="list-style-type: none"> <li>• Preparation Evaluation <b>Completed</b></li> <li>• Program evaluation <b>Completed</b></li> <li>• 1) Organize dissemination workshop at national level <b>Done</b></li> <li>2) Organize dissemination workshop at regional and international level, use newsletters, web site and case story <b>Done</b></li> </ul>	
		<b><i>Activity 1.3.1: Support replication of <u>Maternal and Neonatal Health (MNH) interventions</u></i></b>	
<b>1.1.1</b>		Replicate <u>Community to Facility Continuum Model</u> for Emergency Obstetric Care including post-abortion care (PAC) and intermittent presumptive treatment for malaria in pregnancy (MIP).	
<b>1.1.1</b>	<b>1.3.1</b>	<b>MAURITANIA (Full Model including PAC and MIP)</b>	Supported implementation of Social Mobilization activities in support of replicating full model of EOC Best Practice. Evaluation of project done Feb 15 – 29, 2008, dissemination in Mauritania done May 28, 2008 and regionally June 10 – 12, 2008.
<b>+ MHO-4.5.5</b>		Continue support for ongoing replication activities	
<b>+ Com Sec 4.1.5</b>		<b>Mob Soc:</b> Atelier d'adaptation de modules et outils de communication <ul style="list-style-type: none"> <li>• Visit preparation of evaluation (<b>Completed</b>)</li> <li>• Conduct evaluation visit of MNH program <b>Done</b></li> <li>• Organize dissemination workshop at regional or international level ,use newsletters, web site and case story <b>Done</b></li> </ul>	
<b>1.1.1</b>	<b>1.3.1</b>	<b>NIGER (Full Model including PAC and MIP)</b>	Follow-up visit and discussions on MNH and Fistula activities carried out, national (May 21, 2008) and regional (June 10 – 12, 2008) disseminations carried out and discussions on project activities, findings and lessons learned
<b>+ MH</b>		<b>Mob Soc</b> Activities in Maradi region <b>Done</b>	

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
O		Formation sur auto diagnostic <b>Done</b>	
4.5.5		Bilan des auto diagnostics et adaptation des outils <ul style="list-style-type: none"> <li>• Conduct follow-up of clinical activities in MNH and Fistula <b>Done</b></li> <li>• Organize dissemination workshops at national level <b>Done</b></li> </ul> <p>Organize dissemination workshop at regional and international level ,use newsletters, web site and case story <b>Done</b></p>	
1.1.1 + MHO- 4.5.5 + Com Sec- 4.1.4	1.3.1	<b>TOGO (Full Model including PAC and MIP)</b> <ul style="list-style-type: none"> <li>▪ Follow-up visit of clinical activities including PAC and MIP <b>No follow-up visits done.</b></li> <li>▪ Organize dissemination workshop at national level <b>Cancelled.</b></li> <li>▪ Organize dissemination workshop at regional level and international level, use newsletters web site and case study <b>Project dissemination workshop done</b></li> </ul>	Regional dissemination workshop carried out June 10 -12, 2008 and Togo participated in presentations and discussions.
1.1.1 + MHO 4.5.5 + Com Sec	1.3.1	<b>GUINEA-BISSAU, CHAD, CAP-VERDE (PAC module only)</b> <ul style="list-style-type: none"> <li>• Visit in Guinea Bissau to discuss with MOH and UNFPA about the future of PAC program <b>Not done.</b></li> </ul>	Post Abortion Care write up done and disseminated at Regional Dissemination meeting.

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
4.1.3		<ul style="list-style-type: none"> <li>• Training of Cap Verde's providers as follow-up of TOT and discuss with UNFPA and MOH about the future of PAC program</li> </ul> <p><b>Cancelled</b></p> <ul style="list-style-type: none"> <li>• Documentation of PAC activities</li> </ul>	
		<p><b>PAC write up done</b></p> <p><b>Participate at GHC meeting</b></p>	<p>AWARE participated in the Global Health Council Meeting on May 27, 2008</p>
		<p><b>Finalization of Sao Tome and Principe program:</b></p> <p><b>Completed</b></p>	<p>Rehabilitation and refurbishment of Health Service Delivery Point in Ribiera Peix, Sao Tome and Principe completed and inaugurated in Oct 2007</p>
1.1.1	1.3.1	<p><b>CAMEROON (PMTCT)</b></p> <p><b>Integration of the CBCHB PMTCT program activities into routine reproductive health activities (ANC, FP)</b></p>	<p>Training in Facilitative Supervision, practical hands-on training in mini-laparotomy under local anesthesia (ML/LA) and training in Medical monitoring carried out with follow-up visits. End of project evaluation carried out and results disseminated in country and at regional level.</p>
+ ComSec		<ul style="list-style-type: none"> <li>• Conduct training workshop on Facilitative supervision, FOC, and Medical monitoring for CBCHB managers, field supervisors and clinical supervisors of hospitals.(TA)</li> <li>• Complete practical sessions in the training in mini laparotomy under local anesthesia (ML/LA) for CBCHB physicians in Mutengene and Mboppi Baptist hospitals.</li> <li>• Conduct two follow-up visits in clinical activities including FP, IP, COPE and MAP.</li> <li>• Conduct end of PMTCT project evaluation with partners. <b>Completed.</b></li> </ul>	
4.1.5			

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
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**1.1.1 1.3.3: Support replication of best Child Survival interventions**

Support replication of Community Case Management of childhood illnesses including Malaria, Acute Respiratory Infections, Diarrhea and malnutrition in Niger and Togo

**1.1.1 + MHO 4.5.5 1.3.3 Niger:**

- Assist selected NGOs in TOT workshops in their supported districts. **Completed**
- Conduct follow-up visits to discuss program progress, identify constraints and discuss alternative solutions **Completed**
- Organize AWARE-RH activities evaluation of CCM **Completed**
- Organize/Participate at dissemination workshops at national and regional level **Done.**

Local NGO training skills in C-IMCI supported in a workshop and on the field.

**Water/Sanitation**

1. Develop detail implementation plan **completed**
2. Negotiate sub-agreement with CREPA to support MOH in the implementation of the DIP: **Done**
  - Assess water and sanitation situation in Torodi
  - Adapt/develop training modules and tools (PHAST Kits)
  - Develop communication plan on hygiene and sanitation
  - Conduct hygiene and sanitation actions at school and community
  - Support creation of clubs for hygiene and sanitation at school

Implementation of Water and Sanitation Program with community participation after needs assessment, tool adaptation and community mobilization and training of community members. Experience from this implementation documented and shared in regional dissemination workshop.

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
		<p>and community level in the commune of Torodi</p> <ul style="list-style-type: none"> <li>• Train community organizations members that have been identified on behavioral change around a: water container covering in the household, b: children hand washing, latrine usage for children – focusing on mothers, c: water management at school and community levels)</li> <li>• Build 10 blocks of latrines at school level and 10 at community level</li> <li>• Provide 3 additional water sources in 3 schools.</li> <li>• Provide sanitation equipments (disposal and hand washing containers at community and schools</li> <li>• Supervision and follow-up visits</li> </ul>	
		<p>3. Follow-up visits <b>One follow-up visit done</b></p> <p>4. Document AWARE-RH support to Water and sanitation program in Niger <b>Done</b></p>	<p>Water and Sanitation activities in Togo and Niger documented in a Success Story Write up.</p>
		<p>Document AWARE-RH support to Water and Sanitation program ( this activity was planned in pt 4, may not be conducted before March 31 due to the late start of the program</p>	
		<p><b>Done</b></p>	
<p>1.1.1 + MHO -4.5.5</p>	<p>1.3.3</p>	<p><b>Togo:</b></p> <ul style="list-style-type: none"> <li>• Support TOT of CHW in 5 selected districts in collaboration with UNICEF and WHO. <b>completed</b></li> <li>• Conduct follow-up visits in districts where CHWs have been trained <b>completed</b></li> <li>• Organize/Participate at dissemination workshops at national and regional level</li> </ul>	<p>Local NGO training skills in C-IMCI supported in a workshop and on the field</p>

**XRef. Act.  
No. Nos.**

**Planned Activities in FY08**

**Implementation Status as at June 30, 2008**

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**Water and Sanitation**

1. Develop detail implementation plan **completed**
2. Negotiate sub-agreement with CREPA to support MOH in the implementation of the DIP: **Done**
  - Assess water and sanitation situation in selected (4) villages/communities **completed**
  - Adapt/develop training modules and tools (PHAST Kits) **completed**
  - Train trainers that include program coordinator and animators **completed**
  - Train health workers at the use of tools **completed**
  - Train community organizations members that have been identified on behavioral change around a: water container covering in the household, b: children hand washing, latrine usage for children – focusing on mothers, c: water management at school and community levels) **completed**
  - Train masons at the community level who will be assisting in the building of latrines and wells **completed**
  - Build 160 community latrines in 4 villages **Started**
  - Rehabilitate 10 wells in the community and 3 impluviums (concrete containers) at in 3 schools. **Rehabilitated 6 wells**
  - Supervision and follow-up visits **One follow-up visit conducted**
3. Follow-up visits **One follow-up visit done**
4. Document AWARE-RH support to Water and sanitation program in Togo **Done**

Implementation of Water and Sanitation Program with community participation after needs assessment, tool adaptation and community mobilization and training of community members. Experience from this implementation of Participatory Hygiene And Sanitation Transformation was documented and shared in regional dissemination workshop.

290 community members trained on hygiene and sanitation and potable water management

100 school teachers trained on BCC.

100 masons trained

160 latrines available in 4 villages (5,000 inhabitants).

AWARE-RH support to W&S program documented in Togo and disseminated in regional dissemination workshop.

Water and Sanitation activities in Togo and Niger documented in a Success Story Write up

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
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- a) Document AWARE-RH support to Water and Sanitation program ( this activity was planned in pt 4, may not be conducted before March 31 due to the late start of the program

**Done**

**1.3.4 Support replication of Malaria interventions**

Note: AWARE-RH follows national policies in adaptation and replication of best practices related to malaria. At the present time, most West African countries are standardized on use of artesunate combination therapy (ACT) for the general population, and sulphadoxine pyrimedamine (SP) for pregnant women. References to ACT include attention to the specialized needs of pregnant women.

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
1.1.1	1.3.4	<p><b>Sierra Leone:</b></p> <p>Provide TA and financial support to the implementation of Peer health Education program <b>Done</b></p> <ul style="list-style-type: none"> <li>• Conduct training of community members (women group, opinion leaders and youth group) on prevention and control of malaria <b>completed</b></li> <li>• Conduct training on the use of self-assessment competence tool in schools and communities <b>completed</b></li> <li>• Develop and conduct outreach activities on prevention and control of malaria in the communities and schools <b>Done</b></li> <li>• Conduct follow-up visits to discuss program progress, identify constraints and discuss alternative solutions. <b>Done</b></li> <li>• Document AWARE-RH support to Malaria control in Sierra Leone. <b>Done</b></li> <li>• Organize dissemination workshop at country level <b>Done</b></li> </ul>	<p>Community members, teachers and pupils trained in prevention and control of malaria in 30 schools in the Koinadugu, Bambali and Tonkolili districts in the Western Area.</p> <p>Experiences from this activity were documented and presented at the regional dissemination seminar in Accra, June 10 – 12, 2008.</p>
Com Sec- 4.2.3	1.3.4	<p><b>The Gambia:</b></p> <p>Support for the Introduction of ACTs in The Gambia</p> <ul style="list-style-type: none"> <li>• Train Health Staff and Community Health Workers in selected districts on the use of ACTS as first line anti-malarial treatment (private and public) <b>Done</b></li> <li>• Sensitize communities in selected districts on ACT implementation targeting women groups, opinion leaders, Teachers, traditional communicators, theatre groups and other local RBM partners <b>Done</b></li> </ul>	<p>ACT was successfully introduced as the first line treatment for malaria in the Gambia. Health workers in selected districts were trained in relevant skills needed to prescribe ACT as first line treatment for malaria.</p>

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
		<ul style="list-style-type: none"> <li>• Conduct TOT workshop in selected districts on the use of self assessment tool to scale up best practices for malaria control and prevention at community level <b>completed</b></li> <li>• Train students and community association groups on the use of the assessment tools <b>completed</b></li> <li>• Support malaria control and preventive outreach activities identified at community and school levels <b>Done</b></li> <li>• Conduct follow-up visits to discuss program progress, identify constraints and discuss alternative solutions. <b>Done</b></li> <li>• Document AWARE-RH support to Malaria control in The Gambia <b>Done</b></li> <li>• Organize dissemination workshop at country level <b>Done</b></li> </ul>	<p>Communities in selected districts sensitized on the use of ACT as first line treatment for malaria.</p> <p>Experiences from this activity were documented and disseminated at the regional seminar in Accra, June 10 – 12, 2008</p>
Com-Sec-4.2.3	1.3.4	<p><b>Niger:</b></p> <p>Support for the Introduction of ACTs in Niger</p> <ul style="list-style-type: none"> <li>• Train Health Staff and Community Health Workers on the use of ACTS as first line anti-malarial treatment (private and public <b>Done</b></li> <li>• Develop and train health workers on communication tools for ACT introduction as first line treatment for malaria <b>completed.</b></li> <li>• Conduct follow-up visits to discuss program progress, identify constraints and discuss alternative solutions <b>Done</b></li> <li>• Organize dissemination workshop at country level <b>Done</b></li> </ul>	<p>Health workers in Madarounfa and Maradi districts trained on ACT prescription as malaria first line drug.</p> <p>21 communities in the districts were sensitized on the use of ACT as first line treatment for malaria.</p> <p>Experiences from this activity were documented and disseminated at the regional seminar in Accra, June 10 – 12, 2008</p>

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
Com Sec 4.2.3	1.3.4	<p><b>2-3 Countries TBD:</b></p> <p><b>Support technical implementation of GFATM in selected countries in the region</b></p> <ul style="list-style-type: none"> <li>Identify 2 or 3 countries and provide TA to support (as needed and requested) the implementation of GF activities.</li> </ul> <p><b>No new activities initiated</b></p>	No new activities initiated with GAFTM funding
<i>1.4: Integrate FP/RH messages and services into cross-border VCT and STI components</i>			
1.3.4	1.4	<p><i>Integrate FP/RH messages and services into cross-border VCT and STI components</i></p> <p>Activity planning underway with PSI.</p> <p><b>No current active TA role in these activities.</b></p>	This activity was completed, evaluated and disseminated in 2007 and no new activity was initiated for FY08
<i>1.5: Develop a regional obstetrical fistula initiative</i>			
1.1.1	1.5	<ul style="list-style-type: none"> <li>Provide support for fistula repairs to 3 selected facilities in Niger <b>completed</b></li> </ul>	
1.3.1		<ul style="list-style-type: none"> <li>Integrate fistula into ongoing Mwangaza community mobilization <b>Done</b></li> <li>Develop community social mobilization model that involves men as partners in one selected community in Niger <b>Not done</b></li> </ul>	Two fistula surgeons trained in Niger and liaison cadres mobilized to sensitize communities on obstetrical fistula and repair facilities, opportunities and reintegration into societies for repaired women.

XRef. No.	Act. Nos.	Planned Activities in FY08	Implementation Status as at June 30, 2008
		<ul style="list-style-type: none"> <li>• Fund the fistula session during Franco Cameroonians conference of obstetrics and gynecology <b>Complete</b></li> <li>• Follow-up visit in Niger <b>Done</b></li> <li>• Follow up and needs assessment visit to Ngaoundere <b>(completed)</b></li> <li>• Provide equipment for fistula surgery program as needed at Cameroon <b>Discussed with UNFPA to take this over</b></li> <li>• Provide equipment for fistula surgery program as ordered to Niger <b>Equipment not yet ordered</b></li> <li>• Organize a West Africa Regional Fistula Meeting <b>Done</b></li> <li>• Support regional partners in disseminating their work on obstetric fistula <b>ongoing Done</b></li> <li>• Organize dissemination workshop at national level, use newsletters ,web site and case study <b>Not done</b></li> </ul>	<p>State of the Art presentation made at the Fistula session held at Cameroon’s obstetricians and gynecology society meeting.</p> <p>Follow-up visits done to Mauritania, Niger and Ngaoundere with plans to train more Obs &amp; Gyne specialists from Mauritania and refreshers for Niger and Cameroon</p> <p>West Africa regional Fistula Meeting conducted in Accra, Ghana, April 15 – 17, 2008.</p>

**END OF IR 1 CLINICAL ACTIVITIES**

The following Mutual Health Organization (MHO) activities clustered under 4.5 contribute to **IR 1: Improved Approaches to FP/RH, STI/HIV/AIDS, and CS services disseminated region-wide**, but are placed here in the workplan because of numeric sequencing.

#### *4.5: MHOs strengthened at regional and national level*

##### **Activity 4.5.1: Assist national MHO technical assistance organizations in providing TA to local MHOs**

- 4.5.1**
- Provide TA to MHO technical assistance organizations for the implementation of M&E and marketing plans. **Done**
  - Organize and conduct final regional workshop in Lome on Training of Trainers for providing TA to local MHOs. **(completed)**
  - Assess technical skills of national MHO technical assistance organizations **Done**
  - Monitor implementation of the above activities **Done**

5 MHO support organizations (RAMS, AFUA, SAILD, DYNAM, FORUM COOPERATIVO) have been strengthened to provide improved support to MHO activities across the region

##### **Activity 4.5.2 Improve the technical skills of CESAG and IRSP**

MHO courses are currently being taught at IRSP and CESAG Health

3.1.2 4.5.2 • Provide TA for implementation of MHO courses at IRSP and CESAG **Done** Economics classes (year 2008 class)

2.1.6 Activity 4.5.3: Improve the effectiveness of La Concertation (regional MHO network)

3.1.3

2.1.6 4.5.3 • Support preparations for La Concertation's Forum **(completed)**

- 3.1.3
- Participate in Forum meeting, to be held in Dakar November 26-27, 2007 **(completed)**
  - Participate in La Concertation promoter's meeting (Dakar, November 29, 2007) **(completed)**

In all, 30 participants attended the Forum from Cameroon, Burkina Faso, Niger, Cape Verde, and Guinea. AWARE however paid for 10 of them.

**Activity 4.5.4: Support scale up of MHO activities in Burkina Faso, Cameroon, Cape Verde, and Niger**

- 4.5 • Assist “cadre national de la Concertation” in Cameroon, Burkina Faso and Niger in the implementation of advocacy plans (developed in Ouagadougou workshop in July 2006). (See details under activity 2.1.4, IR2.) **Done**
- .4 • Support a trainers manual validation workshop on MHOs in Cameroon **Done**
- Assist Niger, Burkina Faso, and Togo in the development of an MHO scale up strategic plan **Done**
- Identify MHOs/RH best practices to be disseminated **completed**
- Disseminate best practices at La Concertation Forum and country-wide meetings (Cameroon, Burkina Faso, Niger, and Cape Verde) **Done**

AWARE supported Cameroon, Burkina Faso and Niger to implement their advocacy plans for MHO development

MHO trainers manual developed and validated for Cameroon

2 national Strategic plans developed by Niger and Burkina Faso for MHO scale up

Best practices disseminated at national and regional dissemination meetings

**1.1.1 Activity: 4.5.5: Increase access to RH services by initiating MHOs in conjunction with best practices in Cameroon, Mauritania, Niger, and Burkina Faso**  
**1.3.1**

1.1.1	4.5.	<b>CAMEROON, MAURITANIA, NIGER, BURKINA FASO</b>	
1.3.1	5	<ul style="list-style-type: none"> <li>• Provide TA on M&amp;E to existing MHOs in Niger and Mauritania <b>Done</b></li> <li>• Monitor ongoing implementation of best practice replications in Burkina Faso, Cameroon and Niger <b>Done</b></li> </ul>	Staff from MHO NGOs received TA to ensure quality M&E activities of their work: AFUA, SAILD, RAMS, DYNAM, FORUM COOPERATIVO

Continued TA and follow-up to ensure replication of best practices in Cameroon, Niger and Burkina Faso

**Activity : 4.5.7 MHO best practices documentation**

1.1.1	4.5	<ul style="list-style-type: none"> <li>• Evaluation planning of full Model as adjunct to MCH/CMCI Evaluations in Cameroon and Niger <b>Cancelled</b> <ul style="list-style-type: none"> <li>◦ Evaluation planning for Niger <b>cancelled</b></li> <li>◦ Evaluation conducted for Cameroon and Niger <b>Done for Cameroon. Cancelled for Niger</b></li> <li>◦ Evaluation dissemination <b>Done</b></li> </ul> </li> <li>• Replication write-ups in Burkina Faso and Cameroon <b>completed</b></li> <li>• Production of success stories from Benin and one or more additional countries <b>(Done)</b></li> </ul>	<p>Field evaluation of MHO replication in Cameroon was carried out but that in Niger was cancelled. Rather MHO best practice replication in Niger, Burkina Faso and Mauritania was documented and disseminated at both national and regional dissemination forums</p> <p>3 success stories documented on MHO implementation in the region: 1) Health Financing Initiative Increases Use of Services in Communities; 2) Mutual Health Organizations in Cameroon; 3) Benin Success Story</p>
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**END MHO COMPONENT OF IR 1**

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XRef No.	Act. No.	Activities
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XRef No.	Act. No.	Activities
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**Intermediate Result 2: Increased Regional Stakeholder Advocacy for Policy Changes**

*2.1: Identify priority policy and advocacy needs, disseminate and build regional consensus*

**1.1.1**     *Activity 2.1.1: Support the implementation of maternal and neonatal health (MNH) advocacy plans in selected countries*

**1.3.1**

**3.1.4**

**1.1.1**     **2.1.1**     Cameroon: **Done**

**1.3.1**

No evidence of Funds mobilized for implementing the roadmap

**3.1.4**             Support the following advocacy objectives:

- Mobilize funds for the implementation of the Roadmap
- Develop national neonatal health policy for the care of newborns. **Done**
- Increase funding for family planning and integrate EOC into medical and nursing training curricula.

Neonatal health policy developed and validated

EOC module adopted and into medical and nursing curricula

**1.1.1**     **2.1.1**     **Burkina Faso: Done**

**1.3.1**

Support following advocacy objective:

Regulatory texts adopted

**3.1.4**             • Adopt the regulatory texts for the RH Law (presentation to Parliament and

XRef No.	Act. No.	Activities	
		Cabinet of Ministers) <b>Done</b>	Advocacy skills used to Increase MOH budget line and to increase subsidy for EOC services
		<ul style="list-style-type: none"> <li>Increased funding for the Roadmap (donors' round table) <b>Done</b></li> </ul>	
1.1.1	2.1.1	<b>Mauritania: Ended</b>	
1.3.1			
3.1.4		Provide support to the following advocacy objective: <b>Support activities ended in Mauritania</b>	TA support for these activities were ended as not much progress was made
		<ul style="list-style-type: none"> <li>Adopt the RH LAW (<b>See activity 2.2.1</b>)</li> </ul>	
1.1.11	2.1.1	<b>Niger: Done</b>	MHO law and strategic plan developed and adopted
.3.1			
3.1.4		Provide support for the following advocacy objectives:	Increased funding for contraceptive security implemented
4.1.5.		<ul style="list-style-type: none"> <li>Adopt the strategic plan for MHO development and the MHO Law passage (<b>See activity 2.1.4</b>)</li> </ul>	
4		<ul style="list-style-type: none"> <li>Provide support to donors meeting for contraceptive security</li> </ul>	
1.1.1	2.1.1	<b>Togo:</b>	Regulatory texts adopted
1.3.1			
3.1.4		Provide support for the following advocacy objectives:	Since 2006 there has been increased funding for contraceptives. In 2007, \$30,000 used for contraceptives.
4.1.3.		<ul style="list-style-type: none"> <li>Adopt the regulatory texts</li> </ul>	
3		<ul style="list-style-type: none"> <li>Adopt procedures to access funds for family planning</li> </ul>	

XRef No.	Act. No.	Activities	
		<i>Activity 2.1.2: Provide TA to WAHO for the adoption of the AHM resolutions and for Vision 2010 meeting</i>	AHM adopted the following resolutions: T&T Resolution, RHCS strategy, C-IMCI strategy
2.2.2	2.1.2	<ul style="list-style-type: none"> <li>Provide TA as needed for the adoption of the AHM resolutions , ECOWAS parliament, Vision 2010</li> </ul>	
4.2.2		<b>Completed</b>	
3.1.4			
2.2.1		<i>Activity 2.1.3: Provide follow-up TA on the Repositioning Family Planning (RFP) regional conference</i>	
		(Ref. 2.2.1 Togo for the RH Law)	
1.1.1	2.1.3	<b>Sierra Leone:</b>	RH policy adopted in Sierra Leone
1.3.1			
2.2.1		Conduct advocacy workshop to:	Contraceptive Commodity Strategy upgraded to RHCS
4.1.2. 5		<ul style="list-style-type: none"> <li>Support the adoption of the RH policy</li> <li>Support advocacy activities to mobilize funds to implement commodity security plan in Sierra Leone</li> </ul>	

<b>XRef No.</b>	<b>Act. No.</b>	<b>Activities</b>	
<b>3.1.3</b>		<i>Activity 2.1.4: Assist La Concertation to advocate for mutual health organizations in the sub-region</i>	
<b>+ MHO 4.5.3</b>			
<b>3.1.3</b>	<b>2.1.4</b>	<b>Burkina Faso:</b>	
<b>+ MHO 4.5.3</b>		<ul style="list-style-type: none"> <li>Provide technical assistance for the adoption of the MHO contracting institutional and legal framework and the strategic plan</li> </ul>	Institutional and legal framework and the strategic plan adopted and national strategic plan for MHO development instituted
<b>3.1.3</b>	<b>2.1.4</b>	<b>Cameroon:</b>	
<b>+ MHO 4.5.3</b>		<ul style="list-style-type: none"> <li>Provide technical assistance for the adoption of the MHO institutional and legal framework</li> </ul>	Institutional and legal framework and the strategic plan adopted

XRef No.	Act. No.	Activities	
3.1.3	2.1.4	<b>Niger: Done</b>	Strategic plan and MHO law adopted
+ MHO 4.5.3		<ul style="list-style-type: none"> <li>• Provide technical assistance for the validation and adoption of the strategic plan</li> <li>• Provide technical assistance for the adoption of the MHO law</li> </ul>	
<i>Activity 2.1.5: Document and disseminate AWARE approaches to strengthening advocacy that causes policy change in the region</i>			
1.1.1	2.1.6a	<b>Planned</b>	Presentations given at international forums including APHA (November 2007), Women Deliver Conference, October 2007
		<ul style="list-style-type: none"> <li>• Present AWARE experience in international fora: <ul style="list-style-type: none"> <li>• Global Health Council (May) <b>Done</b></li> </ul> </li> <li>• Prepare policy and advocacy component or regional and country-level dissemination meetings.</li> </ul>	Presentations and advocacy activities disseminated at regional and country dissemination meetings
1.1.1	2.1.6b	<b>Done</b>	Policy write-ups completed and disseminated
		<ul style="list-style-type: none"> <li>• Complete policy write-ups</li> <li>• Finalize and disseminate advocacy brochure <b>Done</b></li> <li>• Finalize and disseminate REDUCE manual for country managers <b>Done</b></li> <li>• Finalize current policy documents <b>Done</b></li> <li>• Write up new policy documents as passed <b>Done</b></li> </ul>	Policy and advocacy results disseminated Advocacy brochure disseminated REDUCE manual finalized and disseminated and used at country level.

XRef No.	Act. No.	Activities
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**2.2: Monitor implementation of international treaties promoting FP/RH and CS**

The key treaties to be monitored were selected based on an RH/RP policy environment document for the West Africa Region prepared by the POLICY project. They are recorded formally in the AWARE-RH Performance Management Plan of September 2004. For AWARE-RH, they are:

- 1) Convention on the Elimination of All Forms of Discrimination Against Women
- 2) WHO/AFRO Roadmap for Reproductive Health
- 3) Declaration on the Elimination of Harmful Practices Against Women and Children
- 4) NEPAD Health Strategy
- 5) The International Conference on Population and Development Program of Action and the Ouagadougou Treaty

**Ref.**

**2.1.4**

*Activity 2.2.1: Collaborate with FAAPPD and INTERCAP to support countries to enact reproductive health law and/or adopt regulatory texts*

**Attend regional HPI/Parliamentarian network meeting in Burkina Faso (5 days) Done**

<b>2.1.4</b>	<b>2.2.1</b>	Togo:	RH regulatory texts adopted
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<b>3.1.3</b>	<ul style="list-style-type: none"> <li>• Support advocacy for adopting regulatory texts using the Manual to Translate Laws into Action</li> </ul>
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**3.1.4**  
(Covered in 2.1.1)

XRef No.	Act. No.	Activities	
2.1.4	2.2.1	<b>Mauritania:</b>	RH Law adopted
3.1.3		<ul style="list-style-type: none"> <li>Provide TA to adopt the RH Law</li> </ul>	
3.1.4		(Covered in 2.1.1) <b>(completed)</b>	
2.1.4	2.2.1	<b>Burkina Faso:</b>	
3.1.3		<ul style="list-style-type: none"> <li>Support activities for adopting regulatory texts using the Manual to Translate Laws into Action</li> </ul>	RH regulatory texts adopted
3.1.4		(Covered in 2.1.1)	
		<b>Sub-activity 2.2.2: Develop WAHO capacity to track national commitments to and implementation of selected international agreements</b>	Tracking database developed and is being used by WAHO
	2.2.2	<b>Done</b>	Existing policy gaps identified and addressed through advocacy efforts
		<ul style="list-style-type: none"> <li>Test database tool in two countries (Cote d'Ivoire and Guinea) + <b>The Gambia : Done</b></li> <li>Finalize and validate database to ensure continued use <b>Done</b></li> <li>Participate in AWARE RH regional and country-level meetings to disseminate the results <b>Done</b></li> </ul>	Results of the tool disseminated
<b>END OF POLICY/ADVOCACY ACTIVITIES OF IR2</b>			

Ref No.	Act. Nos.	Activities

Ref No.	Act. Nos.	Activities
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The following Commodity Security (Com Sec) activities 4.1 and 4.2 contribute to **IR 2: Increased Regional Stakeholder Advocacy for Policy Changes**, but are placed here in the workplan because of numeric sequencing.

*4.1: Develop Commodity Security Strategic Plan for FP/RH Commodities*

XRef No.	Act. No.	Activities
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1.1.1	4.1.2	<i>AWARE, in collaboration with USAID/DELIVER PROJECT and UNFPA, will support the implementation of RHCS strategy in Sierra Leone</i>
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1.3.1

2.1.1

2.2.2

1.3.1	4.1.2	4.1.2.1 Conduct TA visit in <b>Sierra Leone</b> to organize a five-day workshop, in collaboration with USAID/DELIVER PROJECT, IRSP and CESAG, for commodities needs estimation and procurement planning
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2.1.1

2.2.2

**(COMPLETED)**

Sierra Leone has developed an Advocacy plan that was used to establish a Budget line for contraceptive procurement and has increased financing for contraceptives

<b>Ref No.</b>	<b>Act. Nos.</b>	<b>Activities</b>
1.3.1 2.1.1 2.2.2	4.1.2	<p>4.1.2.2 Conduct three TA visits to <b>Sierra Leone</b> to support activities to strengthen the logistics system and improve donor coordination for resource mobilization</p> <ul style="list-style-type: none"> <li>• Design logistics system <b>Done</b></li> <li>• Develop SOPs <b>Done</b></li> <li>• Organize training in RH Commodities Logistics Management <b>Done</b></li> <li>• organize a four-day workshop for commodities needs estimation and procurement planning for <b>Sierra Leone Done</b></li> </ul>

The MOH in Sierra Leone has Improved its capacity to forecast the contraceptive needs of the country and is showing improvement in logistics indicators

Ref No.	Act. Nos.	Activities
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*4.1.3 AWARE, in collaboration with DELIVER FOLLOW ON PROJECT and UNFPA , will support the implementation of RHCS strategy in Togo*

1.3.1 2.1.1 2.2.2	4.1.3	4.1.3.1 Conduct TA visits to organize a four-day workshop for commodities needs estimation and procurement planning for <b>Togo (COMPLETED)</b>
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1.3.1 2.1.1 2.2.2	4.1.3	4.1.3.2 Conduct three TA visits to Togo to support activities to strengthen the logistics system and improve donor coordination for resource mobilization:
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- TA to co-facilitate RHCS committee meeting **(COMPLETED)**
- TA to support Procurement Procedures for RH commodities using Government funds **(COMPLETED)**
- TA to support replication of Training workshop for Districts level health workers on RH commodities Logistics Management **(TA provided by WAHO to carry out this activity)**
- TA for logistics data collection improvement **Done**
- organize a four-day workshop for commodities needs estimation and procurement planning for **Togo Done**

Togo has increased local financing for contraceptives, improved the capacity of its MOH to forecast the contraceptive needs of the country and is showing improvement in logistic indicators

1.3.1		<i>4.1.4 Support implementation of key activities of commodity security plans developed in Burkina Faso, Cameroon, The Gambia and Niger.</i>
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1.3.1	4.1.5	4.1.4.1 In collaboration with USAID DELIVER PROJECT, IRSP and CESAG,
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Ref No.	Act. Nos.	Activities	
2.1.1		<p data-bbox="415 326 611 354">in <b>Burkina Faso:</b></p> <ul data-bbox="449 435 1163 493" style="list-style-type: none"> <li data-bbox="449 435 1163 493">• Support to RH Program to organize RH commodities Logistics Management Information Training (15 -24 Oct. 07)</li> </ul> <p data-bbox="449 516 1192 548"><b>(COMPLETED by the RH program with support from UNFPA)</b></p>	<p data-bbox="1297 380 2007 472">Burkina Faso has Increased local financing for contraceptives and has Improved the capacity of MOH of the country to forecast the contraceptive needs of the country</p>
1.3.1	4.1.5	<p data-bbox="415 623 1115 651"><b>4.1.4.2</b> In collaboration with, IRSP and CESAG in <b>The Gambia:</b></p> <ul data-bbox="449 673 1192 732" style="list-style-type: none"> <li data-bbox="449 673 1192 732">• organize a three-day workshop for commodities needs estimation and procurement planning in (21-25 Jan. 08)</li> </ul> <p data-bbox="415 755 548 787"><b>Completed</b></p>	<p data-bbox="1297 623 2007 683">The Gambia has Improved the capacity of the MOH to forecast the contraceptive needs of the country</p>

<b>Ref No.</b>	<b>Act. Nos.</b>	<b>Activities</b>	
1.3.1 2.1.1	4.1.5	4.1.4.3 In collaboration with UNFPA, HPI, IRSP and CESAG, conduct the LIAT assessment and organize a five-day training workshop for commodities needs estimation and procurement planning in <b>Niger</b> .  <b>Completed</b>	Niger has Increased local financing for contraceptives and has Improved the capacity of the MOH to forecast the contraceptive needs of the country
1.3.1 2.1.1	4.1.5	4.1.4.4 In collaboration with USAID DELIVER PROJECT, IRSP and CESAG, organize a five-day training workshop to strength the logistics system and organize a three-day workshop for commodities needs estimation and procurement planning in <b>Cameroon</b> . <b>Completed</b>	Cameroon has mobilized HIPC funds to purchase contraceptives and has Improved the capacity of MOH to forecast the contraceptive needs of the country
1.3.1	4.1.5	4.1.4.5 Organize a three day training workshop to support CBCHB strengthening their contraceptive LMIS system and supply contraceptive commodities for replication of the PMTCT best practice in <b>Cameroon</b> . <b>Completed</b>	CBCHB has Improved its capacity to forecast for contraceptive needs
		4.1.4.6 Coordinate the reporting of logistic data of contraceptive sent by USAID in targeted countries.  <b>Completed</b>	AWARE has established a tracking system of contraceptive shipments to Burkina Faso, Togo, Cameroon, Niger, Sierra Leone and the Gambia and has been reporting regularly to the USAID.
<b>XRef No.</b>	<b>Act. No.</b>	<b>Activities</b>	

#### ***4.2: Build Capacity of Regional Institutions in Conducting State-of-the-Art Forecasting***

XRef No.	Act. No.	Activities
3.1.2		<i>4.2.1 Continue to strengthen technical capacity of CESAG and IRSP in RHCS and begin to use them to support training and technical assistance for implementation of national commodity security plans and GFATM activities in recipient countries</i>
3.1.2	4.2.1	<p data-bbox="1291 560 2030 625">Technical capacity in Commodity Security has been strengthened in two regional health training institutions:</p> <p data-bbox="409 673 1249 852"><b>4.2.1.1</b> Support implementation of activities planned by <b>CESAG and IRSP</b> to build skills in supply chain management. (Support IRSP and CESAG to provide TA to countries on the generic pharmaceutical management training material recently developed by RPM Plus) <b>Done</b></p> <p data-bbox="1291 706 2030 803">Curriculum on drug management developed in IRSP and CESAG. These institutions are providing TA to countries like Togo, Cameroon, The Gambia, and others.</p>
2.1.3		<i>4.2.2: Support implementation of priority activities of WAHO-led sub-regional reproductive health commodities security strategy</i>
2.1.3	4.2.2	<p data-bbox="409 1031 1249 1096"><b>4.2.2.1</b> In collaboration with USAID/DELIVER PROJECT, co-facilitate the workshop for the implementation of the WAHO regional strategy.</p> <p data-bbox="409 1112 619 1144"><b>(COMPLETED)</b></p>
3.1.2	4.2.2	<p data-bbox="409 1169 1249 1234"><b>4.2.2.2</b> Co-facilitate the workshop organize by WAHO on the implementation of CIB (Coordinated informed buying)</p> <p data-bbox="409 1250 619 1286"><b>(COMPLETED)</b></p> <p data-bbox="1291 1136 2030 1201">WAHO regional strategy for Contraceptive Security and Combined Informed Buying (CIB) developed and adopted by AHM</p>

<b>XRef No.</b>	<b>Act. No.</b>	<b>Activities</b>	
<b>1.3.4</b>		<b>4.2.3: Support to GFTAM activities to support procurement supply management in collaboration with the GFTAM</b>	
<b>1.3.4</b>	<b>4.2.3</b>	<b>4.2.3.1</b> In collaboration with SPS, CESAG and IRSP follow-on technical assistance in the improvement of the quantification process in <b>Sierra Leone, Niger and/or Togo.</b>  <b>(DONE in the Gambia, Niger and Togo)</b>	Follow-up TA to the quantification process in Togo was done by CESAG and IRSP; in Niger by CESAG; and in the Gambia by IRSP.
<b>1.3.4</b>		<b>4.2.4: Support documentation /dissemination activities of project achievements</b>	
	<b>4.2.4</b>	<b>4.2.4.1</b> Write-up success story on availability of commodities through commodity security plans (Cameroon, Togo, Niger and Sierra Leone <b>Done</b>  Success story on Funds mobilization through RHCS Plan (Togo, Burkina Faso and Cameroon)  <b>Done</b>	Success stories of 1) availability of commodities through the development of Commodity Security Strategic Plans and 2) of Funds mobilization through RHCS Plans written and disseminated.
		<b>4.2.4.2</b> Participate in regional dissemination meetings on project achievements <b>(COMPLETED)</b>	Arusha meeting attended and AWARE best practice of Commodity Security disseminated
		<b>4.2.4.3</b> Support evaluation activities on availability of commodities through security plans (Burkina Faso, The Gambia- <b>Done</b>	Evaluation of implementation of Commodity Security Strategic Plans in the Gambia and Burkina Faso done and results disseminated
		<b>4.2.4.4</b> Support evaluation activities on Adaptation of PMTCT (Cameroon) <b>Done</b>	CBCHB implementation activities evaluated and results disseminated

XRef No.	Act. No.	Activities	
	4.2.4.5	Participate in countries dissemination meetings on project achievements	All planned dissemination meetings (Cameroon, Niger, Mauritania, The Gambia, Burkina Faso, Regional, International) conducted

**Done**

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**END OF COM SEC COMPONENT OF IR 2**

Ref No.	Act. Nos.	Activities
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***Intermediate Result 3: Increased Capacity of Regional Institutions and Networks***

***3.1: Foster the further development and use of Technical Leadership Institutions and Networks (TLI/Ns)***

***Activity 3.1.1 Assess TLI progress in operational capacity***

**3.1.1**

- Facilitate second round MTA with ISMS/CESAG (**completed**) ISMS/CESAG skills reinforced for Commodity security and MHO
- Assess technical skills with RAMS, SAILD, FORUM COOPERATIVO (RAMS, FORUM COOPERATIVO and SAILD) skills reinforced (send questionnaire and analyze results) (**Completed**) for MHO development
- Update MTAs of other TLIs (Info collected during follow-up to implement monitoring system) **Completed**

**4.2.1 Activity 3.1.2 Develop plans to enhance skills based on Management & Technical Assessment 2 (MTA2) and AWARE priorities**

**4.2.1 3.1.2 Completed**

Ref No.	Act. Nos.	Activities
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Findings of MTA2 used to develop workplans for participating TLIs

Ref No.	Act. Nos.	Activities
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**Activity 3.1.3: Implement planned interventions aimed at strengthening skills**

**3.1.3 TLIs**

- Conduct 5 day workshop on TOT and 5-day workshop on feasibility study for MHO (consecutive weeks)

**(completed)**

Five Day workshop conducted to provide TA to MHOs (SAILD, RAMS, FORUM COOPERATIVO, AFUA and DYNAM) on how to conduct a feasibility study to establish an MHO.

**3.1.3 CEFOREP**

Provide TA to :

- Follow up on monitoring system implementation. **(completed)**
- Follow up Business Plan implementation **(completed)**
- Mentoring/coaching for leadership **done**

1 visit + monitoring phone calls

Follow-up visits and phone calls to CEFOREP done and continuous training for Business Plan development, mentoring and coaching and the implementation of a monitoring system.

**3.1.3 MWANGAZA**

Provide TA to :

- Follow up on monitoring system implementation **(completed)**
- Follow up Business Plan implementation **(completed)**

Follow-up visits and phone calls to MWANGAZA ACTION done and continuous training for Business Plan development, mentoring and coaching and the implementation of a monitoring system

Ref No.	Act. Nos.	Activities	
		<ul style="list-style-type: none"> <li>Systematize, document and monitor training procedures and training outcomes <b>(Done)</b></li> </ul> <p>1 visit + monitoring phone calls</p>	
		<p><b>GSMF</b></p> <p>Provide TA to :</p> <ul style="list-style-type: none"> <li>Develop parameters to facilitate work of technical personnel <b>Done</b></li> <li>Follow up on monitoring system implementation. <b>Done</b></li> </ul> <p>1 visit + monitoring phone calls</p>	<p>Follow-up visits and phone calls to GSMF done and continuous training effected for Business Plan development, mentoring and coaching and the implementation of a monitoring system</p>
		<p><b>ISMS/CESAG</b></p> <p>Provide TA to :</p> <ul style="list-style-type: none"> <li>Follow up on monitoring system implementation <b>(completed)</b></li> </ul> <p>1 visit + monitoring phone calls</p>	<p>Follow-up visits and phone calls to CESAG done and continuous training effected for Business Plan development, mentoring and coaching and the implementation of a monitoring system</p>
		<p><b>IRSP</b></p> <p>Provide TA to :</p> <ul style="list-style-type: none"> <li>Follow up on monitoring system implementation <b>(Done)</b></li> <li>To provide TA to develop a strategic plan <b>(Done)</b></li> </ul> <p>2 visits + monitoring phone calls</p>	<p>Follow-up visits and phone calls to IRSP done and continuous training effected for Business Plan development, mentoring and coaching and the implementation of a monitoring system</p>
	<b>3.1.3</b>	<p><b>CEFA</b></p> <p>Provide TA to :</p>	<p>Follow-up visits and phone calls to CEFA done and continuous training effected for Business Plan development, mentoring and</p>

<b>Ref No.</b>	<b>Act. Nos.</b>	<b>Activities</b>	
		Follow up monitoring system implementation 1 visit + monitoring phone calls <b>(Done)</b>	coaching and the implementation of a monitoring system
<b>Activity 3.1.4: Use TLIs to promote AWARE Best Practices to ensure continuation of strengthened services following AWARE project</b> (Consolidated list of TLI technical assistance being used in IRs 1 and 2; Actual activity is funded through respective IR 1 or 2 activity)			
<b>1.1.1</b>	<b>3.1.4</b>	<b>CEFOREP</b>	Follow up and reinforcement of training and implementation of PAC activities in Chad, Togo, Cape Verde and Guinea Bissau done
<b>1.3.1</b>		<ul style="list-style-type: none"> <li>Follow up PAC into Maternal Care Services in Chad, Togo, Cape Verde &amp; Guinea Bissau with IR1</li> </ul>	
<b>1.3.3</b>		<b>Done</b>	
<b>2.1.1</b>			
<b>1.1.1</b>	<b>3.1.4</b>	<b>CEFOREP</b>	REDUCE tool developed for Mauritania, Mali, Ghana, Burkina Faso, Togo, Niger and Cameroon. Cameroon received TA and that assisted the country to develop a Neonatal Health Policy
<b>1.3.1</b>		<ul style="list-style-type: none"> <li>Finalize REDUCE manual for country programs</li> </ul>	
<b>1.3.3</b>		<ul style="list-style-type: none"> <li>TA to develop neonatal health policy in Cameroon</li> </ul>	
<b>2.1.1</b>		<b>Done</b>	
<b>1.1.1</b>	<b>3.1.4</b>	<b>MWANGAZA</b>	Social Mobilization BP replicated in Mauritania, Cameroon and Niger
<b>1.3.3</b>		<ul style="list-style-type: none"> <li>To Replicate social mobilization BP for MNH , Fistula and FP in Mauritania , Niger, Cameroon &amp; Togo with IR1</li> </ul>	
<b>1.5</b>		<b>Done</b>	
<b>1.1.1</b>	<b>3.1.4</b>	<b>CEFA (CAFS)</b>	CEFA applied the REDUCE tool to develop advocacy to support

Ref No.	Act. Nos.	Activities	
1.3.1		<ul style="list-style-type: none"> <li>To develop advocacy skills and monitor advocacy plans to support MNH and FP in Cameroon, Mauritania, Niger and Togo with IR2</li> </ul>	MNH and FP in Burkina Faso, Cameroon, Ghana, Mali, Mauritania, Niger, Senegal and Togo.
1.3.3		<b>Done</b>	
2.1.3			
4.2.1	3.1.4	<b>IRSP</b> <ul style="list-style-type: none"> <li>To provide Commodities management training with IR 2 Cameroun, Niger</li> </ul>	
		<b>Done</b>	IRSP and CESAG provided consultants to train Cameroon and Niger in Commodity Management
4.2.1	3.1.4	<b>CESAG/ISMS</b> <ul style="list-style-type: none"> <li>To provide Commodities management training with IR 2 Cameroun, Niger</li> </ul>	
		<b>Done</b>	
4.2.1	3.1.4	<b>SAILD</b> <p>To provide TA to strengthen MHO in country level with IR1 (Implementation action plans for M&amp;E and Marketing)</p>	Strengthened SAILD has registered 3 408 households for MHOs (members), covering in all 14 137 beneficiaries with 10 425 015 FCFA mobilized by the communities. 1 035 persons have so far been treated at a cost of 2 500 455 FCFA paid out to the health facilities. Funds available to the credit of the MHOs is over 48 750 000 FCFA.
		<b>Done</b>	
		<b>RAMS</b> <ul style="list-style-type: none"> <li>To provide TA to strengthen MHO in country level with IR1(Implementation action plans for M&amp;E and Marketing)</li> </ul>	Strengthened RAMS has improved monitoring of MHOs in Burkina, that have provided public services to 3 666 women and treated 5 027 cases in a year.
		<b>Done</b>	Women currently constitute 49.22% of the membership

Ref No.	Act. Nos.	Activities
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**FORUM COOPERATIVO**

- To provide TA to strengthen MHO in country level with IR1(Implementation action plans for M&E and Marketing

**Done**

**Activity 3.1.5: Assess, document and disseminate TLI progress**

- |     |       |   |   |
|-----|-------|---|---|
| M&E | 3.1.5 | • Analyze and document achievements (consultant)                        | Accomplishments of TLIs documented and presented at Regional stakeholders and potential clients |
|     |       | <b>Done</b>   |   |
|     |       | • Disseminate lessons learned at dissemination meetings                 |   |
|     |       | • TLI showcase at regional and country dissemination meetings.(planned) |   |

**End of project dissemination workshop done.**

**3.2: Support the promotion of African Institutions to disseminate best practices**

**Activity 3.2.1: Provide TA to TLI/Ns to follow up and implement marketing plans and communication activities**

- |       |  |  |
|-------|--|--|
| 3.2.1 | • Support marketing plan implementation and document progress of | Business opportunities extended to all 5 TLIs. |
|       | 5TLIs:CAFS, CEFOREP, MWANGAZA, IRSP,GSMF                         |  |
|       | 4 MHO support organizations :RAMS SAILD,AFUA,FORUM COOPERATIVO   |  |

The 5 TLIs (CAFS, CEFOREP, MWANGAZA ACTION, IRSP, GSMF) implement improved pricing policies

Ref No.	Act. Nos.	Activities
		(Remote TA and information gathering through mentoring calls/email) <b>Done</b>
		<ul style="list-style-type: none"> <li>Support pricing policies implementation of CEFOREP, IRSP, CESAG, MWANGAZA, CAFS <b>Done</b></li> </ul>
		(Consultant provides remote TA)
		<ul style="list-style-type: none"> <li>Work with TLIs to enhance communication/dissemination products and skills</li> </ul>
		(Visits to Mwangaza, CESAG, CEFOREP; remote TA to CAFS, IRSP, GSMF) <b>Done</b>

### ***3.3: Support WAHO Young Professionals' Internship Program***

#### ***Activity 3.3.1: Document YPIP program***

- 3.3.1** • Document YPIP program and develop success story on this program (work with WAHO) **Done**      YPIP program evaluated jointly with WAHO

**END OF IR3**

**Annex 2: Achievement as of June 30, 2008**

Indicator	FY08 Target	Achievement as of June 30, 2008	Comments
<p>SO Indicator 5.A: Number of newly-adopted policies at regional and national levels in FP/RH, STI/HIV/AIDS, and CS and ID</p>	16	<p>19 Newly adopted policies</p> <ul style="list-style-type: none"> <li>• <b>RH Law in Senegal (POLICY), Burkina Faso, Niger, Mauritania</b></li> <li>• <b>Notification of Maternal Death in Ghana</b></li> <li>• <b>RHCS Strategy for West African Sub-region – Regional</b></li> <li>• <b>T&amp;T Resolution adopted by Health Ministers – Regional</b></li> <li>• <b>Accelerating the Reduction of Maternal and Perinatal Mortality and Morbidity in West Africa - WAHO</b></li> <li>• <b>IPT for Malaria in Benin, Niger, Mauritania and Burkina Faso</b></li> <li>• <b>Subsidies for EOC – Burkina Faso</b></li> <li>• <b>Adoption of C-IMCI by ECOWAS Ministers as standard approach – Regional</b></li> <li>• <b>Road Map for RH – Niger</b></li> <li>• <b>Increased Budget allocation for Contraceptive Procurement – Togo</b></li> <li>• <b>Neonatal Health Policy – Cameroon</b></li> <li>• <b>RH Regulatory text – Guinea Conakry</b></li> <li>• <b>Removal of VAT on ITNs – Togo</b></li> </ul>	Target exceeded.
<p>SO Indicator 5.B: Number of countries that are implementing at least one AWARE-selected promising and best practice in FP/RH, STI/HIV/AIDS, CS and ID</p>	14	<p>14</p> <ul style="list-style-type: none"> <li>• <b>Benin: Social Franchising of private sector clinics, NHA</b></li> <li>• <b>B’Faso: RHCS strategy, MHOs</b></li> <li>• <b>Cameroon: PMTCT, MNH (EOC), MHOs, RHCS</b></li> <li>• <b>Chad: PAC</b></li> <li>• <b>Niger: MNH (EOC), MHOs, CCM-IMCI, FP/HIV integration, NHA</b></li> <li>• <b>The Gambia: RHCS</b></li> <li>• <b>Ghana: Notification of Maternal Death</b></li> <li>• <b>Guinea Bissau: PAC</b></li> <li>• <b>Guinea Conakry: IPT</b></li> <li>• <b>Mauritania: EOC</b></li> <li>• <b>Mali: PAC, NHA</b></li> <li>• <b>Sierra Leone: RHCS, National Standards and Guidelines for FP, Peer Education for malaria</b></li> <li>• <b>Togo: RHCS, FP/HIV integration, PAC</b></li> <li>• <b>Senegal: RH Law</b></li> </ul> <p>+ 4 Regional Implementation of BPs</p> <ul style="list-style-type: none"> <li>• RHCS Strategy for West Africa</li> <li>• Adoption of C-IMCI by ECOWAS Ministers as standard approach</li> <li>• Adoption of T&amp;T Resolution by Health Ministers</li> <li>• Accelerating the Reduction of Maternal and Perinatal Mortality and Morbidity in West</li> </ul>	Target has been met.

		Africa	
SO Indicator 5.C: Number of countries that are participating in cross-border integrated FP/RH, STI/HIV/AIDS interventions	NA	NA	
IR 5.1.A: Number of AWARE-supported replications of integrated FP/RH and STI/HIV/AIDS interventions at cross-border sites in the WARP region	NA	NA	
IR 5.1.B: Number of AWARE-supported applications of selected promising and best practices in FP/RH, STI/HIV/AIDS, CS and ID in the WARP region	43	54 country applications, 1 regional <hr/> <b>9 FP Applications</b> <ul style="list-style-type: none"> <li>• <i>RHCS applications in Burkina Faso, Cameroon, the Gambia, Sierra Leone and Togo</i></li> <li>• <i>Development of National Standard Guidelines for FP in Sierra Leone</i></li> <li>• <i>Integration of FP messages in Togo and Niger</i></li> <li>• <i>Social Franchising in Benin</i></li> </ul> <b>3 MNH Applications</b> <ul style="list-style-type: none"> <li>• <i>EOC in Cameroon, Mauritania and Niger</i></li> </ul> <b>4 PAC Applications</b> <ul style="list-style-type: none"> <li>• <i>Chad, Guinea Bissau, Mali and Togo</i></li> </ul> <b>1 PMTCT Application</b> <ul style="list-style-type: none"> <li>• <i>Cameroon</i></li> </ul> <b>2 C-IMCI Applications</b> <ul style="list-style-type: none"> <li>• <i>Niger, Togo</i></li> </ul> <b>2 Malaria Applications</b> <ul style="list-style-type: none"> <li>• <i>Sierra Leone, The Gambia</i></li> </ul> <b>33 Health Sector Reform Applications</b> <ul style="list-style-type: none"> <li>• <i>NHAs in Benin, Ghana, Mali and Niger</i></li> <li>• <i>MHOs in Burkina Faso (1), Cameroon (19), Cape Verde (3), Mauritania (1) and Niger (5)</i></li> </ul> <b>1 Regional</b> <ul style="list-style-type: none"> <li>• <i>YPIP</i></li> </ul>	Target exceeded.
IR 5.2.A: Number of countries implementing AWARE-selected international/regional agreements	8	8 <ul style="list-style-type: none"> <li>• <b>Benin:</b> <i>IPT/MIP</i></li> <li>• <b>Burkina Faso:</b> <i>IPT/MIP, RH Law</i></li> <li>• <b>Ghana:</b> <i>Notification of Maternal Deaths</i></li> <li>• <b>Niger:</b> <i>IPT/MIP, RH Law</i></li> <li>• <b>Senegal:</b> <i>RH Law</i></li> <li>• <b>Guinea Conakry:</b> <i>IPT/MIP</i></li> <li>• <b>Togo:</b> <i>RH Law, Increased Budgetary allocation for Contraceptive Procurement</i></li> <li>• <b>Mauritania:</b> <i>MIP Policy</i></li> </ul>	Target met.

IR 5.2.B: Number of AWARE-supported advocacy plans being implemented	28	<p><b>28</b></p> <ul style="list-style-type: none"> <li>• <i>1 Advocacy for the removal of T&amp;T: Sierra Leone</i></li> <li>• <i>1 Advocacy for the adoption of Regional RHCS Plan: ECOWAS Ministers – Regional</i></li> <li>• <i>1 YPIP Advocacy Plan: WAHO – Regional</i></li> <li>• <i>3 Advocacy for the adoption of the RH Law: Burkina Faso, Mauritania, Togo</i></li> <li>• <i>3 Advocacy for the adoption of the Regulatory Texts for the RH Law: Burkina Faso, Chad, Togo</i></li> <li>• <i>7 REDUCE Advocacy Plans: Burkina Faso, Cameroon, Ghana, Mali, Mauritania, Niger, Togo,</i></li> <li>• <i>1 Advocacy to establish MHOs: Cameroon</i></li> <li>• <i>7 IPT/MIP Advocacy Plans: Benin, Burkina Faso, Guinea-Conakry, Niger, Mauritania, Sierra Leone and Togo</i></li> <li>• <i>1 Advocacy for MHO institutionalization in Niger</i></li> <li>• <i>1 Advocacy for WAHO using REDUCE for the adoption of AHM resolutions on RH</i></li> <li>• <i><b>1 Advocacy plan for increasing MHOs in Burkina Faso</b></i></li> <li>• <i>1 Advocacy Plan to finalize the national Contracting Framework for MHOs in Burkina Faso</i></li> </ul>	Target met.
IR 5.3.A: Number of AWARE-supported technical leadership institutions in West Africa showing an improvement in institutional capacity	6	9 <i>CAFS/CEFA, CEFORP, MWANGAZA ACTION, GSMF, ISED, IRSP, CESAG/ISMS, SAILD, RAMS</i>	Target has been exceeded
IR 5.3.B: Number of person weeks of technical assistance (TA) provided by AWARE-supported regional partners	290	407.2 CEFORP: 66; CEFA: 26.4; GSMF: 20; MWANGAZA: 65.6; SAILD: 77.2; CESAG: 7.	Target exceeded.
IR 5.3.C: Number of young professionals who have completed bilingual (French and English) program internships	NA	NA	
IR 5.4.A: Number of AWARE-supported replications of selected best practices of community-based health financing schemes	20	<p>29</p> <p><u>19 MHO sites in Cameroon:</u></p> <p>(3) in Bafousam: (Bameka, Bangoua, Galim) with 1,461 members and 4,440 beneficiaries</p> <p>(7) in Adamaoua Province: Wack, Union des Mutuelle de Ngaoundere, Ngan Ha, Beka Hossere, Babone, Bangou Carrefour, Banfelouk</p> <p>(9) MHO sites in Ngaoundéré: (Mbang Mboum, Bélel, Tourningal, Mbé, Likok, Martap, Wassandé,</p>	Target exceeded

		<p>Nyambaka, Dibi) with 1,602 members and 6,663 beneficiaries</p> <p><u>5 MHO sites in Niger:</u>  Loga, Sargadji, Kogou: in Dorso region 752 members and 1,300 beneficiaries  Madarounfa, Bargaja: in Maradi region</p> <p><u>1 MHO site in Burkina Faso:</u>  Tanghin Dassouci with 878 members and 2,037 beneficiaries</p> <p>3 MHO sites in Cape Verde:  <u>Tarrafal, Santa Catarina and Orgaos with 15,000 beneficiaries</u></p> <p>1 MHO site in Mauritania:  <u>Kaedi with 1,122 beneficiaries</u></p>	
IR 5.4.B: Number of AWARE-supported national health account surveys that have been conducted or completed	4	4 Ghana, Niger, Benin, Mali	Target met
IR 5.4.C: Number of countries that have developed a national commodity security plan	6	7 Sierra Leone, The Gambia, Togo, Cameroon, Burkina Faso, Niger. Sierra Leone	This exceeded

**MCH Indicators/Targets**

	<b><u>FY07:</u></b>	<b><u>FY08:</u></b>	
	<b><u>Achievements:</u></b>	<b><u>Target</u></b>	
	<b><u>9/30/07</u></b>	<b><u>9/30/08</u></b>	
		<b><u>Achievement:</u></b>	
		<b><u>6/30/08</u></b>	
1. Number of people trained in maternal/newborn health through USG-supported programs (Annual)	170	75	23
2. Number of people trained in child health and nutrition through USG-supported health area programs (Annual)	1,511	50	53
3. Number of policies drafted with USG support (Cumulative)	16	16	16

**FP/RH Indicators/Targets**

	<b><u>FY07:</u></b>	<b><u>FY08:</u></b>	
	<b><u>Achievements:</u></b>	<b><u>Target:</u></b>	
	<b><u>9/30/07</u></b>	<b><u>9/30/08</u></b>	
		<b><u>Achievements:</u></b>	
		<b><u>6/30/08</u></b>	
1. Number of new approaches successfully introduced through USG-supported programs (Cumulative)	13	13	13
2. Number of people trained in FP/RH with USG funds	258	200	379
3. Number of policies or guidelines developed or changed with USG assistance to improve access to and use of FP/RH services (Cumulative)	9	10	10

### **Annex 3: Summary of Best Practices Promoted and Implemented by AWARE-RH**

#### **MNH1: Maternal and Neonatal Health**

##### **COMMUNITY-TO-FACILITY CONTINUUM MODEL FOR EMERGENCY OBSTETRIC CARE**

**Summary:** AWARE-RH promotes a community-to-facility model for emergency obstetric care (EOC) as a promising and best practice for West Africa. This is based on evidence from a project in Burkina Faso and other African countries including Tanzania and Zambia.

The model includes:

- Behavior change communications with the objective of changing attitudes within communities, improving knowledge on warning signs for complications during pregnancy and finding services.
- Social mobilization to help communities plan better for and support women to seek emergency obstetric services and assisted deliveries by trained providers. Such plans include providing for transport and financing of emergency medical evacuations.
- Clinical training and provision of equipment to improve skills and knowledge of service providers.

#### **MNH2: Maternal and Neonatal Health**

##### **FOCUSED ANTENATAL CARE, INCLUDING MALARIA IN PREGNANCY**

**Summary:** AWARE-RH promotes focused antenatal care, including attention to malaria in pregnancy, as a promising and best practice in West Africa.

The traditional approach to antenatal consultation in much of Africa is based on risk assessment. However, numerous studies have demonstrated that all pregnancies and deliveries should be considered at risk, whether or not a specific problem has been identified. Thus, AWARE-RH promoted an approach to antenatal care which assumes that all pregnancies are at risk, and that antenatal care should emphasize quality rather than quantity of consultations. This approach is called “focused antenatal care.”

Key components of this model include:

- General assessment of the pregnant woman, including pregnancy status, presence of STIs and/or HIV
- Response to observed signs or volunteered problems
- Preventive measures, including immunizations and antimalaria drugs
- Developing a birth and emergency plan
- Counseling on family planning

#### **MNH4: Maternal and Neonatal Health**

##### **INTEGRATION OF POST-ABORTION CARE INTO ROUTINE MATERNAL CARE SERVICES**

**Summary:** In sub-Saharan West Africa in general, and in West Africa in particular, there remain significant unmet needs in reproductive health. Numerous programs have been undertaken to increase the range of services offered. Among these, post-abortion care (PAC) is of particular importance, given the high rate of maternal mortality. Provision of PAC also leads to improved overall integration of maternal health programs.

Key components of the PAC model that AWARE-RH promotes include:

- Quality clinical management of the abortion complications
- Family planning counseling and services if needed
- Referrals for other reproductive health needs

### **FP1: Family Planning**

#### **DEVELOPMENT OF NATIONAL NORMS AND STANDARDS FOR FAMILY PLANNING**

**Summary:** International interest in family planning has decreased significantly in the last decade, with a consequent decrease in contraceptive prevalence rates in several countries and negative effects on African women’s health. Given this situation, AWARE-RH collaborated with numerous partners to organize a “Repositioning Family Planning” conference in Accra, Ghana, in February 2005. One result of the conference was an action plan, which was supported by different partners in subsequent years.

One key step in repositioning FP is the development of norms and standards for family planning. Norms and standards provide the regulatory and policy framework for provision of FP services. They are evidence-based and designed to increase access to services by removal of medical barriers. The AWARE-RH project promoted the development and, where applicable, the updating of FP norms and standards in the region.

### **FP2: Family Planning**

#### **REVITALIZATION OF IUDs AND OTHER LONG-TERM, PERMANENT METHODS**

**Summary:** Contraceptive prevalence is very low in West Africa, in part due to underutilization of long-term methods such as the intrauterine device (IUD). AWARE-RH promotes use of the IUD and other long-term methods where appropriate, because it is a practical, feasible, and affordable nonhormonal method. Rumors and misinformation are some of the main obstacles to IUD use. AWARE promotes the use of IUDs through a model that includes the following elements:

- Needs assessment to identify the main causes for the low use of IUD
- IEC campaign to address rumors and misinformation
- Clinical training to improve the skills of providers and the quality of IUD and other family planning services

### **FP3: Family Planning**

#### **USE OF SOCIAL FRANCHISING IN REPRODUCTIVE HEALTH/FAMILY PLANNING**

**Summary:** AWARE-RH promotes the best practice of social franchising of RH health services. Franchising is a mechanism for replicating a proven business strategy that is based on the concept of minimizing start-up time and costs and economizing on scarce entrepreneurial talent. A franchise consists of one entity granting legal permission to another entity, either public or private, to sell a product or to use a trademark or a technology to produce and sell a particular good or service. The entity granting the permission is the franchiser and the entity being granted the permission to use the product, trademark, or technology is the franchisee. Franchising is well known in the business world but less well known in the nonprofit domain. “Social franchising” seeks to apply the principles of business franchising to the health domain. Programs such as Gold Star, Green Star, and Gold Circle have sought to franchise public health clinics into quality networks, but private provider clinics and offices have not benefited from the application of social franchising. The AWARE-RH project assisted private practitioners to improve the

quality of services in their clinics and then assisted them to market their services using a brand. Specific steps included:

- Standardizing procedures and protocols
- Centralizing contraceptive products supply
- Soliciting and regularizing annual contributions of members (the contributions of members vary from one country to another and are used to finance the organization of the consultation meetings of members of the network and to motivate the members more efficiently)
- Training (continuously) and controlling quality
- Designing and establishing a federator logo that symbolizes membership in the network

#### **FP4: Family Planning**

##### **INTEGRATION OF FP MESSAGES INTO HIV-PREVENTION MESSAGES**

**Summary:** One of the most important ways to increase contraceptive prevalence is to adhere to the concept of “no missed opportunities.” One of the main barriers to contraceptive use is simply getting clients to come into clinics for care, because their physical, financial, or sociocultural access to health services may be problematic. Once clients are present at service delivery points, as many of their needs as possible should be addressed. In addition, it is imperative that persons living with HIV/AIDS understand their FP needs and have access to methods for spacing and limiting births. The AWARE-RH project adopted as one of its best practices the integration of FP messages into HIV-prevention messages, and provision of FP services into service sites for VCT and STI treatment. Working closely with the AWARE-HIV/AIDS project, AWARE-RH developed messages to promote FP for VCT centers and engaged peer educators to work with HIV-prevention programs. In addition, AWARE-RH trained providers to counsel for and deliver FP messages while they are providing VCT and HIV treatment.

#### **FP5: Family Planning**

##### **COMMUNITY-BASED DISTRIBUTION OF FAMILY PLANNING METHODS**

**Summary:** AWARE-RH promotes community-based distribution (CBD) of family planning methods as part of its overall approach to repositioning FP in West Africa.

Community-based distribution is the use of nonprofessional local distributors to provide family planning methods, usually condoms, pills, and spermicides, and referral for other family planning services. AWARE-RH promoted this promising practice based on the conviction that providing family planning methods at the community level increases FP access and acceptability, especially in rural areas where health care infrastructure is weak.

Based on evidence from programs in the region, AWARE-RH promoted the following key elements for successful CBD programs:

- Appropriate selection of distributors: in good standing in their communities, literate, and users of a family planning method
- Acceptable size and location of catchment areas in order to avoid long travel distances that can lead to agent dropout or poor utilization of services
- Establishing a calendar for client home visits or for agent presence at recognized outlets or supply depots in the community
- On-the-job training, including refresher courses
- Appropriate and regular supervision
- Appropriate compensation mechanisms for CBD agents
- Regular supplies of contraceptive products

- Clear goals and monitoring of achievements

## **CS1: Child Survival**

### **COMMUNITY CASE MANAGEMENT AS PART OF C-IMCI**

**Summary:** AWARE-RH promotes community case management of malaria and acute respiratory infections as part of an overall Community Integrated Management of Childhood Illnesses (C-IMCI) approach to improving child health. C-IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities. This practice has been implemented in several countries, including Benin, Guinea, Niger, and Senegal. The core IMCI intervention integrates case management of the five most important causes of childhood death in Western and Central Africa: malaria (25%), acute respiratory infections (pneumonia; 21%), diarrhea (20%), malnutrition associated with these (54%), and measles (4%). Given the specific threat to children in West Africa of pneumonia and other acute respiratory illnesses, as well as malaria, AWARE-RH focused its efforts on improving the community case management of these illnesses.

The model encourages health authorities to sensitize community leaders to select community health workers who are trained to assess sick children for signs of pneumonia and malaria, administer the proper doses of antibiotics and antimalarial drugs, counsel parents on how to follow the recommended treatment regimen and provide supportive home care, and follow up with sick children and refer them to a health facility in case of complications.

## **SF1: Sustainable Financing**

### **MUTUAL HEALTH ORGANIZATIONS (COMMUNITY-BASED HEALTH FINANCING)**

**Summary:** AWARE-RH promotes the inclusion of a full range of reproductive health services into mutual health organizations (MHOs), which are community-based health financing schemes. CBHF schemes are a form of insurance: They allow members to pay small premiums on a regular basis to offset the risk of needing to pay large health care fees upon falling sick. However, unlike many insurance schemes, CBHF schemes are typically based on the concepts of mutual aid and social solidarity. CBHF schemes may develop around geographical entities (villages or districts), trade or professional groupings (such as trade unions or agricultural cooperatives), or health care facilities. CBHF schemes are typically designed by and for people in the informal and rural sectors who are unable to get adequate public, private, or employer-sponsored health insurance.

MHO benefits packages depend on local resources, needs, and availability of services. Some MHOs focus on primary health services and offer limited coverage for hospital care, whereas others begin with hospital care and later expand into primary health care coverage. AWARE-RH promoted the expansion of the package of services in existing MHOs to include a full range of reproductive health services, including maternal care (prenatal and postnatal), family planning, vaccinations, ambulance services, hospitalization, laboratory tests, and education on RH issues. In certain locations, AWARE-RH also promoted coverage of other costs incurred in seeking reproductive health care, such as transport and medication, which can otherwise be major barriers to care.

## **SF2: Sustainable Financing**

### **USE OF NATIONAL HEALTH ACCOUNTS FOR DECISION MAKING**

**Summary:** National Health Accounts (NHA) are an internationally recognized framework for tracking the use of total health care expenditures in a country — public, private (including household), and donor. NHA are designed specifically to assist policy makers in their efforts to understand health systems and to

improve health system performance. An NHA exercise answers questions such as: Who in the country finances health services? How much do they spend? On what type of services? How are funds (including donor funds) used across different health services, interventions, and activities?

The primary objective of NHAs is to use expenditure information to contribute to evidence-based policymaking. The expenditure data are presented in a standard set of tables (WHO Classification Tables) intended for use by country policymakers and other stakeholders, including donor representatives. AWARE-RH assisted governments in the region to collect and analyze health expenditure data and to use the data for rational decision-making.

The tool has received worldwide acceptance from countries and the endorsement of WHO, the World Bank, USAID, and the Swedish International Development Cooperation Agency.

### **SF3: Sustainable Financing**

#### **NATIONAL COMMODITY SECURITY PLANS**

**Summary:** AWARE-RH promotes sustained availability of commodities for maternal and neonatal health (MNH), family planning (FP), child survival, and malaria through development and implementation of national Commodity Security Plans. A national Commodity Security Plan (CSP) is a strategy developed by a commodity security committee of multisectoral, multidisciplinary stakeholders at the country level to create the conditions wherein people can reliably choose, obtain, and use contraceptives and other drugs when they need them. AWARE used the SPARHCS (Strategic Pathway to Reproductive Health Commodity Security) approach as a best practice to develop the CSP.

SPARHCS is a consultative process through which a wide range of stakeholders can:

- Establish and maintain multisectoral commitment to RH commodity security by raising awareness and supporting it as a public health objective.
- Conduct a multisectoral, joint diagnosis of a country's RH commodity security status.
- Identify factors that limit or enhance the prospects for RH commodity security.
- Process those findings to reach consensus on priorities for improving RH commodity security.
- Develop a comprehensive, multipartner strategy and action plan for RH commodity security that is evidence-based, fundable, and feasible.
- Facilitate strategy implementation and guide ongoing monitoring and evaluation of results.

#### **AWARE-RH BEST PRACTICE: Maternal and Child Health — Full Model**

##### **INTEGRATION OF SELECTED HEALTH SERVICE BEST PRACTICES, INCLUDING COMMUNITY-TO-FACILITY CONTINUUM MODEL FOR EMERGENCY OBSTETRIC CARE**

**Summary:** AWARE-RH promotes a full model of maternal and child health services including the community-to-facility model for emergency obstetric care (EOC) as a promising and best practice in West Africa. This model includes focused antenatal care, with attention to malaria in pregnancy, which assures that a woman is fully prepared for delivery and care of her newborn child.

The purpose of the program was to decrease maternal and neonatal mortality through improving integration of selected best practices: focused antenatal care, including integration of FP and HIV/AIDS services and attention to malaria in pregnancy; prevention of postpartum hemorrhage; infection prevention; facilitative supervision; post-abortion care; male involvement; and mobilization of communities to better manage their own health problems. AWARE-RH found that such integration improved the management of maternal and child health services, with decreased risk to mothers and newborns. The approach promoted by AWARE-

RH was based on evidence from a project in Burkina Faso led by JHPIEGO as well as evidence from other African countries, including Tanzania, Senegal, Guinea, Ghana, and Zambia.

The model includes:

- Behavior change communications, with the objective of changing attitudes within communities and improving the knowledge and skills of service providers to manage normal and complicated pregnancies and deliveries.
- Social mobilization, to help communities better plan for and support pregnancies and safe deliveries. Such plans include providing for transport and financing emergency medical evacuations.
- Clinical training and provision of equipment to improve skills and knowledge of service providers.

**AWARE-RH Dissemination(s):** In June 2003 in Nouakchott, Mauritania, AWARE-RH collaborated with UNICEF, UNFPA, and WHO to conduct a regional workshop on selected best practices in maternal, neonatal and child health. Representatives of 13 West and Central African countries participated in the workshop.

In October 2004 in Harare, Zimbabwe, AWARE-RH collaborated with WHO/AFRO to organize a task force meeting in which best practices in emergency obstetric care were presented.

In July 2004, WHO supported a follow-up dissemination workshop on maternal health for MNH focal points from Francophone countries at Ouidah, Benin. At about the same time, WHO held another dissemination workshop in Johannesburg, South Africa, for Anglophone focal points.

**AWARE-RH Replication:** In 2005 in Cameroon, AWARE-RH collaborated with UNICEF, the USAID-financed ACCESS project, and the regional NGO Mwangaza to start the replication of this model in N’Gaoundere district. After initial discussions, in June 2005, the partners provided clinical training for 20 service providers from various facilities in the district, including the district and provincial hospitals as well as the health centers that refer patients to those hospitals. During the same period, AWARE-RH supported Mwangaza to undertake BCC and other social mobilization activities.

In Mali in 2005, AWARE provided TA to UNICEF and the Ministry of Health to train service providers in focused antenatal care in the Koulikoro region. In March 2006, after discussions with AWARE, PLAN/Togo decided to replicate the full model for which a needs assessment was carried out in April 2006. Providers were trained in 2007. To facilitate uptake and adoption of the practice, Mwangaza continued with social mobilization activities in Mauritania, Cameroon, and Niger before commencing the program in Togo. Mauritania has a mutual called *Forfait Obstetric* to pay for emergency obstetric care. Mwangaza continued to conduct social mobilization activities to facilitate the adoption process.

In 2005 and 2006, in collaboration with CEFORP and the Ministries of Health in Chad, Mali, Togo, and Guinea Bissau, AWARE initiated replication of PAC services by conducting a needs assessment in these countries and trained service providers who were providing PAC services in all four countries.

Again in 2005, AWARE-RH collaborated with partners in Mauritania to initiate replication in Kaedi in the Golgol region. The first clinical training was conducted in November 2005 in Kaedi and the second took place in May 2007 with candidate-trainers trained in Ouagadougou. This cadre of staff constituted a resource to be used to extend the program across the country. Deliveries conducted by trained midwives in all centers employ the skills they have learned to prevent postpartum hemorrhage. AWARE, working with the MOH and UNICEF, harmonized all existing MNH materials in the country after the May 2007 elections.

To scale-up the replication in additional countries, in October 2006, AWARE organized a training-of-trainers in MNH in Ouagadougou for four countries: Niger, Togo, Cameroon, and Mauritania.

Together with UNICEF and ACCESS, AWARE organized a needs assessment in Maradi Region, Niger, in March 2006. Providers were trained in March 2007.

Working with UNICEF and the MOH, AWARE developed plans to add mutual activities at the replication site in N'Gaoundere, Cameroon.

#### **Documentation and References:**

##### **AWARE-RH Documentation:**

AWARE-RH has obtained a CD-ROM with full documentation on its recommended MNH promising and best practices.

##### **Other References:**

Banza Baya, Gabriel Sangli, and Abdoulaye Maiga (2004). *Measuring the effects of behavior change interventions with population-based survey results in Burkina Faso*, JHPIEGO.

WHO, UNFPA, UNICEF, and the World Bank (2003). *Pregnancy, childbirth, postpartum, and newborn care*; pdf version available at <http://www.who.int/reproductive-health/publications/pcpnc/>

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<http://www.mnh.jhpiego.org/where/bfaso.asp>

Trip and consultant reports available from M&E&D team.

[http://www.advanceafrica.org/publications\\_and\\_presentations/Meeting\\_Reports\\_and\\_Presentations/index.html](http://www.advanceafrica.org/publications_and_presentations/Meeting_Reports_and_Presentations/index.html)

[http://www.insah.org/pdf/echos\\_forum.pdf](http://www.insah.org/pdf/echos_forum.pdf)

#### **AWARE-RH BEST PRACTICE: CS1: Child Survival**

##### **COMMUNITY CASE MANAGEMENT of Malaria, Acute Respiratory Infections, Diarrhea, and Malnutrition AS PART OF C-IMCI**

**Summary:** AWARE-RH promotes community case management of malaria, acute respiratory infections, diarrhea, and malnutrition as part of an overall Community Integrated Management of Childhood Illnesses (C-IMCI) approach to improving child health. C-IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.

AWARE-RH collaborated with WAHO and WHO to document and disseminate lessons learned from successful C-IMCI programs in Benin, Guinea, Niger, and Senegal. The core IMCI intervention was integrated case management of the five most important causes of childhood deaths in West and Central Africa: acute respiratory infections (pneumonia; 21%), malaria (25%), diarrhea (20%), measles (4%), and malnutrition associated with these (54%). AWARE-RH provided technical assistance and training to health care providers in selected countries in West Africa to improve their accurate identification of childhood illnesses in outpatient settings, ensure appropriate combined treatment of all major illnesses, strengthen the counselling of caretakers, and speed up the referral of severely ill children.

Given the specific threat of pneumonia and other acute respiratory illnesses as well as malaria, diarrhea, and malnutrition to children in West Africa, AWARE-RH encouraged health authorities in selected

countries to sensitize community leaders to select community health workers who could be trained to assess sick children for signs of pneumonia, diarrhea, and malaria; select appropriate treatments; administer the proper doses of antibiotics, antimalarial drugs, rehydration, and zinc; counsel parents on how to follow the recommended treatment regimen and provide supportive home care; and follow up sick children and refer them to a health facility in case of complications.

In the West Africa region, the Senegalese Ministry of Health, the Senegalese NGO Canah, UNICEF, and USAID, through the Basic Support for Institutionalizing Child Survival (BASICS) and Rational Pharmaceutical Management-Plus (RPM-Plus) projects, initiated a pilot program of community management of pneumonia in four districts in Senegal. The strategy included providing cotrimoxazole for acute respiratory illness to children under 5; the cotrimoxazole was prescribed by community-based nonmedical health workers. The approach is predicated on the existence of a strong training, supervision, and referral system to support the community workers. Results showed that 97% of pneumonia cases were treated by community health workers and 85% of severe cases were referred to the next level. In April 2005, AWARE-RH sponsored a regional consultative meeting in collaboration with WAHO, UNICEF, and several USAID projects (BASICS, SARA, and CORE) to discuss the Senegal experience and develop a regional strategy to integrate community management of pneumonia into a broader C-IMCI approach in the region.

**AWARE-RH Dissemination(s):** AWARE-RH disseminated the combined C-IMCI and ARI approach through two main events. In September 2005 in Brazzaville, AWARE-RH consultant Dr. Guelaye Sall presented a paper entitled *Documentation PCIME C: Leçons apprises, Benin, Guinée, Niger et Sénégal* (full reference below) at the 3<sup>rd</sup> Annual Meeting of IMCI Focal Persons, attended by representatives from 22 Anglophone and Francophone countries in Africa. Dr. Sall was also a lead contributor to the analysis and presentation of the Senegal experience by the Senegalese Ministry of Health at the same conference.

In April 2005 in Dakar — in collaboration with WHO, UNICEF, WAHO, and several USAID projects (SARA, CORE, BASICS III) — AWARE-RH organized a regional consultative meeting on Community Case Management (CCM) of ARI to review the Senegal experience. The objective of the meeting was to identify lessons learned from implementation, develop a consensus on the approach needed to introduce community case management of childhood illness in the region, and prepare for regional scale-up. Approximately 28 representatives from the Senegalese Ministry of Health, international organizations (WHO, UNICEF, WAHO), USAID projects, and USAID missions in Benin and Mali attended the meeting. The consultative group identified areas for regional action to stimulate, facilitate, and support interest and development of CCM at the national level:

- Carry advocacy activities for CCM to stimulate interest in West Africa
- Organize consultation on CCM among selected countries
- Identify partner/catalyst(s) to support selected countries
- Document and disseminate success stories and tools
- Develop capacity for country CCM policy dialogue and implementation
- Develop activities for resource mobilization at the regional level
- Partner communication for joint advocacy

AWARE-RH staff and consultants continued to disseminate information on this important approach to decreasing childhood morbidity and mortality during country-specific needs assessments, technical trainings, and other venues.

**AWARE-RH Replication(s):** In August 2005, in collaboration with WHO and UNICEF, AWARE-RH initiated the replication of Community Case Management of ARI, malaria, diarrhea, and malnutrition as part of C-IMCI in Niger. Plans were to incorporate community health workers provision of cotrimoxazole for ARI, the combined therapy for malaria; the ORS new formula; and zinc for the treatment of diarrhea into an ongoing C-IMCI program with strong supervision.

AWARE-RH led the preliminary visit to advocate and identify partners for the replication activities. The district of Madarounfa was selected; AWARE-RH conducted an advocacy visit to ensure community ownership of the strategy, and develop training materials and management tools. Fourteen administrative and religious leaders and civil societies signed a commitment letter to support AWARE-RH and other partners' efforts in the replication of community case management of childhood illnesses. Fifteen trainers — including 10 chiefs of integrated centers (CSI), 5 technical staff of district health teams and 75 CHWs — were trained in Madarounfa from February to June 2006. Following the AWARE-RH experience, about 135 CHWs were trained by UNICEF in five additional districts in January 2007.

In February 2007, two teams made follow-up visits to assess CHWs. The two teams visited 25 health posts CHW (13 at Madarounfa and 12 at Matameye), observed a few of them managing cases when available, and interviewed 110 caretakers (62 at Madarounfa and 48 at Matameye) using questionnaires and checklists developed: 100% of health posts were equipped with timers, scales, and essentials drugs (cotrimoxazole, ORS, and zinc); 69% of CHWs in Madarounfa and about 85% in Matameye performed a correct assessment, classification, and treatment of a case; 73% of caretakers in Madarounfa and 54% in Matameye knew at least two danger signs in sick children; in addition, 98% of caretakers in Madarounfa and 88% in Matameye knew how to administer the drug prescribed; 89% of caretakers in Madarounfa and 68% in Matameye respected the return visit to the health post. In 6 months, 5 supervision visits were completed in Madarounfa (about one per month, the recommended periodicity). In addition to the health post built by the government, the community has added rooms to the residence of the CHW and their guests, as well as a fence and latrines.

In February 2007, AWARE-RH successfully identified and developed replication plans for scaling-up with four NGOs in Niger (HKI, Plan International, Save the Children UK, and MercyCorps).

**Documentation and References:** AWARE-RH prepared a key report on incorporation of CCM ARI into C-IMCI in West Africa: *Prise en Charge Intégrée des Maladies de l'Enfant au Niveau Communautaire (PCIME-C) Documentation de la Mise en Oeuvre au Bénin, en Guinée, au Niger et au Sénégal, Mai 2005*, OMS/AFRO, OOAS/WAHO AWARE-RH.

Additionally, AWARE-RH synthesized for wider distribution *La Prise en Charge des Infections Respiratoires Aiguës au Niveau des Cases de Santé par les Agents de Santé Communautaires* (November 2004 final report written by Prof Guelaye Sall, Danse; Dr. Assane Sylla, Chair of Pediatrics; Dr. El Hadji Babacar Gueye, UNICEF; Dr. Cheick Saad Bou Sarr and Mr. Djiby Ndiaye, BASICS II).

Additional information on C-IMCI and CCM ARI can be found at the WHO website: [www.who.int/child-adolescent-health/integr.htm](http://www.who.int/child-adolescent-health/integr.htm) [whqlibdoc.who.int/hq/2001/WHO\\_FCH\\_CAH\\_01.15.pdf](http://whqlibdoc.who.int/hq/2001/WHO_FCH_CAH_01.15.pdf), and [whqlibdoc.who.int/hq/2002/WHO\\_FCH\\_CAH\\_02.16.pdf](http://whqlibdoc.who.int/hq/2002/WHO_FCH_CAH_02.16.pdf).

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*Bulletin WHO* (Dec 2004), Siminon, G., *The anti-microbial resistance containment and surveillance approach: A public health tool*.

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## **SF1: AWARE-RH BEST PRACTICE: Sustainable Financing**

### **MUTUAL HEALTH ORGANIZATIONS (COMMUNITY-BASED HEALTH FINANCING)**

**Summary:** Health services are limited in many parts of Africa. Where they do exist, the public is often unable to afford them. Governments are rarely able to provide free health care to their citizens. While some individuals may be covered by formal health insurance, most, especially in rural areas, are left with few or no options when it comes to paying for health services. Without these options, countless families and individuals cannot get the help they need, and may face immeasurable suffering and/or untimely death.

The AWARE-RH project promoted health care reform in West and Central Africa, in part by assisting in the development and promotion of MHOs in this region. In November 2004, AWARE-RH attended a forum in Mali where it presented best or promising MHO practices to 389 participants from 25 countries in Central and West Africa. One of the best practices presented described a successful coupling of microfinancing (savings) and health financing in Rwanda and Senegal. Following this forum, the nongovernmental organization Service of Support to Local Initiatives of Development (SAILD) from Cameroon expressed keen interest in replicating this best practice of integrating a health finance component into already existing community-saving schemes. In March 2005, AWARE-RH visited SAILD and conducted a feasibility study in three districts in western Cameroon: Bangoua, Bameka and Galim.

Integrating health financing into well-established microfinance organizations is a unique way to bring health care financing to many communities. By coupling these two practices, there are some key benefits:

- Money contributed to the MHO can be used by the savings branch for making loans, earning more interest for both the savings institution and the health financing scheme.
- Given that they will be managed together, the MHO can benefit from the knowledge and experience of the savings association.
- Insurance premiums can be deducted directly from an individual's savings account.
- Individuals may even take a loan from the savings association to pay their insurance premium in full for a whole year (which is cheaper than paying in monthly installments).

This coupling of microfinancing and MHOs illustrates an original way to use credit-and-savings associations to improve health care in a community, something that has not been done previously. Health care coverage benefits not just those people who may have savings in the bank, but the community at large. This is an innovative best practice whose replication can improve the lives of many rural poor, by providing them with the financial means to access services.

This initiative made health care a reality for thousands of people in Cameroon. Since the launch of these initiatives in August 2005, 2,883 individuals have joined the MHOs in these districts of Cameroon. Members pay a premium ranging from 360 FCFA (USD \$0.66) to 480 FCFA (USD \$0.88) per person per year, and 70%–100% of the cost of certain services is covered, including medical consultations, surgeries, delivery, and antenatal and postnatal care. Through the support of the MHOs best practice in Cameroon, AWARE-RH was able to increase access to health services and improve the lives of many people.

This experience was replicated in other provinces of Cameroon with SAILD partners (e.g., WSM and AMNC from Belgium)

**AWARE-RH Dissemination:** The Rwanda case study was one of several disseminated at the *Concertation Forum* held in Bamako, November 2004; 389 participants from 25 countries attended this meeting.

## **AWARE-RH BEST PRACTICE: SF3: Sustainable Financing**

### **NATIONAL COMMODITY SECURITY PLANS USING SPARHCS**

**Summary:** AWARE-RH promotes sustained availability of commodities for maternal and neonatal health (MNH), family planning (FP), child survival, and malaria through development and use of national Commodity Security Plans in selected West African countries. The plans are developed using an approach called SPARHCS (Strategic Pathway to Reproductive Health Commodity Security). SPARHCS was developed by the USAID-financed Maximizing Access and Quality Initiative, in which all of the AWARE-RH partners participated. SPARHCS is a flexible approach that can be used for contraceptives alone, for contraceptives and condoms for HIV/STI prevention, or for a still broader set of RH supplies to address needs of MNH, CS, and malaria.

SPARHCS is a consultative process through which a wide range of stakeholders can:

- Establish and maintain multisectoral commitment to RH commodity security by raising awareness and supporting it as a public health objective.
- Conduct a multisectoral, joint diagnosis of a country's RH commodity security status.
- Identify factors that limit or enhance the prospects for RH commodity security.
- Process those findings to reach consensus on priorities for improving RH commodity security.
- Develop a comprehensive, multipartner strategy and action plan for RH commodity security that is evidence-based, fundable, and feasible.
- Facilitate strategy implementation and guide ongoing monitoring and evaluation of results.

In 2004, 2005, and 2006, AWARE-RH provided technical assistance to establish national Commodity Security Plans in Burkina Faso, Cameroon, Togo, The Gambia, and Sierra Leone. These plans are now being implemented.

**AWARE-RH Dissemination(s):** AWARE-RH took the lead in disseminating the SPARHCS model for commodity security in West Africa. In October, 2004, AWARE-RH sponsored a regional workshop on Commodity Security Strategic Plan Development in Ouidah, Benin, which was attended by representatives from most partner countries. In June 2005, AWARE-RH collaborated with WAHO to convene a task force for development of a West African Health Organization (WAHO) Strategic Plan for Reproductive Health Commodity Security. AWARE and DELIVER, in collaboration with HPI and UNFPA, organized a regional RHCS workshop in Accra, Ghana, in January 2007 for all countries that had developed RHCS plans — with support from AWARE and leadership technical institutions in the region — to: (a) monitor progress in the implementation of RH and FP commodities security strategic plans and identify priority areas for support; (b) share country experiences of the implementation process; (c) create a network of countries implementing these strategic plans; (d) establish linkages in the various country plans with the regional RHCS strategic plan; and (e) juxtapose available TA in the region to the needs of countries implementing RHCS.

AWARE-RH also sponsored a West African regional workshop on Media Advocacy for Contraceptive Security in May 2005 in Senegal.

**AWARE-RH Replication(s):** In 2004–2006, AWARE-RH introduced the SPARHCS process for commodity security planning to Cameroon, Togo, The Gambia, Sierra Leone, and Burkina Faso. In each of the five countries, over time, AWARE-RH collaborated with national and international partners to:

- Conduct a commodity security workshop to introduce counterparts to contraceptive security issues and the SPARHCS process.
- Conduct a situation analysis on reproductive health commodities.
- Contribute technical and financial assistance to one or more workshops to develop and/or review and/or disseminate national commodity security plans.

In 2006-2007, AWARE-RH helped to facilitate a similar process in Niger.

Once the plans were developed, AWARE-RH continued to provide technical assistance and on-site training in implementation. AWARE-RH's assistance included preparation of annual contraceptive procurement tables, redesign and training of logistics information systems, and provision of training in logistics, stock management, and inventory. In addition, AWARE-RH organized workshops to strengthen capacity of countries and regional institutions to implement RHCS strategic plans and conduct GFTAM activities and improve collaboration with the GFTAM. Some of our Technical Leadership Institutions (TLIs) have implemented AWARE activities. CESAG has registered a request from the ACAME (African Central Medical Store Association for training on Quantimed). CESAG and IRSP are organizing training workshops on drugs management using a curriculum that AWARE helped to develop.

#### **Documentation and References:**

##### **AWARE-RH Documentation:**

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Dr. Ndiaye Antoine, AWARE-RH, Bornbusch Alan, USAID (2005). *Baseline assessment of the contraceptive logistic system for The Gambia.*

Department of State for Health and Social Welfare, The Republic of Gambia. *The Gambia National Reproductive Health Strategic Plan of Action, 2002-2006*, DOSH.

*Ministere de la Santé, Burkina Plan stratégique de sécurisation des produits contraceptifs 2006-2015.*

*Ministere de la Santé Publique, Cameroon Plan stratégique de sécurisation des produits contraceptifs.*

*Ministere de la Santé, Togo Plan stratégique de sécurisation des produits contraceptifs 2006-2010.*

##### **Other References:**

<http://www.maqweb.org/sparhcs/index.shtml>  
[deliver\\_info@jsi.com](mailto:deliver_info@jsi.com).

**Annex 4: Number of people trained recorded from Oct 2007 to Feb 2008 of FY08**

		Country/City	Dates	Number of Participants		
				M	F	Total
CS-M	Workshop to develop IEC materials for communication on malaria	Niger, Niamey	Oct 22 – 24, 2007	21	15	<b>36</b>
CS-M	Nova Scotia Gambia Association Peer Health Education Program Cluster Training	The Gambia, Banjul	Feb 1, 2008			<b>17</b>
<b>Total Number Trained in Child Survival</b>				<b>21*</b>	<b>15*</b>	<b>53</b>
FP	Training workshop in CIB implementation	Burkina Faso, Bobodioulasso	Sept 24 – Sept 28, 2007	9	4	<b>13</b>
FP	Update MOH FP National Training in IUD	Bamenda, Cameroon	Oct 2 – 5, 2007	3	12	<b>15</b>
FP	CPT and Logistics Management Training workshop	Yaoundé and Mbalmayo; Cameroon	Oct 7 – 10, 2007			<b>18</b>
FP	Medical Monitoring and Fundamentals of Care workshop for CBCHB supervisors and Managers	Bamenda, Cameroon	Oct 8 – 14, 2007	12	8	<b>20</b>
FP	Updating the Knowledge of Service Providers and enhancing their skills in revitalizing and expanding the use of IUD	Banjul, The Gambia	Oct 22 – Nov 2, 2007	4	17	<b>21</b>
FP	RH Commodities estimation and Procurement Planning Review workshop	Freetown, Sierra Leone	Oct 22 – 24, 2007	17	4	<b>21</b>
FP	Training on the use of the Pipeline Software	Lomé, Togo	Nov 12 – 13, 2007			<b>9</b>
FP	Workshop on review of the Contraceptive Procurement Table	Lomé, Togo	Nov 14 – 16, 2007			<b>15</b>
FP	Workshop, in collaboration with UNFPA, to assist MOH Guinea to develop national strategic plan for securing reproductive health commodities	Conakry, Guinea	Nov 19 – Dec 4, 2007			<b>50</b>
FP	Workshop on commodity security and procurement procedures	Lomé, Togo	Jan 8 – 10, 2008			<b>22</b>

		Country/City	Dates	Number of Participants		
				M	F	Total
FP	Regional Consultative Forum to develop a workplan for the RHCS Strategic Plan	Bobodioulasso, Burkina Faso	Nov 11 – 18, 2007	8	3	11
FP	Recyclage des prestataires en PF de la région Lomé Commune en insertion et retrait de DIU	Lome, Togo	Nov 26 – 30, 2007	-	16	16
FP	FP counseling workshop to update knowledge, attitude and skills of service providers	Banjul, the Gambia	Jan 1 – 14, 2008	4	15	19
FP	Workshop to update CPTS in the Gambia	Banjul, the Gambia	Jan 18 – 20, 2008	14	3	17
FP	Workshop, in collaboration with UNFPA, to assist MOH Sierra Leone to develop national strategic plan for securing reproductive health commodities	Freetown, Sierra Leone	Jan 14 – 29, 2008	17	6	23
FP	Workshop on Counseling for Effective FP use	Lomé, Togo	Feb 18 – 21, 2008			21
FP	Training in Contraceptive Procurement Tables	Banjul, The Gambia	Jan 16 – 27, 2008			17
<b>Total Number Trained in Family Planning Initiatives</b>				<b>86*</b>	<b>88*</b>	<b>362</b>
MNH	Regional workshop with WAHO partners in Bobo Dioulasso to provide an overview and leadership in developing a CIB system	Burkina Faso, Bobo Dioulasso	Nov 7 – 10, 2007	14	3	17
<b>Total Number Trained in Maternal and Neonatal Health Initiatives</b>				<b>14</b>	<b>3</b>	<b>17</b>
Other	Regional Workshop on TOT for MHO	Lomé, Togo	Oct 25 – Nov 2, 2007	11	4	15
Other	Advocacy workshop on funds mobilization for the implementation of RHCS Strategic Plan	Sierra Leone	Oct 25 – 26, 2007	15	8	23
<b>Total Number Trained in Other Initiatives</b>				<b>26</b>	<b>12</b>	<b>38</b>
<b>Overall Number Trained</b>				<b>147*</b>	<b>118*</b>	<b>470</b>
<b>Gender Totals with * = Totals exclude Missing Values</b>						