



Globalhood

development across disciplines

**ASSESSMENT OF EVALUATIONS ON HIV/AIDS
PANDEMIC IN IVORY COAST**



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Preface

The respective themes, ideas, and focal points approached in this work are the result of Makhete Cisse's initiatives and choices. Even though this work focus on evaluating many issues surrounding HIV/AIDS development in Ivory Coast, the design of this paper reflects Globalhood's mission, which is to bringing different people and knowledge from across disciplines to approach this subject in a more wider angle than it has been in many earlier evaluations. This is very important because it can lead to the creation of an innovative and global international approach to development projects of all kinds so that they can be more efficient in a broader scale. This work reveals most current and relevant evaluations on HIV/AIDS in Ivory Coast. Some parts of this assessment relate to issues that are directly tied to the pandemic, and others brush on issues such as partnership, which elaborates on collaborative efforts from both private and public sectors to fight the propagation of the HIV/AIDS pandemic. However, time constraints prevented the kind of exhaustive consultation process that might have led to institutional ownership of the work. Therefore, there should be understood as reflecting the views of the author rather than the views of the entire working group, Globalhood.

The purpose of this paper is not to present definitive opinions of experts. Instead, it is, in PART I, to first give a brief and concise overview of social indicators using two factors: poverty and education. It is also to elaborate a succinct epidemiological figure of the pandemic in the country. Then, it is also to bring parameters that explain some sustainable reasons that clarify why numbers about the illness are so high in Ivory Coast. Furthermore, the particular task of PART II is to assemble what have been considered most important and concluded by relevant evaluations about the impact of HIV/AIDS pandemic, prevention, treatment and care in Ivory Coast. Globalhood believes that dealing with the HIV/AIDS development issue requires responses which are broader than the more traditional focus on only health promotion and service provision which is characteristic of a public health response. However, it is clear that HIV/AIDS surveillance based on indicators is a useful activity for tracking the epidemic. As a result, besides our assessment using many evaluations that



explain the situation of the illness in Ivory Coast in a more global approach, in PART III, we are exploring FOI ET VIE's background and reliable sources of OEV (Orphans and vulnerable children due to the HIV/AIDS impact) in Section I. In SECTION: 2, we are highlighting FOI ET VIE's ongoing programs and in SECTION: 3, we will have FOI ET VIE representatives answering to a questionnaire designed to evaluate FOI ET VIE's HIV's development programs and capacity building. Then, we have the final part of the paper, which is constituted of some valuable recommendations.

We hope that the choice of this local NGO called FOI ET VIE will help increase our understanding of factors that describe the readiness of NGOs on the ground. In this work, FOI ET VIE represents a sample, which we are intended to use in reflection of all NGOs on the ground. This is because most NGOs working on the ground's function and operate similarly as they face related problems. Financially, they encounter same challenges. The choice of this NGO can also help make important contributions to our understanding of the extent and role of factors associated with specific issues based on capacity building of those NGOs as they relate to the epidemic. All of them want to do something to their communities and that's the most important reasons for them to hang on despite all difficulties they face.

PART I

Social Indicators

In the 2007 UNDP Human Development Index Ivory Coast ranked between 166 of 177.

Poverty

Several of its major indicators reflect its underdevelopment and existence of prevailing poverty. The electrification rate is 50 percent. 48.8 percent of the population lives on \$2 or less a day. 13 percent of the population is undernourished. 16 percent do not have access to clean drinking water.

Critics support that poverty prevents many people from getting proper medical care in Ivory Coast. The data supports that for 100,000 people, there are only 12 physicians, the infant mortality rate reaches 118 per 1,000 live births, from birth to the age of 40, the probability of not surviving is 38.6%, of one-year olds, only 49% are not fully immunized against measles, 659 cases of tuberculosis per



100,000 people is the prevalence and public expenditures on health care represents only 0.9% of GDP. Besides these facts, a relatively high prevalence of

HIV/ AIDs makes the country confront great strains on the health care system. An estimation of the UN revealed that in Ivory Coast the incidence of HIV/ AIDs for the population between the ages of 15 and 49 at 7.1%¹.

Education

Ivory Coast scores very low in comparison to most other countries in the world. The adult literacy rate for those over 15 years old is 48.7 percent. For females, it is just 38.6 percent. The combined gross enrollment for primary, secondary and tertiary education meanwhile is 39.6 percent. According to UNESCO, 44 percent of primary age school children are not attending school.

Epidemiological Situation

Ivory Coast is the most profoundly infected country in West Africa and among the 15 worst in the world affected by the HIV/ AIDS epidemic. Estimates presently put the national HIV sero-positive prevalence rate at over 10 percent in adults aged 15 to 49. This figure is converted into an approximately 570,000 people infected with HIV/ AIDS and a quickly growing number of people requiring care and support². The civil instability situation experienced by Ivory Coast five years ago had consequently favored a high HIV transmission rate, which led the epidemic to progress more rapidly than expected. In Ivory Coast, both HIV-1 and HIV-2 infections are found, and the HIV-1 epidemic is driven primarily by the CRF02_AG subtype.

Why numbers are higher so much in Ivory Coast?

Several International Governmental Organizations (IGO), Non-Profit Governmental Organizations (NGO), and medical researchers support Abidjan's active port and its open-door policies that attract foreign commerce and international visitors as one of important factors encouraging the spreading of the illness. Another reason is the fact that talking about HIV/ AIDS is largely taboo in Ivory Coast because infected people are afraid of being stigmatized and abandoned by their families if they reveal their condition. Therefore, many of them choose to hide it. These facts keep driving the virus's spread considerably

¹ Financial Standard Foundation: Country Brief, IVORY COAST March 13, 2008

http://www.estandardsforum.org/secure_content/country_profiles/cp_56.pdf

² Comprehensive Assessment of Human Resources for Health in Côte d'Ivoire:

http://www.abtassociates.com/reports/PHRplus_cotedivoire_Tech072_fin.pdf

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as well. In addition to, the economic desperation, separation of families and the influx of soldiers which impact young girls' lives are accompanied by sexual violence, unwanted pregnancies, and an increase in STIs become very significant too. Medical staffs believe the incidence is much greater than cases reported to and treated. Women may not know that treatment services exist or that they need to come within 48 hours of pregnancy if HIV and STI infection are to be avoided. Further, AIDS officials also support that numbers are higher in Ivory Coast than in neighboring countries because reporting methods in Ivory Coast have been more accurate.

PART II

The statistics are astounding. As supported above, an approximately 10 percent of Ivory Coast's 18-million inhabitants are infected with the AIDS virus. Nearly 20 percent of those infected are teenagers and pregnant women. More than 10 percent of the adult population is infected. In 2001, Ivory Coast's public health service estimated that way above 12 percent of the population will be HIV-positive by the end year 2008 and about 20,000 will die each week from the virus. At the end of 2006, more than 420,000 have already perished in Ivory Coast since the first cases were reported in 1985.

INDICATORS

Section 1 exhibits important development issues indicators of the HIV/AIDS pandemic in Ivory Coast. These indicators are defined very important because Ivory Coast is a country with a generalized epidemic as shown in the following table. The goal of this section is to help capture not only the perception of Ivoirians about the pandemic, but also the translation of some effects of that perception into the spreading of the illness and some actions undertaken in order to respond "efficiently" to the pandemic. Furthermore, Section 2 is more explanatory as it brings some logics behind other indicators such as prevalence, sexual transmission, Mother-To-Child Transmission, etc. of the illness, which moreover assists increase our understanding of the pandemic situation as we progress in our assessment.

SECTION I

Table³

<u>Knowledge and conduct</u>	
-Percentage of people aged 15 to 24 years with equal knowledge on the method to avoid sexual transmission, of HIV/AIDS and reject the main phony ideas concerning the virus transmission	82,62 %
-Percentage of youngsters having had sexual contacts before the age of 15 years.	14,06 %
-Average age for the first sexual connection	16,5 %
-Percentage of youth aged between 15 and 24 having had sexual connection outside their marriage with an irregular partner over the last 12 months	61,01%
-Percentage de youngsters aged between 15 and 24 who know how to use a preservative when having a sexual contact with an occasional partner	69,66%
<u>Current impact of the illness</u>	
-Percentage of youngsters aged 15 to 24 infected by HIV	6,2%
-Percentage of adults and children infected by HIV and still alive under antiretroviral treatment 12 months after the start	87,28 %
-Percentage of babies infected by HIV, born from	25%

³ FOLLOW- UP ON THE UNDERTAKING DECLARATION ON VIH/AIDS (UNGASS) IVORY COAST NATIONAL REPORT, 2006- TECHNICAL AND FINANCIAL SUPPORT FOR UNAIDS DECEMBER 2005:
http://209.85.229.132/search?q=cache:YEKprBSQdN8J:data.unaids.org/pub/Report/2006/2006_country_progress_report_ivory_coast_en.pdf+evaluation+hiv/aids+in+Ivory+coast,+Cote+d%27ivoire&hl=en&ct=clnk&cd=1

mothers themselves infected by the virus.	
<u>National Actions Undertaken</u>	
-Funds engaged by the Ivoirian government to fight against VIH/ AIDS from 2003 to 05	\$6,987,795,658 or (\$14,000,000)
-Composite index of national policies	7.87 / 1
-Percentage of schools where personals were formed to teaching in relation to HIV/ AIDS, based in psycho-social abilities, and acquired during the last school year.	38,43%
-Percentage of large companies having installed policies and programs to fight against HIV/ AIDS in the place of work enquiry on site	66,66%
-Percentage of persons suffering from Sexually Transmissible Infection (STI) received in health centers, and who are treated and advised thoroughly	?
-Percentage of pregnant women infected by HIV/ AIDS who receive a complete antiretroviral to reduce the risk of TME.	4.36%
-Percentage of persons for which the HIV/ AIDS infection is advanced and who receive an association of anti-retroviraux	22,08%
-Percentage of health centers able to give cares to persons living with VIH/ AIDS	?
-Percentage of children made orphan and other vulnerable children (OEV) living in homes having an outside free aid.	?

-Percentage of transfusion blood units having been the object of VIH finding out	100%
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SECTION 2

Section 2 seems to be more instructive and descriptive because it harmonizes factors of development of the illness in a more analyzing fashion as it approaches indicators such as prevalence, Sexual Transmission, Mother-To-Child Transmission, Illness and treatment associated with HIV, and other.

Prevalence

12 percent of all Ivoirian inhabitants are infected with HIV, the virus that causes AIDS. NB: All inhabitants are not all Ivoirians citizens. Also, officials say many more people may be infected and not know it. The national HIV prevalence rate among adults in Ivory Coast was officially estimated to be 5.8 percent in 2006. Presently, there is a wide variation in prevalence among regions, ranging from 2.1 to 7 percent. Ivoirians' HIV/AIDS prevalence rate was estimated at nearly 10 percent, the highest in West Africa⁴.

Sexual Transmission

-8.3 percent of women in Ivory Coast towns are infected with HIV. This study shows a point with women 25-29 and a younger age. The average age on the first sexual contact is 16.2 years (over half the pregnant women started sex between 15 and 17 years)⁵. Any percentage of men infected through sexual transmission living in both cities and towns as of women living in cities could not be found.

-Mother-To-Child Transmission

The following results are from a cross-sectional study carried out in a program to prevent mother-to-child transmission of HIV (MTCT) in a public antenatal clinic in Abidjan, the capital of Ivory Coast. The objectives were to obtain information

⁴ COTE D'IVOIRE - Humanitarian and HIV Overview:
http://www.aidsandemergencies.org/cms/index.php?option=com_content&task=view&id=62&Itemid=133

⁵ IVORY COAST NATIONAL REPORT, 2006- TECHNICAL AND FINANCIAL SUPPORT FOR UNAIDS:
http://data.unaids.org/pub/Report/2006/2006_country_progress_report_ivoiry_coast_en.pdf



from women concerning their reactions to HIV test. The participants were from a sample of 87 women who had received HIV-1-positive test results and 30 women who had received HIV-1-negative test results through the program. 85 percent of the HIV-positive women were surprised by their test result; 52 percent of the 30 women who tested HIV-negative anticipated that result. Nearly 2/3 of the 85 percent who were surprised to be HIV-positive and a similar proportion of those who expected to be HIV-negative explained their reactions by referring to faithfulness to their partners. Only 5 of the 117 women interviewed expressed a belief that their partners were faithful to them; and only 2, and none of those who received an HIV-positive test result, reported using condoms with partners. No more than 1/4 of either the HIV-positive or the HIV-negative groups of women had been previously tested for HIV; less than 1/4 of the women in each group reported having partners who had been tested for HIV, or knew their partners' serostatus. However, each year, approximately 54,000 children are born to HIV-infected mothers and about 33 percent are expected to contract the virus as a result of insufficient prevention of mother-to-child care.

-Illness and Treatment Associated to HIV

-Studies have reported that young people represent a significant segment of those attending sexually transmitted infection (STI) clinics and those infected by HIV in Ivory Coast. This is because the considerable number of STIs leads to horrific complications in reproductive health and carry disease to younger and younger segments of the population. A large number of Ivoirian population admit to knowing very little about preventing sexually transmitted infections (STI)s or transmitting HIV. The high level of STIs is also a clear indicator that HIV is spreading, making prevention and treatment efforts more urgent. More important is **TB (which stands for tubercle bacillus or Tuberculosis)**. The prevalence of tuberculosis cases is 659 per 100,000 people. **TB** is a leading cause of morbidity and mortality in people infected with HIV, the implication for HIV/ AIDS programs is that TB is a huge part of HIV/ AIDS care⁶.

-Economics of HIV/AIDS

The epidemic in Ivory Coast contributed to the loss of an estimated 5.6 per cent of its workers by 2000. Latest information associated to economics analysis could not be obtained and the cumulative loss is projected to be in the range of 11.4% in 2020. The fact that 60 percent of the population lives in rural areas and that

⁶ STI Crisis in the West: Fuelling AIDS In Côte d'Ivoire
<http://www.msf.org/source/countries/africa/ivorycoast/2005/2005MSFreport-IvoryCoastSTI.doc>



agriculture represents 33 percent of the Gross National Product underscores the seriousness of the HIV/AIDS threat to the economy. One of the biggest concerns about HIV/AIDS endemic in Ivory Coast is the reality that it strikes at the heart of development because most people Killed are in their most productive years. Therefore, it reverses human development gains in Ivory Coast. Consequently, it spreads and deepens poverty across the country. Thus, it erodes the Ivoirian government capacity to provide services and deepens gender inequalities in the country⁷.

Awareness Campaigns

Despite that approximate 12% prevalence rate for HIV in Ivory Coast, until now little has been done to fight HIV/AIDS outside the major cities. Most of those spending and efforts mentioned above as indicators are concentrated only in urban cities and not in all of them. For example, doctors from the RETRO project help Ivoirian counselors provide advice on safe sex and other preventive methods to only Abidjan's women, especially the high-risk prostitute population. Number about preventive methods concerning other groups could be found. However, if you make an about eight-hour and half drive from Abidjan to Bouake through the highway or from the International Airport Felix Houphouet Bouagny of Abidjan to Dabou, there are no billboards warning people about the dangers of HIV/AIDS.

In 2006, Mrs. Simone Gbagbo, the wife of Ivory Coast President Laurent Gragbo Said, "If we don't do something about AIDS in our country, within 50 years we will not find any Ivoirians in Cote d'Ivoire⁸."

Some factors promoting the spreading

-One of the biggest problems about HIV/AIDS that deters people from seeking help and getting tested is the stigmatization surrounding AIDS. This problem is mostly related to un-alphabetization. Also, individuals in communities do not get enough information on new idea or useful practice about HIV. Therefore, it creates an environment that does not allow them to start thinking about that new practice to reflect their society. There is not a considerable amount of actors involved in preventative measures and education regarding STIs, TB, and/or HIV/AIDS that reflects the existing needs for prevention, treatment and care. As a result of that, the consequences are proving to be devastating. One positive

⁷ USING SURVEYS TO DESIGN EFFECTIVE RESPONSES TO HIV/AIDS

<http://www.hiv-msd.info/anader/anader.php>

⁸ Wife of Ivory Coast President Launches AIDS Awareness Campaign:

<http://www.voanews.com/english/archive/2001-11/a-2001-11-10-7-Wife.cfm?moddate=2001-11-10>



result has been a sharp increase of ten times higher today than ten years ago in the sale of male condoms⁹.

Ivoirian Healthcare System

Based on 2008 report, Public expenditures on health care are only 0.9 percent of GDP. There are only 12 physicians per 100,000 people. The infant mortality rate is 118 per 1,000 live births. The probability of not surviving until the age of 40 at birth is 38.6 percent. 17 percent of children 5 years and younger are underweight for their age and 28 percent are under height for their age. The life expectancy is just 47.4 years. The maternal mortality rate is 600 per 100,000 live births. 49 percent of one-year olds are not fully immunized against measles. Besides, a relatively high prevalence of HIV/AIDS places great strains on the health care system¹⁰.

Actions taken

Since the announcement of the first HIV/AIDS case in 1985, the national response has been to installing the following instances and structures:

- In 1987, the National commission for the fight against AIDS has been created
- In 1992, the National program of fight against AIDS, ISI and Tuberculosis
- January of 2001, the Ministry connected with the Prime Minister started to monitor the fight against HIV/AIDS.
- In the beginning of March 2003, the Ministry for the fight against AIDS is created.
- In 2002-2004, a collaborative strategy plan in response to the pandemic made by the main actors. This plan identifies the youth, the women, the moving populations, the sex professionals, the police and the fighters, the orphans and vulnerable children (OEV).

However, at the time of the 2003 ceasefire, Medecins Sans Frontieres has also reported: "The civil war has caused the total collapse of the healthcare system, which have provoked a medical crisis in most parts of the country."

The Ivoirian government had also pledged to fight for lowering drug prices and planed to introduce a universal health care program in 2002. Yet, nothing consistent that covers all the country has been done to meet the needs require to stabilizing the HIV/AIDS pandemic situation in the country.

⁹ HIV/AIDS-related Stigma: <http://www.acord.org.uk/HASAP%20Newsletter%203.pdf>

¹⁰ Country Brief IVORY COAST March 13, 2008:
http://www.estandardsforum.org/secure_content/country_profiles/cp_56.pdf

Treatment and Care

1- Men and Women Antiretroviral Treatment

This section compares sexual behaviors of HIV-infected patients in Côte d'Ivoire, in other words, whether or not they are gaining access to antiretroviral treatment (ARV. This comparison reflects declared sexual behaviors during the prior 6 months between the 164 ARV-treated and the 547 non-ARV-treated respondents.

-More than half of the 711 respondents (53.0%) declared an absence of sexual activity during the previous 6 months, with this proportion being significantly higher among women (60.6%), and among both men (85.7%) and women (92.4%) who were not living in a stable relationship.

-Among the 334 sexually active patients, 49.7% declared a low frequency of sexual intercourse (once a month or less), 43.7% declared at least one episode of unprotected sexual intercourse.

-In multivariate analysis, recent diagnosis of HIV infection (< 9 months), having only one sexual partner and not knowing her/his sero status, high alcohol consumption, absence of episodes of acute morbidity, not participating in household's expenditures and not being ARV-treated were significantly related to a higher likelihood of HIV-related risky sexual behaviors.

-Sexual abstinence is the preventive strategy of choice for a majority of HIV-infected patients aware of their serostatus and consulting for care in Côte d'Ivoire. In these patients, access to ARV is not associated with an increase in HIV-related risky sexual behaviors¹¹.

2 - Women Antiretroviral Treatment

This part aims to highlight responses to antiretroviral treatment among women exposed to single dose nevirapine (NVP) and/or short course zidovudine (ZDV; with or without lamivudine [3TC]) for the prevention of mother-to-child transmission of human immunodeficiency virus (HIV) infection.

-All HIV type-1 infected women who started antiretroviral treatment with stavudine or ZDV, 3TC, and NVP or efavirenz were eligible for the MTCT-Plus program in Abidjan, Ivory Coast.

- During previous pregnancy Exposed women had received single-dose NVP alone or short-course ZDV (with or without 3TC) plus single-dose NVP.

¹¹ Access to antiretroviral treatment and sexual behaviours of HIV-infected patients aware of their serostatus in Côte d'Ivoire: <http://www.ncbi.nlm.nih.gov/pubmed/14565612>



-Genotypic resistance testing was performed at week 4 after delivery. Virologic failure was defined as a plasma HIV RNA level >500 copies/mL 12 months after initiation of antiretroviral treatment.

-Among 247 women who received antiretroviral treatment:

109 (44%) were unexposed

81 had received short-course ZDV with 3TC, as well as single-dose NVP

5 had received short - course ZDV plus 3TC

50 had received short - course ZDV plus single - dose NVP

2 had received single - dose NVP alone

-Antiretroviral treatment was initiated a median of 21 months after the intervention to prevent mother-to-child HIV transmission. Month 12 virologic failure was identified in 42 (19.2%) of 219 women for whom data were available, and multivariate analysis revealed that it was associated with poor adherence to treatment, postpartum 3TC resistance mutations, and a baseline CD4+ T lymphocyte count <200 cells/mm³. NVP resistance was not associated with virological failure¹².

This study found that poor adherence and 3TC resistance acquired after the intervention to prevent mother-to-child transmission of HIV infection were associated with virologic failure in women who started antiretroviral treatment.

In addition to other actions undertaken, the Ivorian project called RETRO tests AIDS treatments for infected pregnant women to try to stop the infection from spreading to their unborn children.

Public/Private Partnerships & HIV/AIDS in Workplace

¹² Title: Maternal 12-month response to antiretroviral therapy following prevention of mother-to-child transmission of HIV type 1, Ivory Coast, 2003 -- 2006. Author: Coffie PA; Ekouevi DK; Chaix ML; Tonwe-Gold B; Clarisse AB: http://db.jhuccp.org/ics-wpd/exec/icswppro.dll?BU=http://db.jhuccp.org/ics-wpd/exec/icswppro.dll&QF0=DocNo&QI0=323779&TN=Popline&AC=QBE_QUERY&MR=30%25DL=1&&RL=1&&RF=LongRecordDisplay&DF=LongRecordDisplay



Globalhood has included this part because we have found this initiative as very important and effective step to consider into the prevention of the spreading of HIV/ AIDS. Since at Globalhood, we tend to look into a wider range of possibilities to approaching any problem or solution, we considered that both the public and private sectors should capture equally important aspects in the HIV/ AIDS prevention, treatment, and care by addressing collaborative efforts to tackle challenges they are both facing in Ivory Coast. This type of project provides technical assistance to various government agencies and aid in the development and implementation of workplace programs for their employees as to strengthen such programs across the public and private sectors. This holistic approach of the public-private partnership in fighting HIV/ AIDS has allowed Ivoirian policy makers with a creation of a national human resources policy that recognizes the important contributions of both sectors in the provision of HIV/ AIDS and other basic health services as also its potential ways to expand capacity. In support to this analysis, the Government of Ivory Coast made an announcement to increase the number of public and private organizations offering HIV/ AIDS programs in the workplace. In the past, the lack of coordination and information sharing has been one of the obstacles to public-private partnerships in workplace types of program. In the workplace, the effects of HIV/ AIDS are even more detrimental as it is the leading cause of death among Ivorian workers. Besides the apparent and grave social ramifications of familial grief and needless death, this reality is also injurious to the economy, which is constituted of private and public sectors.

PART III

The first section of this part introduces an NGO called FOI ET VIE and its several programs to fight against HIV/ AIDS from its inception. Section II elaborates on FOI ET VIE different capacities to respond effectively to HIV/ AIDS pandemic. According to an UNAIDS report, in Ivory Coast alone, 65,000 people have died from AIDS and that 450,000 children have been orphaned by the epidemic. HIV/ AIDS is affecting children's lives in many ways: it makes them vulnerable to malnutrition which in turn causes them to miss school and so they are forced to work in order to survive. These are some of the reasons for FOI ET VIE existence.

SECTION I

FOI ET VIE's Background and reliable sources



The following section is very important as it gives an idea of the existing structure in which FOI ET VIE is operating. Also, it helps understand at least the way FOI ET VIE collects its information and the reasons for. Knowing the sources from which FOI ET VIE collects its OEVs is also important for its credibility.

On the day of May 27, 2004 FOI ET VIE has been officially declared an NGO. From that day, as supported by the president”we have been covering Dabou town and villages with our HIV/AIDS awareness’ campaign. Since then until October 2007, our work was only focusing on all forms of HIV/AIDS awareness. After, October 2007, the president with the consent of all personal of the FOI ET VIE to instead focus on only OEVs because children have been ignored in the whole process of prevention, treatment, and care from this illness. Any orphan and other vulnerable children due to HIV/AIDS is called (Orphelins et autre Enfants Vulnérable du fait du VIH/SIDA) *OEV*. In the beginning of 2008, FOI ET VIE has been solicited by the Chief-Doctor of the Dabou’s hospital to focus in collecting *OEV* from a program lunched called “Prevention Transmission Mere Enfant” (PTME) at the medical center called “Prevention Maternelle et Infantile” (PMI). PMI is designed for providing care to babies from after birth. At the PMI, FOI ET VIE collects information concerning children whom moms have been found infected by HIV virus. The collection of that information was first acquired for an International NGO called PATH. PATH was supposed to support FOI ET VIE financially for gathering this information, but PATH has never showed up. However, FOI ET VIE is still collecting the information because it has been defined very important in its process it project and programs development, also for the quality of the service it would like to provide to those children. Today children are more than ever exposed to the risk of being victims of HIV/AIDS. This was quite unknown to their predecessors a few decades ago. The epidemic of HIV/AIDS in Ivory Coast is now progressing at a rapid pace among young people. Therefore, FOI ET VIE judges necessary that something has to be done to improve the care and stop the propagation of the illness among children who become more vulnerable than it has ever been.

Sources of FOI ET VIE’s OEVs

FOI ET VIE’s first source of *OEV* comes from the collection of information at the PMI, which is a center where women come for following up with their babies after birth. The steps through the collection are: first, nurses inform all women who come at the center with the importance of taking the test and propose them

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the test. This step is very important because they cannot be forced to take the test. Second, from those who took the tests, those who are infected are discovered. Then, FOI ET VIE registers the children of the infected. Those children are called OEV. Until February 2008, that was the only way FOI ET VIE was using to collect OEVs.

After that, FOI ET VIE started to gather OEVs from NGOs that care only about infected people and not their children unless there are infected too. If they are not infected, they are left alone. These children infected or not, from zero to 18 years old of age as defined above are taking in custody by FOI ET VIE, which tries to provide them with the minimum necessary they need so that they can survive. Almost all OEV are in catastrophic situation due to stigmatization.

The gathering of the OEVs is way for FOI ET VIE to know what OEV needs what so that FOI ET VIE could look for help and provide it to them.

In 2008 also, FOI ET VIE started a program of collection of OEVs from infected prisoners. FOI ET VIE has used the same process as in many places. FEV first made a campaign of sensitization in the prison and then discovered those infected prisoners. From them, it identifies and collects their children as OEV. In this regard, FOI ET VIE is also projecting to extend its services into other two prisons. One is the prison of Sassandra and the other is of Divo. The extension of finding OEV from prisoners is very important because prisoners' kids are mostly let alone even without the involvement of HIV/AIDS.

Dabou Reliable Sources of OEV?

In Dabou there are six sources of OEV. All of them are directly or indirectly related to a "Centre de Depistage Volontaire" (CDV). There are three official places in Dabou City where a test can be taken to find out if someone is seropositive or not. They are: General Hospital, Dabou's CDV, and Hopital Protestant de Dabou(HPD). There are one in the village of Lopou as in Dibroumou, and Toupa. These three are autonomous municipalities that surround Dabou city. People are encouraged to come at these centers to take their tests. The test is also free of charge. The president of FOI ET VIE supports that the number people who come at these center to take the test are the direct result of FOI ET VIE and other organizations' campaigns against the propagation of HIV/AIDS in Dabou and villages. Everyday, FOI ET VIE and other organizations send members of their organization in those centers to identify infected people and from them FOI ET VIE finds its OEVs. Once FOI ET VIE finds an OEV, the OEV is registered. Then, a Visit to the home "A Visite A Domicile" (VAD) follows.

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SECTION: II

FOI ET VIE's Programs

VAD Program

"A Visite A Domicile" (VAD) is an important step in the process of serving OEV. VAD is prepared along with those OEV so that volunteers could analyze conditions from which they live and collect as many information as they can. This information is collected through a questionnaire. Examples of questions in the questionnaire are: what has motivated you to take the test? From which way have you been contacted to take the test? Could you tell us how you first perceived the news that you are infected? What was your first reaction? How are you feeling now? How are you seeing your new life? Was he/she limited to his/her partner or not? Who is aware about his/her infection? Etc. The goal of this program is to provide basic care and urges local community groups to provide psychological and legal support. Also, children who have dropped out of school are encouraged to get vocational training.

AGR Program

In the course of these activities, FEV is working and training local communities groups to help families with vulnerable children to generate income. This program is called Activity Generatrice de Revenue (AGR). The reason for this program is that FEV has discovered a deficiency in the quality of its services due to the lack of financial security for young women as the situation leads them into sexually risky behavior. However, this finding leads to the need for further information gathering. In this case, FEV has identified that the need for information on alternative economic activities for young women might also lead to information seeking on micro-credit schemes, training opportunities, and empowerment programs for women. If it receives the financial it needs, FEV is projecting to have in the first 12 months of this program 64 families learn how to manage their small business. With this program families' incomes will definitely increased. All programs are also projecting to be inspired by beneficiaries, not from FEV program builders. FEV employers are now trained to be able to discuss and give future beneficiaries suggestions that can help their ideas becoming more efficient. FEV has already started working on with some beneficiaries on some projects that involved the selling of fish, opening of small plantations of fruits and vegetables, selling of cold water, ice-cream and fruit juice. Even



though any of those programs have not been implemented yet due to lack of financial investments and issues related to stigmatization of infected, many have already shown a very positive response to this initiative. The program's priority is to give back to the families a sense of human dignity, particularly by involving them in income-generating activities.

Training Programs

FEV has structured training activities in the form of short workshops, seminars, and sketches because they have been found very important and effective for the rapid diffusion of knowledge and skills. All of FEV's programs involved a group of people that study together how to learn about HIV/AIDS from each other. Then, they discuss how best to apply these ideas in their community. Experiments serve also to build confidence to enable the group to go beyond rote learning. They are empowered to defend and champion the spread and application of their new knowledge. Moreover, FEV keeps organizing and supporting community workshops on topics of interest, such as: gender relations, awareness. Resource persons may be invited to participate from extension services, partner institutions, NGOs, donor agencies, government departments, educational institutions.

Fight against Alcohol's Program

In addition to, FEV has also identified the role of alcoholism in Dabou's community as the next line of attack to respond to the community needs to be more informed on the harmful effects of alcohol and substance abuse not only on the human body as it has simply been perceived, but also along with the role alcohol plays in the spread of the HIV/AIDS pandemic.

SECTION: III

FOI ET VIE's FEV HIV Development Programs

In this section, FOI ET VIE's HIV development programs and capacity building will be approached to be the potential example of local NGOs that operate on the fields. Bringing to light this example is very important to support our assessment of the above current evaluations. FOI ET VIE reflects most local NGOs' general approach of partnerships, donors, and stakeholders and beneficiaries in Ivory Coast. The effectiveness of local NGOs depends on the environment in which they operate. As an NGO with a specific mandate of addressing and promoting



HIV/AIDS awareness through sustainable development program, FEV, with some foresight, initiated organizational responses to the HIV epidemic since in the late 2004s. This strategic response was made in anticipation of the devastating impact of the epidemic upon the social and economic structure of Dabou. During the beginning of 2004, this type of response was institutionalized in the form of Visite a Domicile (VAD) or (visit at home) for those infected if they live in Dabou city and villages. These VAD required working in collaboration with Dabou's several Health Centers in support of co-ordination of their HIV-related activities. By then, FEV had a significant body of relevant human resources because all founders were still and deeply involved in the project. But now the situation is different and only a few people carry the burden due to the lack of financial support. With all the works provided, FEV has never had a significant technical and logistic resource such as computer, which is very important in keeping records, finding, and conveying information more efficiently. Also, most local NGOs as FEV lack these resources that are recognized as critical due to the dimensions of the epidemic. Further, as most local NGOs, FEV has never had an established team working on the monitoring and evaluating its development projects and programs. Subsequently, Globalhood has taken the opportunity to evaluate FOI ET VIE's capacity development in the following section.

This section deals with the appendix, which can be find at the end of the paper. In the appendix, you will be exposed to a questionnaire elaborated on both capacity development and sustainability according to the type of findings we expected to discover in our research. The questionnaire contains questions that might usefully be explored in relation to the evaluation of initiatives on HIV program development. These questions simply reflect the extent of relevant discussion to date. Appendix 1 reveals capacity development questions explored and appendix 2 is about sustainability issues approached by FOI ET VIE from the inception of its project. Because FOI ET VIE particularly deals with HIV/AIDS, which is associated high morbidity and mortality, there are likely to be particular problems for some projects and programs in terms of sustainability. Referring to the appendix can help understand the type of sustainability questions explored to end up with some findings. The president of FOI ET VIE has answering most questions and some others were answered by her secretary. This questionnaire is designed to get as much information as we can in appreciation to capacity building and sustainability.

What follows is intended to provide some guidance to those undertaking evaluation of projects and programs in countries such as Ivory Coast, with high rates of HIV prevalence. This evaluation is not intended to be complete but

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instead to generate some insight into the kinds of strategic questions that need to be addressed by evaluators if capacity development and sustainability are approached.

SECTION IV

Result

Central to our evaluation of FOI ET VIE and its programs is whether in the formulation of a capacity development strategy, a **capacity assessment** was first undertaken and whether the results of this assessment informed the strategies for **capacity enhancement** that would ensure that FOI ET VIE and its programs were both feasible and sustainable. As a result of this evaluation, it can be sustained that FOI ET VIE and programs are reasonable. However, there is no indication that they are efficient due to the lack of flow of information, financial support, sustainable capacities development, and adequate resources.

SECTION V: Important Observations

Notice

Globalhood has identified an increasingly number of local NGOs that are focusing their works in the field of HIV/AIDS and providing humanitarian relief and development assistance in Ivory Coast. As they carry out their work, they encounter many serious problems. In many cases, governments or rebel groups deny them access to those in need by making situations more complicated to deal with or by closing their eyes on corrupt officials or warlords who keep demanding payoffs to allow those NGOs certain possibilities for being more efficient. Consequently, since a large number of those local NGOs do not have anything to give as international NGO don't want to give any bribe, they cannot operate efficiently. Local violence also threatens the safety and even the lives of field personnel. Moreover, donors also subject these NGOs to political pressure, diminishing their neutrality. Often most of those pressures come from rich countries' governments that provide a large percentage of these NGOs' funding, but negative influence comes from corporate and individual donors as well.

Focus

The above guideline for our assessment focuses more specifically on some of the key issues considered relevant in evaluating initiatives on HIV program development. We hope that the use of these guidelines have lead to the



identification of a broader range of issues to be addressed by future evaluations and that these, in turn, will clarify a more extensive set of programming and policy options. Our ultimate goal was to achieve a more effective, extensive and sustainable assessment to the challenges of HIV development in Ivory Coast.

Section 6: Recommendations:

1. Globalhood suggests that focus should be put on records keeping because records have to be kept in a manner that facilitates accessibility to their information and that supports an effective monitoring, evaluation, and feedback mechanism if efficiency and effectiveness is sought. This was our biggest problem throughout this evaluation.
2. Globalhood strongly advises that FOI ET VIE formulates a clear and comprehensive framework of policies around its capacity building program before developing further training activities. This should link capacity-building priorities with explicit development objectives, to ensure that training does not become an end in itself.

Training	To be more efficient	Public-Private partnerships in workplace
<ul style="list-style-type: none"> • Training program should involve the creation of informative content • Training should be based on standard best practices and the wider NGO context, and is adapted to be appropriate to the community and the specific demographics of the group of trainees. • Training should be developed in a participatory manner, engaging staff, trainers, and trainees 	<ul style="list-style-type: none"> • Everyone should be invested in finding a solution according to his/her religion, culture, tradition and status within his/her community by trying to stop the propagation of the pandemic in his/her community. • Engaging people in finding their own path to prevention, awareness, and healthy living can create a more efficient and accepted solution to 	<ul style="list-style-type: none"> • Recognizing public-private partnerships in the workplace as an area for improvement • Encourages the creation of national standards and models for workplace HIV/ AIDS initiatives and harmonizing existing programs which support the propagation of information and best practices. • Awareness of HIV/ AIDS within the workplace to address stigma, discrimination,

<p>in the process</p> <ul style="list-style-type: none"> • Trainees must be equipped, through role playing and scenarios, with the skills that they are able to apply within their training, and which can work with a wide range of population groups, to ensure optimal engagement and responsiveness • Training should be conducted with ongoing dissemination in mind, using a train-the-trainer approach • training program should utilize pre and post assessments, and follow-up surveys to ascertain short and long term impacts of the trainings 	<p>all.</p> <ul style="list-style-type: none"> • In addition to being faithful to their partners, women should be able to protect themselves and their infants from HIV infection through either MTCT or with HIVs' prevention more broadly • Prevention programs must encourage and elicit cooperation from women's sexual partners to support women's efforts, be tested for HIV, and disclose their test results, as well to reciprocate women's faithfulness; and if they are HIV sero-discordant or unwilling to be faithful, let use condoms. • Given that STI, TB, and HIV programs have largely pursued separate courses, Globalhood suggests the necessity to improve the joint support of STI, TB, and HIV programs for general health service providers, in responding effectively to the 	<p>and gender-related issues</p> <ul style="list-style-type: none"> • Making efforts to link workplace programs to services for abstinence and prevention, orphans and vulnerable children, behavior change and soothing care.
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	needs of people infected with HIV.	
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SECTION 7

AREAS FOR GLOBALHOOD FOLLOW-UP:

1. Establish a clear verbal agreement and memorandum of understanding (MOU) from the outset on the objectives of the partnership.
2. Create Data-entry systems to ensure information tracking and follow-up.
3. Assist in the development of a Policy and Procedural framework for their Capacity Building program.
4. Incorporate role playing and scenarios into the training program, delving into the specifics of different demographic groups (age, gender, religion, language, rural/urban, sexual orientation, political affiliation, etc). Ensure that trainees are equipped to engage in ongoing dissemination of information, and in encourage people to take charge of their own path to prevention and awareness.
5. Document and Formalize the training curriculum
6. Develop pre and post assessment surveys for trainees.
7. Provide material and tools to integrate into the training program that emphasize de-stigmatization of HIV testing, and encourage participation of women's partners in the process of prevention.
8. Globalhood to identify partner organizations who are working on STI and TB related issues, and ensure a joint collaboration is achieved with FOI et VIE.

CONCLUSION

Capacity development in the conditions of the HIV epidemic is both significantly more difficult to achieve and critical to the successful outcome of projects and programs. Consequently, important evaluation criteria focus on measuring the extent to which projects and programs at the design stage take account of the many ways in which the HIV epidemic undermines capacity in all of its dimensions, both directly and indirectly, and respond to this challenge in ways

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that lead to effective outcomes. Whether the project or program sets out to achieve capacity development, and whether it was successful in doing so in a sustainable way, become perhaps the most important questions to answer in evaluating performance. As we discussed different strategies to prevent further spread and mitigate associated consequences, a great deal has been learned about the behavioral and environmental factors that influence HIV/AIDS transmission and prevention in Ivory Coast. However, an important part still remains to be done to translate knowledge into action. It is critical to understand current HIV prevention and care efforts that Ivory Coast is under so that further ground will not be lost. Further, it is also imperative that we work together to expand these efforts, reaching individuals and communities with prevention and care programs that have been proven to work.

Globalhood remains optimistic despite the persistent cycle of despair and death. The crucial goal we all have in our dream is the oncoming day when the story of HIV will be the story of polio or flux because we would have already developed a vaccine that we can use on a population basis to put an end to this epidemic.

Appendix

1 - Capacity Development Questions Explored

What kinds of capacity matter most for FEV's initiative?

The relationship between FEV's members, the relationship within FEV's members and partners, FEV and beneficiaries matter most

In what ways, and with what effects, has gender been considered and addressed?

The case of pregnant women should always be considered differently. Pregnant women must be considered differently from other cases. In this case, pregnant women need more care if we want to save children they carry. Otherwise, all of them receive the same attention.

Was an assessment done of the organization/ partners' capacity to conduct and apply gender analysis?

Yes, an assessment has been done because we work in close collaboration with doctors and utilize data that supports gender analysis.

If so, how was it able to respond to the identified gaps?

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It has been assessed and revealed by doctors that pregnant infected women cannot be treated as others. Otherwise, their children will have less chance of surviving.

With what results?

Since we started to put infected pregnant women on a special treatment in order to save their babies, many of their babies have been saved.

Did the project consider the issue of complementary capacity in other organizations or groups etc?

Yes

Did it see improving complementary capacity as relevant to its own effectiveness?

Yes

If so how was this done?

We don't have medications or foods, etc. Therefore, in order to have a more efficient result in serving our OEVs, I have to contact organizations that provide these types of services.

What constraints were faced?

Most of the times, those organizations not only do not help, but also do not even take the chance to listen to whatever we have to say. They listen to us only when they need us. We are the one who are facing any situation infected people and OEVs encounter. We know what efforts have been productive and what have not, more than they are.

What capacities were considered important by project participants at the start of the project?

To first put a focus on children sero positive because they do not receive the care they deserve as grown HIV positive. Then, to reduce the rate of prevalence, enhance the condition of those who are sero-positive, prevent those who are not sero-positive from contracting, to find activities that generate revenues (AGR) to help parents and children's guardians, develop literacy.

What indicators were perceived by the participants as indicative of capacity having been built or strengthened?

Collaboration between workers

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How would we know if such capacities are being developed?

We did not think about

What new relationships or partnerships have resulted from the project?

Doctors, platform of collaboration such as program national des orphelins et autres enfants vulnérable du fait du VIH/SIDA (PNOEV), minister de lutte contre le Sida (MLS), conseil des ONG de lutte contre le SIDA (COSCI), NGOs like PATH, FHI, SAVE THE CHILDREN (SUEDE), prison civil de Dabou (Foundation ESTHER), etc.

What do people now understand about the nature of the HIV epidemic?

They know that we cannot get healed of it, it can be transmitted from various ways, one must take a test to know if he is sick or not, you must protect yourself, you must be fidel, there is a medication called antiretroviraux (ARV),

How have they learned this?

Though sensibilization of masses, proximity through media, schools, churches, sketches etc

How has the project enhanced their ability to learn from and with one another, about issues that affect their lives, their communities and nation?

We gave them advices, groups counselins

What concerns have emerged in relation to the underlying factors that create the conditions in which the epidemic thrives?

Ignorance, culture, refute, high level of illiterates, religion

What evidence exists that people now understand these concerns?

Because many people do not want to take the test, many NGOs confirm that fact

How are people talking about the epidemic and what issues do they discuss?

The epidemic is taboo to most. Those who minimize are very small. Those who believe that test or not, we will all die, are significant

What are the indicators that the project has been successful in facilitating problem solving by people in their own ways?

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Through trainings, capacity strengthened

What new policies, projects and skills have been developed (and within which sectors) about HIV since the project's inception?

FEV has put enough focus on the work ethics sector. New Policies such as proximities like VAD with infected patients, in sector of work strategy; New Projects such as awareness by infected people to better serve the infected people ; skills such as feeling more comfortable talking about HIV/AIDS because of more knowledge and experience that lead to ease in communicating in the

What action has been taken by managers to explore and address the impact of HIV upon their own workforce?

Follow up with doctors' prescription,

2 -Sustainability Questions Explored

How is sustainability being facilitated?

At FOI ET VIE, flexibility is our main factor of sustainability because it allows everyone to do everything because we are all volunteers and sometimes we have our needs to satisfy, we are not paid, and we also do not want the work of FOI ET VIE to be jeopardized.

We have installed confidentiality within the flow of our information so that our partners and patients could always count on and open to us so that we can consequently protect our credibility.

How will we know?

Everyday, we are opened as mentioned. That means there is always someone at the office.

In what specific ways have critical gender dimensions of sustainability been addressed?

The Activite Generatrice de Revenue (AGR) is one of a critical gender dimension of sustainability we have addressed because in about 95 percent of our cases, fathers died and mothers are in charged of the rest of the family. In 100 percent of our cases, fathers are the support of the family.



How did the project address sustainability issues relating to human resources – within the project and among collaborating partners?

We form networks of many NGOs such as COSCI, NGOs and Social centers from the minister of women and family. Also, we constantly participate in training with doctors, nurses, responsible of NGOs and other partners to address specific concerns we all encounter within our communications. Sometimes, this reveals problems that need to be fixed within FOI ET VIE

How, and to what degree, did the project address the sustainability of program activities amongst collaborating partners? With what success?

We have many examples of campaign of awareness that we worked together in collaboration with other partners NGOs like Espoir en Jesus, MaVirMar. From these campaigns many people have voluntarily engaged themselves to take the test and keep convincing their family members and friends to do the same. Those found infected are being treated. Also, we are taking care of OEV (children from infected alive or died). This is a success to us.

Did the project address the issue of sustaining funding in the short and medium-term?

At the beginning, we started with a collection of funds from the members from the NGO. The idea was to create small lucrative activities, but it did not work as expected and all members stopped participating

What was done to secure ongoing financial and other support for the project and related activities?

I'm the only one who is hardly supporting the NGO survival because not only I'm the founders, but also because I keep seeing children losing both parents and has not anyone who wants to support them. How many times I cannot pay the rent? How many times I see my utilities interrupted because I don't pay. Almost every day, at least an effected man or woman who is rejected by the community come to me to share what I have and I feel like I have to do something about. What about the children who consider me as their only parents?

Did the project implement internal processes of reflection and learning?

We meet every Wednesday at 10 am to think, discuss and address our individual and global concerns for better results for the NGO



If so, did this lead to revision of objectives and implementation processes to ensure continuing relevance to the needs of project beneficiaries?

Because of that Wednesday meeting, we have elaborated days for mothers and OEVs so that we can be closer to them and get more information about their needs in order to better respond to those needs. Before mother met 4 times a month and now they meet twice a month. We then urge all of them to take the test because some of them have their husband died.