

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Disease Control and Prevention (CDC)

**Supporting Local Organizations to Implement and Expand Comprehensive
HIV/AIDS Prevention, Care, and Treatment in the Republic of Cote d'Ivoire under
the President's Emergency Plan for AIDS Relief (PEPFAR)**

I. AUTHORIZATION AND INTENT

Announcement Type: New

Funding Opportunity Number: CDC-RFA-GH11-1115

Catalog of Federal Domestic Assistance Number: 93.067

Key Dates:

Application Deadline Date: April 22, 2011, 5:00pm U.S. Eastern Standard Time

Authority:

This program is authorized under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008).

Background:

The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective

combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide (3,12,12). To meet these goals and build sustainable local capacity, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care. The Emergency Plan *Five-Year Strategy* for the five year period, 2009 - 2014 is available at the following Internet address: <http://www.pepfar.gov>.

Purpose:

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (HHS/CDC) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan and partnership framework.

HHS/CDC focuses primarily on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs linked with evidence based behavioral change and building programs to reduce mother-to-child transmission;
- Improving the care and treatment of HIV/AIDS, sexually transmitted infections (STIs) and related opportunistic infections by improving STI management;

enhancing laboratory diagnostic capacity and the care and treatment of opportunistic infections; interventions for intercurrent diseases impacting HIV infected patients including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART);

- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety.
- Developing, validating and/or evaluating public health programs to inform, improve and target appropriate interventions, as related to the prevention, care and treatment of HIV/AIDS, TB and opportunistic infections.

In an effort to ensure maximum cost efficiencies and program effectiveness, HHS/CDC also supports coordination with and among partners and integration of activities that promote Global Health Initiative principles. As such, grantees may be requested to participate in programmatic activities that include the following activities:

- Implement a woman- and girl-centered approach;
- Increase impact through strategic coordination and integration;
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement;
- Encourage country ownership and invest in country-led plans;
- Build sustainability through investments in health systems;
- Improve metrics, monitoring and evaluation; and

- Promote research, development and innovation.

This funding opportunity builds upon previous PEPFAR support under the HHS/CDC HIV clinical services and antiretroviral treatment program to ensure continuity of comprehensive HIV/AIDS services to an existing pool of clients receiving HIV/AIDS care, support and treatment. It serves to provide funding to local indigenous Ivorian organizations to enable them to continue and expand comprehensive HIV prevention, care and ART programs and to ensure sustainable service delivery within the health sector in Côte d'Ivoire.

Successful grantees will combine facility and community-based strategies to deliver HIV/AIDS services. While emphasis should be placed on facility-based interventions, implementation strategies should reflect the needs of the local context in order to maximize reach and to promote substantial community ownership of the program.

Activities will include, but are not be limited to:

- 1) Achieving primary prevention of HIV infection through comprehensive HIV facility-based prevention programs, confidential counseling and testing, and prevention of mother-to-child transmission (PMTCT);
- 2) Continuing, expanding, and improving provision of pediatric and adult care and treatment of HIV/AIDS; improving STI management; and enhancing care and treatment of opportunistic infections, including TB; and
- 3) Strengthening national HIV/AIDS data management and monitoring and evaluation systems by improving site-level data collection, analysis and use, as

well as systems to transfer to districts, regional and central level for use in health service and resource planning.

- 4) Strengthening district-level health systems to plan, manage, and support the provision of HIV services through activities such as human resources, training, supervision, financial management, quality improvement, laboratory, commodities, and infrastructure, maintenance, and commodity support systems.

Successful grantees will be required to cover a portion of existing CDC-supported sites during the first year located in Lagunes 1&2, Sud-Comoé, Bas-Sassandra, Haut-Sassandra, Montagnes, Denguelé, Savanes, Zanzan, Moyen-Comoé, Agneby, Vallée du Bandama, Marahoué, Fromager, Lacs, Sud-Bandaman, and Worodougou regions. A list of current CDC-supported districts and sites is provided in Appendix A. In subsequent years, geographic focus will be reassessed as needed to maximize support of clinical service plans developed by the Ivorian Ministry of Health and Public Hygiene (MHPH/MSHP) and Ministry of the Fight Against AIDS (MLS) to address interagency PEPFAR needs. Grantees will be expected to progressively, in consultation with CDC country office, expand the coverage, quality and range of interventions over the life of this agreement and demonstrate these achievements through measurable outcomes.

The grantees should work in collaboration with the U.S. Government in-country PEPFAR team, the Ivorian MHPH (MSHP), MLS, district health systems and other stakeholders to achieve program outcomes and to identify cost-effective methods of providing high-quality care and treatment that promote sustainability. Through

coordination with local government, private-sector contributors, MHPH (MSHP) and international donors, the grantee will also seek to mobilize additional resources to promote sustainability with continued, high-quality care and treatment.

In addition to delivering services and implementation of program activities, recipients should also develop the capacity of their own organization, as well as other organizations responsible for the delivery of community-based HIV/AIDS interventions in the country. Specifically, grantees should focus on strengthening components of the health system at the district level necessary for the planning, delivery and supervision of HIV services, in close collaboration with the MHPH (MSHP). In areas where USG implementing partners are working, the grantee should avoid overlap and duplication of services in order to maximize and efficiently utilize resources to complement the national HIV/AIDS program. Applicants should, however, provide an integrated approach to comprehensive HIV/AIDS services by putting in place or linking to systems to promote sustainable integrated care and treatment that will become or are part of the Ivorian health-care system (e.g. to provide adequate human capacity for service delivery, an uninterrupted supply of HIV-related drugs and health commodities, infrastructure maintenance and repairs, monitoring and evaluation systems, high-quality laboratory support, clinical supervision, and referrals within a network of care).

Note: Applications are required to address all of the following program areas:

A. HIV Prevention;

B. HIV Care, Support and Treatment; and

C. Health System Strengthening (HSS)

Applications that fail to comply with these requirements will be considered non-responsive.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) and represent the minimum outcomes expected to be achieved by each grantee by the end of year five. Performance targets, however, may be adjusted on an individual basis, per award funding level, as appropriate.

A. Primary HIV Prevention

1. HIV Prevention: Condom Programs and Other Means:
 - a. Number of targeted condom service outlets: 45;
 - b. Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 10,000; and
 - c. Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful: 450.
2. Prevention for people living with HIV/AIDS (PLHIV)
 - a. Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of positive prevention interventions: 15,000;
 - b. Number of care and treatment program sites providing Positive Prevention services (including partner and family counseling and testing, STI management, PMTCT, among others): 45;

- c. As part of prevention services for PLHIV, number of eligible female clients of reproductive age under care and treatment provided Family Planning Services: 9,000; and
- d. Number of individuals trained to promote evidence-based HIV/AIDS prevention through positive prevention programs: 180.

B. HIV Care, Support and Treatment:

- 1. Counseling and Testing (excluding PMTCT activities):
 - a. Number of service outlets providing counseling and testing according to national or international standards: 250;
 - b. Number of individuals who received counseling and testing for HIV and received their results, disaggregated by sex: 150,000; and
 - c. Number of individuals trained in counseling and testing according to national or international standards: 100.
- 2. Prevention of Mother to Child Transmission:
 - a. Number of direct support outlets that provide at least the minimum package of PMTCT services: – The majority of the service outlets are expected to serve as part of a large network of PMTCT service sites that include sites with and without direct PEPFAR support: 250;
 - b. Number of pregnant women who will be tested for HIV, provided counseling and receive their results through direct activities: 115,000;
 - c. Number of HIV positive pregnant women who will receive a complete course of ARV prophylaxis according to national guidelines: 4,700; and

d. Number of health care workers who will be trained to provide the minimum package of PMTCT services according to national and international standards: 150 - To improve the reach of quality PMTCT service provision beyond sites that are supported directly by PEPFAR, a subset of these individuals will be PMTCT providers at the sites that do not receive direct PEPFAR support for service delivery directly by PEPFAR.

3. Palliative Care:

- a. Number of service outlets providing HIV-related clinical care (including TB/HIV): 130;
- b. Number of HIV-infected adults and children receiving a minimum of one clinical care service : 65,0000; and
- c. Number of individuals trained to provide clinical care services (including TB/HIV): 100.

4. Tuberculosis/ HIV :

- a. Number of service outlets providing treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards: 50;
- b. Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease: 2,000;
- c. Number of individuals trained to provide TB treatment to HIV-infected individuals (diagnosed or presumed) according to national or international standards: 100; and

- d. Number of registered TB patients who received HIV counseling, testing, and their results: 9,500.
- 5. Pediatric Care and Support & Orphans and Vulnerable Children (OVC):
 - a. Number of eligible OVC served: 8,000; and
 - b. Number of individuals trained to provide OVC services according to national and international: 130.
- 6. Treatment for HIV/AIDS through Antiretroviral Services:
 - a. Number of service outlets providing antiretroviral therapy (ART): 150;
 - b. Number of adults and children with advanced HIV infection newly enrolled on antiretroviral therapy: 12,000;
 - c. Number of adults and children with advanced HIV infection receiving ART: 30,000;
 - d. Number of adults and children with advanced HIV infection who ever started on ART: 54,000; and
 - e. Number of individuals trained to provide ART services, according to national and/or international standards: 80.

C. Health System Strengthening (HSS):

- 1. General and District Health System Support:
 - a. Percent of districts supported that have an analysis of district health resources available, projected HIV service needs, and internal and external budget resources for HIV activities, including budget gaps, for the current program year: 10%;

- b. Percent of HIV/AIDS trainings planned by the district in the last 12 months that were completed: 75%;
 - c. Percent of clinical staff providing HIV services that have attended an initial or refresher training on clinical care in the last 24 months: 70%;
 - d. Percent of health facilities that received supportive supervision visits from district health management teams at least twice in last 12 months: 50%;
 - e. Percent of health facilities that have all basic equipment functioning as mandated for the level of facility by national guidelines: 75%;
 - f. Percent of health facilities that have active involvement of People Living with HIV/AIDS (PLWHA) groups: 100%;
 - g. Percent of districts and/or regions that have convened regional quality improvement meetings with health facility participation in the last 12 months: 50%; and
 - h. Percent of supported sites having less than 20% attrition in patients on ARVs: 80%
2. Strategic Information (SI):
- a. Number of individuals trained in strategic information including monitoring and evaluation, surveillance, and/or health management information systems: 30.
 - b. Percent of supported health facilities with complete paper-based Health Management Information System (HMIS) tool and HIV data covering the past 12 months reported to the District Health Office: 100.
3. Laboratory Services:

- a. Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests: 40;
 - b. Percent of supported health facilities able to perform all appropriate clinical laboratory tests required by national guidelines; and
 - c. Number of individuals trained in laboratory related activities (lab technician): 380.
4. Training, Human Resources Capacity:
- a. Number of service providers trained in prevention, diagnosis and treatment of STIs: 180.

This announcement is only for non-research activities supported by the Centers for Disease Control and Prevention within HHS (HHS/CDC). If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

II. PROGRAM IMPLEMENTATION

Recipient Activities:

Partners receiving HHS/CDC funding must place a clear emphasis on developing local indigenous capacity to deliver HIV/AIDS related services to the Ivorian population and must also coordinate with activities supported by Ivorian, international or USG agencies to avoid duplication. Partners receiving HHS/CDC funding must collaborate across program areas whenever appropriate or necessary to improve service delivery.

The selected applicant(s) of these funds is responsible for activities in multiple program areas.

The grantee will implement activities both directly and, where applicable, through sub-grantees; the grantee will, however, retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The grantee must show measurable progressive reinforcement of the capacity of health facilities to respond to the national HIV epidemic as well as progress towards the sustainability of activities.

Applicants should describe activities in detail that reflect the policies and goals outlined in the *Five-Year Strategy* for the President's Emergency Plan and the Partnership Framework for Cote d'Ivoire. The grantee will produce an annual operational plan, which the U.S. Government Emergency Plan team on the ground in Cote d'Ivoire will review as part of the annual Emergency Plan review-and-approval process managed by the Office of the U.S. Global AIDS Coordinator.

The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals as cited in the previous section. HHS/CDC, under the guidance of the U.S. Global AIDS Coordinator, will approve funds for activities on an annual basis, based on availability of funding and USG priorities, and based on documented performance toward achieving Emergency Plan goals, as part of the annual

Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process.

Grantee activities for this program are as follows:

Award recipient(s) will be required to ensure continuity of services for the existing HHS/CDC PEPFAR program activities as well as support expansion in both geographical and technical scope in targeted regions within the defined sites. A list of currently supported sites is provided in Appendix A. A close working relationship with the HHS/CDC Cote d'Ivoire office, U.S. Government in-country PEPFAR team, the Ivorian MHPH (MSHP), Ivorian MLS and the district health systems is expected to achieve program outcomes. All activities implemented under this program should follow national policies and guidance for the delivery of HIV/AIDS interventions. The grantee will work with the appropriate Ivorian governmental institutions and structures to ensure a strong and sustainable national health care delivery system through:

- Support for health commodities, equipment and supplies procurement by working with established local supply agents to secure materials
- Support to districts and lower level health facilities to forecast and requisition sufficient quantities as appropriate.
- Support for the development of human resource systems that allow for appropriate recruitment, retention and training for all cadre of health professionals working in the program;
- Development of long-term financial plans for self-sufficiency;

- Establishment of strong governance and leadership policies, procedures and practices; and
- Development and provision for sufficient resources for a rigorous monitoring and evaluation plan with annual performance monitoring that includes clear benchmarks, indicators and targets.

The award activities for this program are:

- Coordinate with HHS/CDC, MHPH (MSHP) and existing providers in the respective region to ensure continuation of quality services and develop an implementation plan within the first 30 days of the award.

A. Primary HIV Prevention

1. HIV Prevention: Abstinence and Being Faithful:

- Support activities and training to promote abstinence, including delay of sexual activity or secondary abstinence, fidelity, partner reduction and related social and community norms as part of a balanced prevention message approach, with elements of abstinence and be faithful programs done in tandem with condom social marketing where appropriate. Activities should also educate individuals on the availability of routine, confidential counseling and testing.

2. HIV Prevention for People living with HIV (PLHIV):

- Implementer will ensure service providers (physicians, nurses, and when appropriate counselors, midwives and community health agents) are trained

and supervised to implement prevention with positives activities in alignment with national HIV prevention for PLHIV materials/strategy. Programs should strengthen referral network from facility based to community programs and improve coordination of HIV prevention for PLHIV and palliative care services. Service delivery should be based on assessed need of individual PLWHA and complementarily of other locally available programs. Program strategies should support the promotion of condoms and availability of gel lubricant when possible, if under treatment-ART adherence, STI diagnosis and treatment, clean water and nutrition support, psycho-social support activities, counseling for sero-discordant couples, healthy pregnancy support and PMTCT linkages, and messages/programs to reduce other health risks of persons living with HIV in tandem with secondary abstinence and partner fidelity behavior change interventions.

3. Prevention of Medical Transmission of HIV through Blood Safety

- In order to contribute to a nationally coordinated safe blood program, ensure that all service providers are trained and sites are appropriately supervised to implement national blood safety guidelines with hemovigilance strategies in place that report data through national blood transfusion service (CNTS) and Ministry of Health and Public Hygiene (MSHP) systems, Prevention of Medical Transmission of HIV through Injection Safety; and
- Coordinate with MSHP and other actors to support training and behavior change interventions in reducing non-necessary injections, phlebotomy, practical use of single-use syringes and safety boxes, managing commodities,

protocols for post-exposure prophylaxis, and infectious waste segregation-general waste management practices. Other interventions include implementing final infectious medical waste disposal strategies at all sites, and when appropriate, rehabilitation of laboratory or other site infrastructure that directly contributes to patient or service provider safety or infectious medical waste management program success. Implementer may conduct advocacy and other communication or mobilization activities to promote medical injection safety, including contributing data, personnel time, and equipment and/or coordinating with the MSHP, Public Health Pharmacy (PSP) and other actors to reinforce local distribution/supply chain management, track cost and ensure appropriate disposal of injection equipment and other related equipment and supplies. Activity emphasis should be in settings where routine clinical work is with known HIV positive patients or routine, confidential counseling, and testing programs.

B. HIV Care, Support and Treatment

1. Counseling and Testing (excluding PMTCT activities):

- Conduct HIV counseling and testing with attention to discordant couples and in high risk environments such as tuberculosis directly observed therapy sites (DOTS), mobile outreach to populations such as commercial sex workers, STI clinics, and inpatient wards in clinical settings. Activities must include participation in the national network of care, support, and treatment for HIV/AIDS and TB where appropriate. This includes referrals into all

Government of Cote d'Ivoire HIV/AIDS treatment sites regardless of presence of outside funding (i.e., PEPFAR or Global Fund) and regardless of funding agency.

2. Prevention of Mother to Child Transmission (PMTCT):

- Provide HIV counseling and testing services, with attention to family-centered approach issues of disclosure, and test results in accordance with international standards and national guidelines;
- Provide training to care providers in PMTCT networks that consist of sites with or without direct PEPFAR support; and
- Provide antiretroviral therapy and appropriate referral to networks for care and treatment services.

3. Palliative Care:

- Provide support to optimize the quality of life for HIV-infected clients and their families throughout the continuum of illness by means of symptom diagnosis and relief, psychological and spiritual support, clinical monitoring, related laboratory services and management of opportunistic infections (excluding TB), other HIV/AIDS-related complications (including pharmaceuticals) and culturally-appropriate end-of-life care to adults or adolescent HIV positive individuals through clinic-based and home-/community based care. Activities should include network referral services to treatment for HIV/AIDS or TB (if appropriate) and for care services possibly not offered by the grantee.

4. Tuberculosis/HIV:

- Provide exams for tuberculosis, clinical monitoring, related laboratory services, treatment and prevention of tuberculosis in HIV basic health care settings including pharmaceuticals, screening and referral for HIV testing of active tuberculosis patients with unknown HIV status in settings such as directly observed therapy sites (DOTS) and clinical care related to TB clinical settings.
5. Pediatric Care and Support & Orphans and Vulnerable Children (OVC):
- Provide palliative care for HIV positive pediatric patients including basic health care and support and TB/HIV prevention, management and treatment, as well as their related laboratory services and pharmaceuticals to decrease the morbidity and mortality of OVC and improve the lives of OVC and families affected by HIV/AIDS;
 - Train caregivers to provide appropriate care to OVC; and
 - Provide for increased access to education, economic support, targeted food and nutrition support and various legal aid services.
6. Treatment for HIV/AIDS through Antiretroviral Drugs and Services:
- Support ARV treatment for HIV patients. Treatment program costs covered may include infrastructure, training clinicians and other providers, exams, clinical monitoring, support for related laboratory services and community-adherence activities. Clinical monitoring and management of opportunistic infections is classified under basic care and support (palliative care), TB-HIV, or OVC for pediatric palliative care. Programs must address demand

generation, participation in the national network of care and treatment, and address issues such as appropriate usage of second line drugs.

C. Health System Strengthening

1. General and District Health System Support

- Work collaboratively with the MHPH (MSHP), National PLHIV Support Program (PNPEC), and regional and district health authorities in Cote d'Ivoire to assess health system capacity development needs and provide creative solutions to fill gaps in the system to ensure long-term sustainability and local leadership of HIV services. Work to ensure adequate systems within the Cote d'Ivoire national, regional, and local health authorities to sustainably plan, manage and support HIV service delivery, workforce capacity and development, the medical product supply chain, health information systems, financing, leadership and governance, and quality improvement systems. This may include, for example, strategic planning for HIV services, supporting specific pre-service or in-service training sessions, human resource support, improvement to data systems, quality improvement, supporting an integrated supply chain, equipment and infrastructure, laboratory services, and managing health service financing and other resources.

2. Clinical Quality Improvement (CQI)

- Coordinate with existing partners, currently charged with developing quality improvement (QI) programs in Cote d'Ivoire, to ensure that CQI have been

established and are being implemented at provincial, district and health facility levels.

3. Strategic Information

- Support the development of improved tools and models for the following: collecting, analyzing and disseminating HIV/AIDS monitoring information; facility surveys; other monitoring and health management information systems; assisting Information, Planning and Evaluation Department of the MHPH (MSHP) (DIPE) in monitoring and evaluation of service delivery data; targeted program evaluations (including operations research); developing and disseminating best practices to improve program efficiency and effectiveness; planning/evaluating national prevention, care and treatment efforts; analysis and quality assurance of demographic and health data related to HIV/AIDS.

4. Laboratory Services

- Facilitate the development and strengthening of laboratory facilities to support HIV/AIDS-related activities. This includes the purchase of equipment and commodities, provision of quality assurance, staff training and other technical assistance. Specific laboratory services and consumables supporting testing for PMTCT, counseling and testing, TB/HIV, Strategic Information, Basic Care or Treatment Services should be funded from within their specific program areas.

CDC Activities:

The selected applicant of this funding competition must comply with all HHS/CDC management requirements for meeting participation and progress and financial reporting

for this cooperative agreement (See HHS/CDC Activities and Reporting sections below for details), and comply with all policy directives established by the Office of the U.S. Global AIDS Coordinator.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Organize an orientation meeting with the grantee to brief it on applicable U.S. Government, HHS, and Emergency Plan expectations, regulations and key management requirements, as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the Office of the U.S. Global AIDS Coordinator.
2. Review and make recommendations to the process used by the grantee to select key personnel and/or post-award subcontractors and/or subgrantees to be involved in the activities performed under this agreement, as part of the Emergency Plan for AIDS Relief Country Operational Plan review and approval process, managed by the Office of the U.S. Global AIDS Coordinator.
3. Review and make recommendations to the grantee's annual work plan and detailed budget, as part of the Emergency Plan for AIDS Relief Country Operational Plan review-and-approval process, managed by the Office of the U.S. Global AIDS Coordinator.
4. Review and make recommendations to the grantee's monitoring-and-evaluation plan, including for compliance with the strategic-information guidance established by the Office of the U.S. Global AIDS Coordinator.

5. Meet on a monthly basis with the grantee to assess monthly expenditures in relation to approved work plan and modify plans, as necessary.
6. Meet on a quarterly basis with the grantee to assess quarterly technical and financial progress reports and modify plans as necessary.
7. Meet on an annual basis with the grantee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the Emergency Plan for AIDS Relief review and approval process for Country Operational Plans, managed by the Office of the U.S. Global AIDS Coordinator.
8. Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult-learning techniques.
9. Provide in-country administrative support to help grantee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428 (Public Health Service Form 5161).
10. Collaborate with the grantee on designing and implementing the activities listed above, including, but not limited to the provision of technical assistance to develop program activities, data management and analysis, quality assurance, the presentation and possibly publication of program results and findings, and the management and tracking of finances.

11. Provide consultation and scientific and technical assistance based on appropriate, HHS/CDC and Office of the U.S. Global AIDS Coordinator documents to promote the use of best practices known at the time.
12. Assist the grantee in developing and implementing quality-assurance criteria and procedures.
13. Facilitate in-country planning and review meetings for technical assistance activities.
14. Provide technical oversight for all activities under this award.
15. Provide ethical reviews, as necessary, for evaluation activities, including from HHS/CDC headquarters.
16. Supply the grantee with protocols for related evaluations.
17. Review and establish, in collaboration with national health authorities, the geographic distribution and coordination of service delivery (by regions, district, etc.) among successful grantees.

Please note: Either HHS staff or staff from organizations that have successfully competed for funding under a separate HHS contract, cooperative agreement or grant will provide technical assistance and training.

III. AWARD INFORMATION AND REQUIREMENTS

Type of Award: Cooperative Agreement.

Award Mechanism: U2G – Global HIV/AIDS Non-Research Cooperative Agreements

Fiscal Year Funds: FY2011

Approximate Current Fiscal Year Funding: \$15,000,000

Approximate Total Project Period Funding: \$125,000,000 (This amount is an estimate, and is subject to availability of funds and includes direct costs for international organizations or direct and indirect costs for domestic grantees for all years.)

Approximate Number of Awards: 1-4

Approximate Average Award: \$5,000,000 (This amount is for the first 12 month budget period, and includes direct costs for international organizations or direct and indirect costs for domestic grantees.)

Floor of Individual Award Range: None

Ceiling of Individual Award Range: None

Anticipated Award Date: September 2011

Budget Period Length: 12 months

Project Period Length: Five Years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

IV. ELIGIBILITY

Eligible applicants that can apply for this funding opportunity are:

- Indigenous Ivorian Organizations

Justification:

HHS/CDC supports sustainable public health programming through direct and collaborative assistance domestically with State and Local Health Departments and

globally with Ministries of Health, and other government entities. When appropriate and in the best interest of the U.S. Government, HHS/CDC also supports local, indigenous organizations to further sustainable, country-led global public health programming to support the effort of the Ministries of Health. A core principle of the President Obama's Global Health Initiative is the support for country ownership, and a major priority of PEPFAR's second phase is to increase the capacity of countries at both the government and civil society level to manage, oversee, and operate their health systems.

Estimated ART treatment coverage in Cote d'Ivoire is low, with coverage of ART services currently reaching 28% of the population in need of these services under new WHO ART treatment guidelines from 2010 (UNAIDS, 2010). During PEPFAR II, the mandate for continuing the scale-up of ART services in Cote d'Ivoire requires a shift to increasingly more cost efficient service delivery support in order to address the still unmet treatment needs of the population.

HHS/CDC support for the scale-up of ART treatment programs during the first phase of PEPFAR engaged international partners to build the capacity of the Ivorian health system, still recovering from years of civil conflict and a lack of government services in the northern region of the country, to provide sustainable ART treatment services, in collaboration with the Ministry of Health and local partners. This Limited Eligibility Justification is to encourage a competitive environment among local organizations in support of transitioning programs and services to local ownership of the Ministry of Health and the long-term capacity and development of all aspects of the health system.

Support for local, indigenous organizations in Cote d'Ivoire will encourage the development of sustainable, cost-effective capacity in the public health systems, and reduce the establishment of parallel capacity and systems by external U.S.-based organizations. Support to local organizations is appropriate given that the Ministries of Health and other government entities do not have the full capacity in Cote d'Ivoire to directly finance and perform these programs and services, and local Ivorian organizations can be leveraged to ensure uninterrupted care and services.

Limited competition for the cited activities is in line with PEPFAR legislation, which authorizes HHS/CDC to transition leadership of programs and services (including ART services) to local ownership, with the ultimate aim of full transition of all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services.

SPECIAL ELIGIBILITY CRITERIA: Licensing/Credential/Permits

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program. If applicants receive funding from other sources to underwrite the same or similar activities, or anticipate receiving such funding in the next 12 months, they must detail how the disparate streams of financing complement each other.

Maintenance of Effort

Maintenance of Effort is not required for this program.

Special Requirements:

1. PEPFAR Local Partner definition:

A “local partner” may be an individual or sole proprietorship, an entity, or a joint venture or other arrangement. However, to be considered a local partner in a given country served by PEPFAR, the partner must meet the criteria under paragraph (1), (2), or (3) below within that country:

(1) an individual must be a citizen or lawfully admitted permanent resident of and have his/her principal place of business in the country served by the PEPFAR program with which the individual is or may become involved, and a sole proprietorship must be owned by such an individual; or

(2) an entity (e.g., a corporation or partnership): (a) must be incorporated or legally organized under the laws of, and have its principal place of business in, the country served by the PEPFAR program with which the entity is or may become involved; (b) must be at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 beneficially owned by individuals who are citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), or by other corporations, partnerships or other arrangements that are local partners under this paragraph or paragraph (3); (c) at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity’s staff (senior, mid-level, support) must be citizens or lawfully admitted permanent residents of that same country, per sub-paragraph (2)(a), and at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the entity’s senior staff (i.e., managerial and professional personnel) must be citizens or

lawfully admitted permanent residents of such country; and (d) where an entity has a Board of Directors, at least 51% of the members of the Board must also be citizens or lawfully admitted permanent residents of such country; or

(3) a joint venture, unincorporated association, consortium, or other arrangement in which at least 51% for FY 2009-10; 66% for FY 2011-12; and 75% for FY 2013 of the funding under the PEPFAR award is or will be provided to members who are local partners under the criteria in paragraphs (1) or (2) above, and a local partner is designated as the managing member of the organization.

Host government ministries (e.g., Ministry of Health), sub-units of government ministries, and parastatal organizations in the country served by the PEPFAR program are considered local partners. A parastatal organization is defined as a fully or partially government-owned or government-funded organization. Such enterprises may function through a board of directors, similar to private corporations. However, ultimate control over the board may rest with the government.

2. If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified that the application did not meet submission requirements.

- Late submissions will be considered non-responsive. See section “V.3. Submission Dates and Times” for more information on deadlines.

- If the total amount of appendices includes more than 80 pages, the application will not be considered for review. For this purpose, all appendices must have page numbers and must be clearly identified in the Table of Contents.
- An HIV/AIDS related funding matrix must be submitted in order for the application to be considered for review. All applicants must indicate whether they are receiving other HIV/AIDS related funding. If the applicant is receiving or has applied for other HIV/AIDS related funding, the following information must be submitted:
 - ✓ Funding mechanism (i.e. contract, CoAg, grant)
 - ✓ Amount of award
 - ✓ Period performance
 - ✓ Funding agency
 - ✓ Contact details for funding agency
 - ✓ Brief description of program activities
- Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive U.S. Government funds constituting a grant, loan, or an award.

Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

V. APPLICATION CONTENT

Unless specifically indicated, this announcement requires submission of the following information:

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

The abstract must be submitted in the following format:

- Maximum of 2-3 paragraphs;
- Font size: 12 point unreduced, Times New Roman;
- Single spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size; and
- Page margin size: One inch.

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 (If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.);

- Font size: 12 point, unreduced, Times New Roman;
- Double spaced;
- Paper size: 8.5 by 11 inches (preferred), or generally accepted paper size;
- Page margin size: One inch;
- Number all pages of the application sequentially from page one (Application Face Page) to the end of the application, including charts, figures, tables, and appendices; and
- *Project Context and Background (Understanding and Need):* Describe the background and justify the need for the proposed project. Describe the current infrastructure system; targeted geographical area(s), if applicable; and identified gaps or shortcomings of the current health systems and AIDS control projects;
- *Project Strategy - Description and Methodologies:* Present a detailed operational plan for initiating and conducting the project. Clearly describe the applicant's technical approach/methods for implementing the proposed project. Describe the existence of, or plans to establish partnerships necessary to implement the project. Describe linkages, if appropriate, with programs funded by the U.S. Agency for International Development;
- *Project Goals and Objectives:* Describe the overall goals of the project, and specific objectives that are measurable and time phased, consistent with the objectives and numerical targets of the Emergency Plan and for this Cooperative Agreement program as provided in the "Purpose" Section at the beginning of this Announcement;

- *Project Outputs:* Be sure to address each of the program objectives listed in the “Purpose” Section of this Announcement. Measures must be specific, objective and quantitative so as to provide meaningful outcome evaluation;
- *Project Contribution to the Goals and Objectives of the Emergency Plan:* Provide specific measures of effectiveness to demonstrate accomplishment of the objectives of this program;
- *Work Plan and Description of Project Components and Activities:* Be sure to address each of the specific tasks listed in the activities section of this announcement. Clearly identify specific assigned responsibilities for all key professional personnel;
- *Performance Measures:* Measures must be specific, objective and quantitative;
- *Timeline* (e.g., GANTT Chart); and
- *Management of Project Funds and Reporting.*

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. **The total amount of appendices must not exceed 80 pages and can only contain information related to the following:**

- *Project Budget Justification:*
With staffing breakdown and justification, provide a line item budget and a narrative with justification for all requested costs. Be sure to include, if any, in-kind support or other contributions provided by the national government and its donors as part of the total project, but for which the applicant is not requesting funding.

Budgets must be consistent with the purpose, objectives of the Emergency Plan and the program activities listed in this announcement and must include the following: line item breakdown and justification for all personnel, i.e., name, position title, annual salary, percentage of time and effort, and amount requested.

The recommended guidance for completing a detailed budget justification can be found on the HHS/CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

For each contract, list the following: (1) name of proposed contractor; (2) breakdown and justification for estimated costs; (3) description and scope of activities the contractor will perform; (4) period of performance; (5) method of contractor selection (e.g., competitive solicitation); and (6) methods of accountability. Applicants should, to the greatest extent possible, employ transparent and open competitive processes to choose contractors;

- ***Curricula vitae*** of current key staff who will work on the activity;
 - Program Director, Prevention Technical Director, Care and Treatment Technical Director, Monitoring and Evaluation Officer and Financial Director;
- ***Job descriptions*** of proposed key positions to be created for the activity;
 - All key staff positions listed above
- ***Applicant's Corporate Capability Statement***;

- *Letters of Support* (5 letters maximum);
- *Evidence of Legal Organizational Structure*; and
- *If applying as a Local Indigenous Partner*, provide documentation to self-certify the applicant meets the PEPFAR local partner definition listed in “Special Requirements,” Part IV. ELIGIBILITY section of the FOA.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information, subsection entitled “Administrative and National Policy Requirements.”

APPLICATION SUBMISSION

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR) annually. The CCR registration can require an additional one to two days to complete.

International organizations also require a NATO CAGE Code (NCAGE). The NCAGE request may take from two business days to two weeks to complete. NCAGE is needed

before registering with the Central Contractor Registry (CCR). After registering with CCR, the applicant can proceed to register with Grants.gov. (See “Other Submission Requirements” session below for more information).

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO-TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process.

After submission of your application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Other Submission Requirements

A letter of intent is not applicable to this funding opportunity announcement.

Dun and Bradstreet Universal Number (DUNS)

The applicant is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) identifier to apply for grants or cooperative agreements from the Federal government. The DUNS is a nine-digit number which uniquely identifies business entities. There is no charge associated with obtaining a DUNS number. Applicants may obtain a DUNS number by accessing the [Dun and Bradstreet website](#) or by calling 1-866-705-5711. This is a requirement for domestic and international organizations.

Central Contractor Registration (CCR)

The applicant is required to have a CCR registration to apply for grants or cooperative agreements from the Federal government. For more information on CCR and how to register go to www.ccr.gov.

Other Submission Requirement for International Organizations:

NATO CAGE Code (NCAGE)

After obtaining DUNS, the applicant is required to have a NATO CAGE Code in order to apply for grants or cooperative agreements from the Federal government. Applicants can complete the request online at www.dlis.dla.mil/forms/Form_AC135.asp. If the organization cannot submit this form by Internet, the organization can obtain an NCAGE by contacting the National Codification Bureau of the country where the organization is located. For a list of addresses, go to www.dlis.dla.mil/nato_poc.asp. Please note that NCAGE code is required for international organizations in order to register with the Central Contractor Registration (CCR) and Grants.gov.

Electronic Submission of Application:

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov Web site. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You

can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to PGO TIMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to PGO TIMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the

application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Application Deadline Date: April 22, 2011, 5:00pm U.S. Eastern Standard Time

VI. APPLICATION REVIEW INFORMATION

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Evaluation Criteria

Eligible applications will be evaluated against the following criteria:

Ability to Carry Out the Proposal (20 points):

Does the applicant demonstrate the local experience in Cote d’Ivoire and institutional capacity (both management and technical) to achieve the goals of the project with documented good governance practices? (5 points) Does the applicant demonstrate the ability to achieve the goals of the project and quickly establish activities, through for example existing experience in the specific CDC-supported sites (Appendix A), in order to avoid a gap in care and treatment services? (5 points) Does the applicant demonstrate,

through previously established relationships, an existing ability to coordinate and collaborate with Emergency Plan partners, other donors (including bi- and multi-lateral donors such as the Global Fund, and other U.S. Government Departments and agencies involved in implementing the President's Emergency Plan), and Federal, State, and Local level government institutions in Cote d'Ivoire? (5 points) Does the applicant provide strong evidence of successful clinical and managerial experience in the delivery of comprehensive HIV services through healthcare facilities, giving significance to the number of sites, patient loads, and spectrum of laboratory diagnostics employed. Are strong letters of support from the specified site/ facility provided? (5 points)

Technical and Programmatic Approach (20 points):

Does the application include an overall design strategy, including measurable time lines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed objectives? Does the application include reasonable estimates of outcome targets (For example, the numbers of sites to be supported, number of clients the program will reach.)? (10 points) Does the applicant display knowledge of the strategy, principles and goals of the President's Emergency Plan, and are the proposed activities consistent with and pertinent to that strategy and those principles and goals? (5 points)

Does the application propose to build on and complement the current national response in Cote d'Ivoire with evidence-based strategies designed to reach underserved populations and meet the goals of the President's Emergency Plan? (5 points)?

Capacity Building (15 points):

Does the applicant's proposal present a clear plan for implementing the award activities in collaboration with district and regional government institutions? Does the applicant have relevant experience in using participatory methods, and approaches, in project planning and implementation? (5 points) Does the applicant describe an adequate and measurable plan to progressively build the capacity of district health departments and the MHPH (MSHP) to deliver services to respond to the epidemic? Does the capacity building plan clearly describe how it will contribute to: 1) an improved quality and geographic coverage of service delivery to achieve the "3,12,12"¹ targets of the President's Emergency Plan; 2) promote sustainability with continued, high-quality care and treatment; and 3) ultimately transition all appropriate activities to the Ministries of Health and other governmental entities that have the jurisdictional authority to directly finance and perform these programs and services? (10 points)

Monitoring and Evaluation (15 points):

Does the applicant demonstrate the local experience and capability to implement rigorous monitoring and evaluation of the project in line with the national monitoring and evaluation systems? (5 points) Is the monitoring and evaluation plan consistent with the principles of the "Three Ones"² and with the President's Emergency Plan Indicator

¹ The President's Emergency Plan for AIDS Relief (PEPFAR) has called for immediate, comprehensive and evidence based action to turn the tide of global HIV/AIDS. As called for by the PEPFAR Reauthorization Act of 2008, initiative goals over the period of 2009 through 2013 are to treat at least three million HIV infected people with effective combination anti-retroviral therapy (ART); care for twelve million HIV infected and affected persons, including five million orphans and vulnerable children; and prevent twelve million infections worldwide.

² The Emergency Plan supports the multi-sectoral national responses in host nations, adapting U.S. support to the individual needs and challenges of each nation where the Emergency Plan is at work. Countries and communities are at different stages of HIV/AIDS response and have unique drivers of HIV,

Guide? Does the plan include specific output and outcome indicators for each milestone and have realistic targets in line with the targets addressed in the measureable outcomes section of this announcement. Is the plan to measure outcomes of the intervention, and the manner in which they will be provided, adequate? (5 points) Does the applicant describe a system for reviewing and adjusting program activities based on monitoring information obtained by using innovative, participatory methods and standard approaches? Is the system able to generate financial and program reports to show disbursement of funds, and progress towards achieving the numerical objectives of the President's Emergency Plan? (5 points)

Understanding of the Problem (10 points):

Does the applicant demonstrate a clear and concise understanding of the current national HIV/AIDS response and the cultural and political context relevant to the programmatic areas targeted? To what extent does the applicant justify the need for this program within the target community? (5 points) Does the applicant display an understanding of the Five-Year Strategy and goals of the President's Emergency Plan and HHS/CDC HIV clinical services and antiretroviral treatment program? (5 points)

distinctive social and cultural patterns (particularly with regard to the status of women), and different political and economic conditions. Effective interventions must be informed by local circumstances and coordinated with local efforts. In April 2004, OGAC, working with UNAIDS, the World Bank, and the U.K. Department for International Development (DfID), organized and co-chaired a major international conference in Washington for major donors and national partners to consider and adopt key principles for supporting coordinated country-driven action against HIV/AIDS. These principles became known as the **"Three Ones": - one national plan, one national coordinating authority, and one national monitoring and evaluation system** in each of the host countries in which organizations work. Rather than mandating that all contributors do the same things in the same ways, the Three Ones facilitate complementary and efficient action in support of host nations.

Personnel (10 points):

Are the staff roles clearly defined? (3 points) As described, will the staff be sufficient to meet the goals of the proposed project? Does the organization employ staff fluent in local languages who will work on this project? Are staff involved in this project qualified to perform the tasks described? (7 points) Curricula vitae provided should include information that they are qualified in the following: management of HIV/AIDS prevention activities, especially confidential, voluntary counseling and testing; and the development of capacity building among and collaboration between Governmental and non-governmental partners.

Administration and Management (10 points):

Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data? (4 points) Is the management structure for the project sufficient to ensure speedy implementation of the project? (2 points) Does the applicant have a proven track record in managing large HIV service project budgets; running transparent and competitive procurement processes; and supervising consultants and contractors? The grantee must demonstrate an ability to submit quarterly reports in a timely manner to the HHS/CDC office. (2 points). Does the grantee include a financial plan, which includes movement toward long-term financial self-sufficiency? (2 points)

Budget (Reviewed, but not scored):

Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities? Is the budget itemized, well justified and consistent with the goals of the President's Emergency Plan for AIDS Relief? If applicable, are there reasonable costs per client reached for both year one and later years of the project?

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- The costs that are generally allowable in grants to domestic organizations are allowable to foreign institutions and international organizations, with the following exception: With the exception of the American University, Beirut and the World Health Organization, Indirect Costs will not be paid (either directly or through sub-award) to organizations located outside the territorial limits of the United States or to international organizations regardless of their location.

- The applicant may contract with other organizations under this program; however the applicant must perform a substantial portion of the activities (including program management and operations, and delivery of prevention services for which funds are required.)
- All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will not compensate foreign grantees for currency exchange fluctuations through the issuance of supplemental awards.
- Foreign grantees are subject to audit requirements specified in 45 CFR 74.26(d). A non-Federal audit is required, if during the grantees fiscal year, the grantee expended a total of \$500,000.00 or more under one or more HHS awards (as a direct grantee and/or as a sub-grantee). The grantee either may have (1) A financial related audit (as defined in the Government Auditing Standards, GPO stock #020-000-00-265-4) of a particular award in accordance with Government Auditing Standards, in those case where the grantee receives awards under only one HHS program; or, if awards are received under multiple HHS programs, a financial related audit of all HHS awards in accordance with Government Auditing Standards; or (2) An audit that meets the requirements contained in OMB Circular A-133.
- A fiscal Grantee Capability Assessment may be required, prior to or post award, in order to review the applicant's business management and fiscal capabilities regarding the handling of U.S. Federal funds.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

The 8% Rule

The President's Emergency Plan for AIDS Relief (PEPFAR) seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels.

To achieve this goal, the Office of the Global AIDS Coordinator (OGAC) establishes an annual funding guideline for grants and cooperative agreement planning. Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grant and cooperative agreements for that country. **For U.S. Government fiscal year (FY) 2011, the limit is no more than 8 percent of the country's FY 2011 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is greater.** The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as sub-grantee. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under

contracts are not applied to the 8 percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the COP(s). Exclusions from the 8 percent/\$2 million single-partner ceiling are made for (a) umbrella awards, (b) commodity/drug costs, and (c) Government Ministries and parastatal organizations. A parastatal organization is defined as a fully or partially state-owned corporation or government agency. For umbrella awards, grants officers will determine whether an award is an umbrella for purposes of exception from the cap on an award-by-award basis. Grants or cooperative agreements in which the primary objective is for the organization to make sub-awards and at least 75 percent of the grant is used for sub-awards, with the remainder of the grant used for administrative expenses and technical assistance to sub-grantees, will be considered umbrella awards and, therefore, exempted from the cap. Agreements that merely include sub-grants as an activity in implementation of the award but do not meet these criteria will not be considered umbrella awards, and the full amount of the award will count against the cap. All commodity/drug costs will be excluded from partners' funding for the purpose of the cap. The remaining portion of awards, including all overhead/management costs, will be counted against the cap.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the

maximum, annual single-partner limit may submit an application in response to this RFA/APS/FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the 8 percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this RFA/APS/FOA unless the U.S. Global AIDS Coordinator approves an exception to the cap. **Applicants must provide in their proposals the dollar value by U.S. Government fiscal year of current grants and cooperative agreements (including sub-grants and sub-agreements) financed by the Emergency Plan, which are for programs in the country(ies) covered by this RFA/APS/FOA.** For example, the proposal should state that the applicant has \$_____ in FY 2011 grants and cooperative agreements (for as many fiscal years as applicable) in Cote d'Ivoire. For additional information concerning this RFA/APS/FOA, please contact the Grants Officer for this RFA/APS/FOA.

Prostitution and Related Activities

The U.S. Government is opposed to prostitution and related activities, which are inherently harmful and dehumanizing, and contribute to the phenomenon of trafficking in persons.

Any entity that receives, directly or indirectly, U.S. Government funds in connection with this document ("recipient") cannot use such U.S. Government funds to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of

palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides. A recipient that is otherwise eligible to receive funds in connection with this document to prevent, treat, or monitor HIV/AIDS shall not be required to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, or participate in a prevention method or treatment program to which the recipient has a religious or moral objection. Any information provided by recipients about the use of condoms as part of projects or activities that are funded in connection with this document shall be medically accurate and shall include the public health benefits and failure rates of such use.

In addition, any recipient must have a policy explicitly opposing prostitution and sex trafficking. The preceding sentence shall not apply to any “exempt organizations” (defined as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and its six Regional Offices, the International AIDS Vaccine Initiative or to any United Nations agency).

The following definition applies for purposes of this clause:

- Sex trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. 22 U.S.C. § 7102(9).

All recipients must insert provisions implementing the applicable parts of this section, “Prostitution and Related Activities,” in all subagreements under this award. These provisions must be express terms and conditions of the subagreement, must acknowledge that compliance with this section, “Prostitution and Related Activities,” is a prerequisite to receipt and expenditure of U.S. government funds in connection with this document, and must acknowledge that any violation of the provisions shall be grounds for unilateral termination of the agreement prior to the end of its term. Recipients must agree that HHS may, at any reasonable time, inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that relate to the organization’s compliance with this section, “Prostitution and Related Activities.”

All prime recipients that receive U.S. Government funds (“prime recipients”) in connection with this document must certify compliance prior to actual receipt of such funds in a written statement that makes reference to this document (e.g., “[Prime recipient's name] certifies compliance with the section, ‘Prostitution and Related Activities.’”) addressed to the agency’s grants officer. Such certifications by prime recipients are prerequisites to the payment of any U.S. Government funds in connection with this document.

Recipients' compliance with this section, “Prostitution and Related Activities,” is an express term and condition of receiving U.S. Government funds in connection with this document, and any violation of it shall be grounds for unilateral termination by HHS of the agreement with HHS in connection with this document prior to the end of its term.

The recipient shall refund to HHS the entire amount furnished in connection with this document in the event HHS determines the recipient has not complied with this section, “Prostitution and Related Activities.”

Any enforcement of this clause is subject to Alliance for Open Society International v. USAID, 05 Civ. 8209 (S.D.N.Y., orders filed on June 29, 2006 and August 8, 2008)(orders gaining preliminary injunction) for the term of the Orders.

The List of the members of GHC and InterAction is found at:

http://www.usaid.gov/business/business_opportunities/cib/pdf/GlobalHealthMemberlist.pdf.

Application Review Process

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness by HHS/CDC Global AIDS Program staff and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”. The panel may include both U.S. Federal Government and non-U.S. Federal Government participants.

Applications Selection Process

Applications will be funded in order by score and rank determined by the review panel. CDC Cote d'Ivoire, in collaboration with national health authorities, will make recommendations to the grantee as to the geographic distribution and coordination of service delivery (by regions, district, etc.) based on the outcome of these panels. CDC will provide justification for any decision to fund out of rank order.

VII. AWARD ADMINISTRATION INFORMATION

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions

- AR-6 Patient Care
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009
- AR-30 Section 2508 Compliant

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:
<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

TERMS AND CONDITIONS

Reporting Requirements

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information-Non-Construction Programs.
 - c. Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative.
 - f. Activities and Objectives for the Current Budget Period;
 - g. Financial Progress for the Current Budget Period;
 - h. Proposed Activity and Objectives for the New Budget Period Program;
 - i. Budget;
 - j. Measures of Effectiveness, including progress against the numerical goals of the President's Emergency Plan for AIDS Relief for **Cote d’Ivoire**;
and
 - k. Additional Requested Information;

Additionally, funded applicants must provide CDC with an original, plus two hard copies of the following reports:

1. Annual progress report, due 90 days after the end of the budget period.
2. Financial Status Report (SF 269), no more than 90 days after the end of the budget period.
3. Final performance and Financial Status Reports, no more than 90 days after the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts”.

VIII. AGENCY CONTACTS

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Dr. Anna Likos, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
2010 Abidjan Place,
Washington, DC 20521 USA
Telephone: 011-225-21-21-42-52
E-mail: likosa@ci.cdc.gov

For **financial, grants management, or budget assistance**, contact:

Percy Jernigan, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS: K-75

Atlanta, GA 30341

Telephone: 770-488-2811

E-mail: PJernigan@cdc.gov

For **assistance with submission difficulties**, contact Grants.gov (see page 39):

Phone: 1-800-518-4726

Email: support@grants.gov

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **application submission** questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

Other Information

Other CDC funding opportunity announcements can be found on Grants.gov Web site,

Internet address: <http://www.grants.gov>.

Appendix A: Site List

This list is current as of March 2010 and is subject to change

REGION	HEALTH DISTRICT	DISTRICT	SITE NAME
HAUT SASSANDRA	DALOA	DALOA	AIBEF DALOA
LAGUNES 2	TREICHVILLE	TREICHVILLE	AIBEF TREICHVILLE
LAGUNES 2	ALEPE	ALEPE	ALEPE
MOYEN CAVALLY	DUEKOUÉ	DUEKOUÉ	APROSAM DUEKOUÉ
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	APROSAM SAN-PEDRO
LAGUNES 2	ABOBO EST	ABOBO	ASAPSU ABOBO
LAGUNES 2	MARCORY	MARCORY	ASAPSU ALIODAN
LACS	YAMOOUSSOUKRO	YAMOOUSSOUKRO	ASAPSU YAMOOUSSOUKRO
LAGUNES 1	ATTIECOUBE	ATTIECOUBE	BASE NAVALE
LAGUNES 1	ADJAME-PLATEAU	PLATEAU	BCS
WORODOUGOU	MANKONO	MANKONO	C.S NOTRE DAME MARANDALLAH
ZANZAN	BONDOUKOU	BONDOUKOU	CAMES BONDOUKOU
FROMAGER	GAGNOA	GAGNOA	CAMES GAGNOA
MOYEN CAVALLY	GUIGLO	GUIGLO	CAMES GUIGLO
18 MONTAGNES	MAN	MAN	CAMES MAN
LAGUNES 1	YOPOUGON EST	YOPOUGON	CAMES YOPOUGON
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CAT ABENGOUROU
LAGUNES 2	ABOBO EST	ABOBO	CAT ABOBO
LAGUNES 1	ADJAME-PLATEAU	ADJAME	CAT ADJAME
HAUT SASSANDRA	DALOA	DALOA	CAT DALOA
FROMAGER	GAGNOA	GAGNOA	CAT GAGNOA
LAGUNES 2	KOUMASSI	KOUMASSI	CAT KOUMASSI
18 MONTAGNES	MAN	MAN	CAT MAN

BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CAT SAN-PEDRO
LAGUNES 2	TREICHVILLE	TREICHVILLE	CAT TREICHVILLE
MARAHOUÉ	BOUAFLE	BOUAFLE	CDT BOUAFLE
HAUT SASSANDRA	ISSIA	ISSIA	CDT ISSIA
AGNEBY	AGBOVILLE	AGBOVILLE	CDV AGBOVILLE
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CDV AGNIBILEKROU
LAGUNES 2	ANYAMA	ANYAMA	CDV ANYAMA
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CDV ASSAHARA
ZANZAN	BONDOUKOU	BONDOUKOU	CDV BONDOUKOU
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CDV BONGOUANOU
SAVANES	BOUNDIALI	BOUNDIALI	CDV BOUNDIALI
LAGUNES 2	ABOBO OUEST	ABOBO	CDV CROU ABOBO
LAGUNES 2	PORT-BOUET	PORT-BOUET	CDV CROU PORT BOUET
LAGUNES 1	DABOU	DABOU	CDV DABOU
HAUT SASSANDRA	DALOA	DALOA	CDV DALOA
FROMAGER	GAGNOA	GAGNOA	CDV GAGNOA
LAGUNES 1	GRAND-LAHOUE	GRAND-LAHOUE	CDV GRAND- LAHOUE
SUD COMOE	ABOISSO	ABOISSO	CDV MAFERE
LAGUNES 2	PORT-BOUET	PORT-BOUET	CDV PORT BOUET
MARAHOUÉ	SINFRA	SINFRA	CDV SINFRA
BAS SASSANDRA	SOUBRE	SOUBRE	CDV SOUBRE
LAGUNES 2	TREICHVILLE	TREICHVILLE	CEDRES
AGNEBY	AKOUBE	AKOUBE	CENTRE DE SANTE BANACOMOE
LAGUNES 2	MARCORY	MARCORY	CENTRE ESPACE CONFIANCE
LAGUNES 2	PORT-BOUET	PORT-BOUET	CENTRE ESPOIR ADJOUFOU
MOYEN CAVALLY	GUIGLO	GUIGLO	CENTRE HÉVÉÏCOLE DU CAVALLY
MARAHOUÉ	ZUENOULA	ZUENOULA	CENTRE MEDCIO SOCIAL SUCRIVOIRE
LAGUNES 2	PORT-BOUET	PORT-BOUET	CENTRE MEDICAL CARITAS PORT- BOUET

LAGUNES 2	COCODY BINGERVILLE	COCODY	CENTRE MEDICAL DU CROU
LAGUNES 2	TREICHVILLE	TREICHVILLE	CENTRE MEDICAL DU DISTRICT SANITAIRE DE TREICHVILLE
BAS SASSANDRA	TABOU	TABOU	CENTRE MEDICAL IBOKE
LAGUNES 2	TREICHVILLE	TREICHVILLE	CENTRE MEDICAL LA PIERRE ANGULAIRE
LAGUNES 2	COCODY- BINGERVILLE	COCODY	CENTRE MEDICAL MERE MARIA ELISA
BAS SASSANDRA	TABOU	TABOU	CENTRE MEDICAL NEKA
SUD COMOE	GRAND-BASSAM	BONOUA	CENTRE MEDICAL ST LOUIS ORIONE
LAGUNES 2	KOUMASSI	KOUMASSI	CENTRE MEDICAL STE THERESE ENFANT JESUS
SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	CENTRE MEDICAL SUCRIVOIRE BOROTOU KORO
LAGUNES 2	COCODY- BINGERVILLE	BINGERVILLE	CENTRE MEDICO MILITAIRE AKOUEDO
LAGUNES 2	PORT-BOUET	PORT-BOUET	CENTRE MEDICO MILITAIRE BASE AÉRIENNE
HAUT SASSANDRA	DALOA	DALOA	CENTRE MEDICO MILITAIRE DALOA
LAGUNES 1	ADJAME- PLATEAU	ADJAME	CENTRE MEDICO MILITAIRE DU GSPM
AGNEBY	AKOUBE	AKOUBE	CENTRE MEDICO SOCIAL BANACOMOE
BAS SASSANDRA	SASSANDRA	SASSANDRA	CENTRE MEDICO SOCIAL BOLO SIPEFCI
LAGUNES 1	DABOU	DABOU	CENTRE MEDICO SOCIAL CHRIST ROI DE LOPOU
MARAHOUÉ	SINFRA	SINFRA	CENTRE MEDICO

			SOCIAL CHRIST ROI SINFRA
LAGUNES 2	ABOBO EST	ABOBO	CENTRE MEDICO SOCIAL D'ABOBOTE
LAGUNES 2	ABOBO EST	ABOBO	CENTRE MEDICO SOCIAL EL RAPHA
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CENTRE MEDICO SOCIAL HEVEGO
BAS SASSANDRA	TABOU	TABOU	CENTRE MEDICO SOCIAL IBOKE
18 MONTAGNES	ZOUHAN- HOUNIEN	ZOUHAN- HOUNIEN	CENTRE MEDICO SOCIAL ITY
LAGUNES 2	COCODY- BINGERVILLE	COCODY	CENTRE MEDICO SOCIAL NIMATOULLAH
DENGUELE	ODIENNE	ODIENNE	CENTRE MEDICO SOCIAL PIETRO BONELLI
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CENTRE MEDICO SOCIAL SAPH
LAGUNES 2	ALEPE	ALEPE	CENTRE MEDICO SOCIAL SAPH BONGO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CENTRE MEDICO SOCIAL SAPH RAPIDES GRAH
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CENTRE MEDICO SOCIAL SEMPA
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CENTRE MEDICO SOCIAL SOGB
SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	CENTRE MEDICO SOCIAL SUCAF 1
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CENTRE MEDICO SOCIAL SUCAF 2
MARAHOUÉ	ZUENOULA	ZUENOULA	CENTRE MEDICO SOCIAL SUCRIVOIRE ZUENOULA
MOYEN CAVALLY	GUIGLO	GUIGLO	CENTRE MEDICO SOCIAL TANRHY
LACS	YAMO USSOUKR O	YAMO USSOUKRO	CENTRE MEDICO SOCIAL WALLE
LAGUNES 1	YOPOUGON EST	YOPOUGON	CENTRE NAZARÉEN
MOYEN	ABENGOUROU	ABENGOUROU	CENTRE PIM

COMOE			ABENGOUROU
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	CENTRE PLUS YOPOUGON
VALLEE DU BANDAMAN	BOUAKE SUD	BOUAKE	CENTRE SAINT CAMILLE BOUAKE
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	CENTRE SANTE PROVIDENCE BOUAKE
VALLEE DU BANDAMA	BOUAKE OUEST	BOUAKE	CENTRE SAS BOUAKE
HAUT SASSANDRA	DALOA	DALOA	CENTRE SOCIAL DALOA
SUD BANDAMA	LAKOTA	LAKOTA	CENTRE SOCIAL DE LAKOTA
FROMAGER	OUME	OUME	CENTRE SOCIAL D'OUME
HAUT SASSANDRA	DALOA	ZOUKOUGBEU	CENTRE ST MICHEL DE ZOUKOUGBEU
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	CEPREF
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CHR ABENGOUROU
SUD COMOE	ABOISSO	ABOISSO	CHR ABOISSO
AGNEBY	AGBOVILLE	AGBOVILLE	CHR AGBOVILLE
ZANZAN	BONDOUKOU	BONDOUKOU	CHR BONDOUKOU
MARAHOUÉ	BOUAFLE	BOUAFLE	CHR BOUAFLE
HAUT SASSANDRA	DALOA	DALOA	CHR DALOA
N'ZI COMOE	DIMBOKRO	DIMBOKRO	CHR DIMBOKRO
SUD BANDAMAN	DIVO	DIVO	CHR DIVO
FROMAGER	GAGNOA	GAGNOA	CHR GAGNOA
MOYEN CAVALLY	GUIGLO	GUIGLO	CHR GUIGLO
SAVANES	KORHOGO	KORHOGO	CHR KORHOGO
18 MONTAGNES	MAN	MAN	CHR MAN
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CHR SAN-PEDRO
WORODOUG OU	SEGUELA	SEGUELA	CHR SEGUELA
BAFING	TOUBA	TOUBA	CHR TOUBA
LACS	YAMOOUSSOUKRO	YAMOOUSSOUKRO	CHR YAMOOUSSOUKRO

VALLEE DU BANDAMAN	BOUAKE	BOUAKE	CHU BOUAKE
LAGUNES 2	COCODY- BINGERVILLE	COCODY	CHU COCODY
LAGUNES 2	TREICHVILLE	TREICHVILLE	CHU TREICHVILLE
LAGUNES 1	YOPOUGON	YOPOUGON	CHU YOPOUGON
LAGUNES 2	TREICHVILLE	TREICHVILLE	CIRBA
LAGUNES 1	ADJAME- PLATEAU	ADJAME	CITE ENFANCE ADJAME
N'ZI COMOE	DAOUKRO	DAOUKRO	CLINIQUE ESPERANCE
SUD BANDAMA	DIVO	DIVO	CMS GBAGBAM
LAGUNES 1	YOPOUGON	YOPOUGON	CNPS - YOPOUGON
LAGUNES 2	TREICHVILLE	TREICHVILLE	CNTS
LAGUNES 1	ADJAME- PLATEAU	ADJAME	CROIX BLEUE
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSI DIAMARAKRO
MARAHOUÉ	SINFRA	SINFRA	CSI KAYETA
MARAHOUÉ	SINFRA	SINFRA	CSI KOUETINFLA
AGNEBY	ADZOPE	ADZOPE	CSR ABIE
AGNEBY	AKOUPÉ	AKOUPÉ	CSR ABONGOUA - AKOUPÉ
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSR ABONGOUA - BONGOUANOU
AGNEBY	AGBOVILLE	AGBOVILLE	CSR ABOUDE
LAGUNES 1	JACQUEVILLE	JACQUEVILLE	CSR ADDAH
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR ADJAMENE
LAGUNES 1	TIASSALE	TIASSALE	CSR AFFIKRO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR AGNANFOUTOU
LAGUNES 1	TIASSALE	TIASSALE	CSR AHEREMOU 2
SUD BANDAMA	DIVO	DIVO	CSR AKABIA
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSR AMIAN KOUASSIKRO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR AMORIAKRO
AGNEBY	ADZOPE	ADZOPE	CSR ANANGUIE
HAUT SASSANDRA	VAVOUA	VAVOUA	CSR ANCIEN PROSI
AGNEBY	ADZOPE	ADZOPE	CSR ANDE

VALLEE DU BANDAMA	BOUAKE NORD OUEST	BOUAKE	CSR ANGOUAYAOKRO
AGNEBY	AGBOVILLE	AGBOVILLE	CSR ANNO
N'ZI COMOE	BONGOUANOU	ANOUMABA	CSR ANOUMABA
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSR AS. KOUASSIKRO
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSR ASSAHARA
VALLEE DU BANDAMA	SAKASSOU	SAKASSOU	CSR ASSANDRE
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	CSR ASSOOUAKRO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR ASSUAME
AGNEBY	AGBOVILLE	AGBOVILLE	CSR ATTOBROU
LAGUNES 1	GRAND LAHOU	GRAND-LAHOU	CSR BAKANDA
LAGUNES 1	SIKENSI	SIKENSI	CSR BAKANOU A
LAGUNES 1	SIKENSI	SIKENSI	CSR BAKANOU B
BAS SASSANDRA	SASSANDRA	SASSANDRA	CSR BALÉKO
VALLEE DU BANDAMA	BOUAKE NORD EST	BOUAKE	CSR BAMORO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR BANGOUA
HAUT SASSANDRA	VAVOUA	VAVOUA	CSR BAOUFLA
SAVANES	BOUNDIALI	BOUNDIALI	CSR BAYA
HAUT SASSANDRA	VAVOUA	VAVOUA	CSR BAZRA NATIS
LAGUNES 1	SIKENSI	SIKENSI	CSR BECEDI
AGNEBY	ADZOPE	ADZOPE	CSR BECOUEFIN
AGNEBY	AKOUBE	AKOUBE	CSR BIEBI
LAGUNES 1	TIASSALE	TIASSALE	CSR BINAO
SAVANES	BOUNDIALI	BOUNDIALI	CSR BLESSEGUE
HAUT SASSANDRA	DALOA	DALOA	CSR BOBOUAN BAHOUAN
VALLEE DU BANDAMA	DABAKALA	DABAKALA	CSR BOKALA
HAUT SASSANDRA	VAVOUA	VAVOUA	CSR BONOFLA
AGNEBY	ADZOPE	ADZOPE	CSR BOUDEPE
MARAHOUÉ	BOUAFLE	BOUAFLE	CSR BOZI
VALLEE DU BANDAMA	BOUAKE EST	BOUAKE	CSR BROBO

AGNEBY	AGBOVILLE	AGBOVILLE	CSR CECHI
SUD BANDAMA	DIVO	DIVO	CSR CHIEPO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR COMOE N'DANOU
LAGUNES 1	DABOU	DABOU	CSR COSROU
BAS SASSANDRA	SASSANDRA	GUEYO	CSR DABOUYO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR DAGADI
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR DAGADJI
HAUT SASSANDRA	VAVOUA	VAVOUA	CSR DANANON
BAS SASSANDRA	SASSANDRA	SASSANDRA	CSR DAPKADOU
AGNEBY	ADZOPE	ADZOPE	CSR DIAPE
AGNEBY	ADZOPE	ADZOPE	CSR DIASSO
FROMAGER	GAGNOA	GAGNOA	CSR DIGNAGO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSR DJANGOBO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR DJAPADJI
MARAHOUÉ	SINFRA	SINFRA	CSR DJENEDOUFLA
BAS SASSANDRA	TABOU	TABOU	CSR DJOUROUTOU
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR DOGBO
FROMAGER	OUME	OUME	CSR DOUKOUYA
SUD COMOE	ABOISSO	ABOISSO	CSR EBIKRO NDAKRO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSR EHUASSO
LAGUNES 1	SIKENSÍ	SIKENSÍ	CSR ELIBOU
LAGUNES 2	COCODY- BINGERVILLE	BINGERVILLE	CSR ELOKA
HAUT SASSANDRA	ISSIA	ISSIA	CSR GABIA
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR GABIADJI
HAUT SASSANDRA	VAVOUA	VAVOUA	CSR GBABO
SUD BANDAMA	DIVO	DIVO	CSR GBAGBAM

18 MONTAGNES	DANANE	DANANE	CSR GBEUNTA
BAS SASSANDRA	SOUBRE	SOUBRE	CSR GNAGO 2
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR GOH
AGNEBY	AGBOVILLE	AGBOVILLE	CSR GRAND MORIÉ
SUD BANDAMA	DIVO	DIVO	CSR GROBIAKOKO
AGNEBY	AGBOVILLE	AGBOVILLE	CSR GUESSIGUIE
MOYEN CAVALLY	DUEKOUÉ	KOUIBLY	CSR GUÉZON
MARAHOUÉ	SINFRA	SINFRA	CSR HUAFLA
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR KAKO
SUD COMOE	ABOISSO	ABOISSO	CSR KETESSO
BAS SASSANDRA	SASSANDRA	SASSANDRA	CSR KOKOLOPOZO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR KOKONOU
AGNEBY	ADZOPE	AKOUBE	CSR KONG
MOYEN COMOE	AGNIBILEKRO	AGNIBILEKRO	CSR KONGODIA
LAGUNES 1	TIASSALE	TIASSALE	CSR KOTIESSOU
SUD COMOE	ABOISSO	ABOISSO	CSR KOUKOURANDOU MI
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	CSR KOUTIA KOFFIKRO
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	CSR LENGBRE
BAS SASSANDRA	SASSANDRA	SASSANDRA	CSR LOBAKUYA
MARAHOUÉ	ZUENOULA	GOHITAFLA	CSR MANFLA
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR MANZANOUAN
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR MENE CENTRE
BAS SASSANDRA	TABOU	TABOU	CSR MENEKE
AGNEBY	ADZOPE	ADZOPE	CSR MOAPE
LAGUNES 1	TIASSALE	TIASSALE	CSR MOROKRO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR MOUSSADOUGOU

SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	CSR NAMBINGUE
LAGUNES 1	DABOU	DABOU	CSR N'GATTY
VALLEE DU BANDAMA	SAKASSOU	SAKASSOU	CSR NGUESS ANPOKOUKRO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR NGUESSANKRO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR NIANDA
BAS SASSANDRA	SASSANDRA	SASSANDRA	CSR NIGROUGBOUÉ
LAGUNES 1	JACQUEVILLE	JACQUEVILLE	CSR NIGUISAFF
LAGUNES 1	TIASSALE	TIASSALE	CSR NZIANOUAN
AGNEBY	AGBOVILLE	AGBOVILLE	CSR OFFA
BAS SASSANDRA	TABOU	TABOU	CSR OLODIO
AGNEBY	AGBOVILLE	AGBOVILLE	CSR ORESS- KROBOU
LAGUNES 1	TIASSALE	TIASSALE	CSR PACOBO
BAS SASSANDRA	TABOU	TABOU	CSR PARA
AGNEBY	AGBOVILLE	RUBINO	CSR RUBINO
FROMAGER	OUME	OUME	CSR SAKAHOUO
BAS SASSANDRA	SOUBRE	SOUBRE	CSR SARA KADJI
LAGUNES 1	JACQUEVILLE	JACQUEVILLE	CSR SASSAKO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSR SATIKRAN
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSR SIAKAKRO
SAVANES	BOUNDIALI	BOUNDIALI	CSR SIEMPURGO
LAGUNES 1	TIASSALE	TIASSALE	CSR SOKROBO
SUD COMOE	ABOISSO	ABOISSO	CSR SONGAN
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSR TAHAKRO
SUD BANDAMA	DIVO	DIVO	CSR TIEGBA
LAGUNES 1	GRAND LAHOU	GRAND-LAHO	CSR TIEVIESSOU
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CSR TIMBE
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	CSR TOUIH
LAGUNES 1	DABOU	DABOU	CSR VIEL AKLODJ
BAS	SOUBRE	SOUBRE	CSR YABAYO

SASSANDRA			
AGNEBY	ADZOPE	ADZOPE	CSR YAKASSEME
SUD COMOE	GRAND-BASSAM	GRAND-BASSAM	CSR YAOU
AGNEBY	AGBOVILLE	AGBOVILLE	CSR YAPO-GARE
MOYEN COMOE	AGNIBILEKRO	AGNIBILEKROU	CSR YOBOUAKRO
HAUT SASSANDRA	DALOA	DALOA	CSR ZALIOHOUAN
MARAHOUÉ	ZUENOULA	ZUENOULA	CSR ZANZRA
MARAHOUÉ	ZUENOULA	ZUENOULA	CSR ZOROFLA
LAGUNES 1	DABOU	DABOU	CSR/CSU DE LOPOU
LAGUNES 1	DABOU	DABOU	CSR/CSU DE TOUPAH
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU AFFALIKRO
AGNEBY	AKOUPÉ	AKOUPÉ	CSU AFFERY
VALLEE DU BANDAMA	BEOUMI	BEOUMI	CSU AFOTOBO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSU AGNANFOUTOU
AGNEBY	ADZOPE	ADZOPE	CSU AGOU
LAGUNES 1	GRAND LAHOU	GRAND-LAHOU	CSU AHOUANOU
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSU AKOBOISSUE
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU AMELEKIA
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSU ANDE
VALLEE DU BANDAMA	BEOUMI	BEOUMI	CSU ANDOKREKRENOU
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU ANIASSUE
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU APPOISSO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU APPROMPRONOU
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSU ARRAH
AGNEBY	ADZOPE	ADZOPE	CSU ASSIKOUA
ZANZAN	TANDA	ASSUEFRY	CSU ASSUEFFRY
AGNEBY	AGBOVILLE	AGBOVILLE	CSU AZAGUIE
LAGUNES 2	ABOBO EST	ABOBO	CSU BANCO SUD

VALLEE DU BANDAMA	DABAKALA	DABAKALA	CSU BASSAWA
MARAHOUÉ	SINFRA	SINFRA	CSU BAZRE
AGNEBY	AKOUPÉ	AKOUPÉ	CSU BECEDI
HAUT SASSANDRA	DALOA	DALOA	CSU BEDIALA
VALLEE DU BANDAMA	BOUAKE EST	BOUAKE	CSU BELLE VILLE
MOYEN COMOÉ	ABENGOUROU	ABENGOUROU	CSU BETTIE
SUD COMOÉ	ABOISSO	ABOISSO	CSU BIANOUAN
HAUT SASSANDRA	ISSIA	ISSIA	CSU BOGUEA
VALLEE DU BANDAMA	DABAKALA	DABAKALA	CSU BONIEREDOUGOU
MARAHOUÉ	BOUAFLE	BOUAFLE	CSU BONON
VALLEE DU BANDAMA	BOUAKE OUEST	BOUAKE	CSU BOTRO
MOYEN COMOÉ	ABENGOUROU	ABENGOUROU	CSU CAFETOU
LAGUNES 2	ABOBO OUEST	ABOBO	CSU COM ABOBO BOCABO
LAGUNES 2	ABOBO EST	ABOBO	CSU COM ABOBO CLOUETCHA
LAGUNES 2	ABOBO OUEST	ABOBO	CSU COM ABOBO SAGBE
LAGUNES 1	ATTIECOUBE	ATTIECOUBE	CSU COM AGBAN VILLAGE
LAGUNES 2	KOUMASSI	KOUMASSI	CSU COM AKOMIABLA
LAGUNES 2	COCODY-BINGERVILLE	COCODY	CSU COM ANGRE
LAGUNES 2	ABOBO OUEST	ABOBO	CSU COM ANONKOUA 3
LAGUNES 2	COCODY BINGERVILLE	COCODY	CSU COM ANONO
LAGUNES 2	ABOBO EST	ABOBO	CSU COM BANCO
LAGUNES 2	PORT-BOUET	PORT-BOUET	CSU COM GONZAGUEVILLE
LAGUNES 2	KOUMASSI	KOUMASSI	CSU COM KOUMASSI CAMPEMENT
LAGUNES 2	KOUMASSI	KOUMASSI	CSU COM KOUMASSI DIVO

LAGUNES 2	KOUMASSI	KOUMASSI	CSU KOU MASSI COM PANGOLIN
LAGUNES 2	MARCORY	MARCORY	CSU MARCORY COM
LAGUNES 1	ADJAME- PLATEAU	ADJAME	CSU WILLIAMSVILLE COM
LAGUNES 1	YOPOUGON	YOPOUGON	CSU YOPOUGON COM YAOSEHI
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSU DAME
HAUT SASSANDRA	VAVOUA	VAVOUA	CSU DANIA
VALLEE DU BANDAMA	BOUAKE NORD OUEST	BOUAKE	CSU DIABO
WORODOUG OU	MANKONO	MANKONO	CSU DIANRA
SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	CSU DIAWALA
FROMAGER	OUME	OUME	CSU DIEGONEFLA
VALLEE DU BANDAMA	BOUAKE OUEST	BOUAKE	CSU DIEZOUKOUAMEK RO
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	CSU DJEBONOUA
WORODOUG OU	SEGUELA	SEGUELA	CSU DJIBROSSO
BAS SASSANDRA	TABOU	TABOU	CSU DJOUROUTOU
WORODOUG OU	SEGUELA	SEGUELA	CSU DUALA
MOYEN COMOE	AGNIBILEKRO	AGNIBILEKROU	CSU DUFFREBO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU EBILASSOKRO
N'ZI COMOE	DAOUKRO	DAOUKRO	CSU ETTROKRO
18 MONTAGNES	KOUIBLY	FACOBLY	CSU FACOBLY
VALLEE DU BANDAMA	DABAKALA	DABAKALA	CSU FOUMBOLO
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CSU FRONAN
FROMAGER	OUME	OUME	CSU GABIA
HAUT	DALOA	DALOA	CSU GADOUAN

SASSANDRA			
FROMAGER	GAGNOA	GAGNOA	CSU GALEBRE
HAUT SASSANDRA	DALOA	DALOA	CSU GARAGE
HAUT SASSANDRA	DALOA	DALOA	CSU GBOGUHE
SAVANES	BOUNDIALI	BOUNDIALI	CSU GBON
			CSU GNAGBODOUGNO A
FROMAGER	GAGNOA	GAGNOA	
MARAHOUÉ	ZUENOULA	ZUENOULA	CSU GOHITAFLA
LAGUNES 1	SIKENSÍ	SIKENSÍ	CSU GOMON
HAUT SASSANDRA	DALOA	DALOA	CSU GONATE
BAS SASSANDRA	TABOU	TABOU	CSU GRABO
BAS SASSANDRA	SAN-PEDRO	GRAND-BEREBY	CSU GRAND BEREBY
BAS SASSANDRA	SOUBRE	SOUBRE	CSU GRAND ZATHRY
FROMAGER	OUME	OUME	CSU GUEPAHOUE
HAUT SASSANDRA	DALOA	DALOA	CSU GUESSABO
BAS SASSANDRA	SASSANDRA	GUEYO	CSU GUÉYO
FROMAGER	GAGNOA	GUIBEROUA	CSU GUIBEROUA
SUD BANDAMA	DIVO	GUITRY	CSU GUITRY
			CSU HERMANKONO GARO
SUD BANDAMA	DIVO	DIVO	
SUD BANDAMA	DIVO	DIVO	CSU HIRE
HAUT SASSANDRA	ISSIA	ISSIA	CSU IBOGUHE
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSU KAHANDI
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSU KANGANDI
SAVANES	KORHOGO	KORHOGO	CSU KARAKORO
SAVANES	BOUNDIALI	BOUNDIALI	CSU KASSERE
			CSU KOMBORODOUGO U
SAVANES	KORHOGO	KORHOGO	
SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	CSU KONG - FERKE

N'ZI COMOË	DAOUKRO	DAOUKRO	CSU KONGOTI
MARAHOUË	SINFRA	SINFRA	CSU KONONFLA
18 MONTAGNES	DANANE	DANANE	CSU KOUAN-HOULÉ
18 MONTAGNES	DANANE	DANANE	CSU KOUAN-HOULÉ
N'ZI COMOË	BOCANDA	BOCANDA	CSU KOUASSI KOUASSIKRO
ZANZAN	TANDA	KOUN-FAO	CSU KOUASSI-DATEKRO
SUD BANDAMA	LAKOTA	LAKOTA	CSU KOUDOULILIÉ
MARAHOUË	SINFRA	SINFRA	CSU KOUETINFLA
ZANZAN	TANDA	TANDA	CSU KOUN FAO
SAVANES	BOUNDIALI	BOUNDIALI	CSU KOUTO
18 MONTAGNES	MAN	LOGOUALE	CSU LOGOUALÉ
18 MONTAGNES	DANANE	DANANE	CSU MAHAPLEU
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CSU MARABADIASSA
WORODOUGOU	SEGUELA	SEGUELA	CSU MASSALA
BAS SASSANDRA	SOUBRE	SOUBRE	CSU MAYO
N'ZI COMOË	BONGOUANOU	BONGOUANOU	CSU M'BATTO
BAS SASSANDRA	SOUBRE	SOUBRE	CSU MÉAGUI
WORODOUGOU	SEGUELA	SEGUELA	CSU MORONDO
LAGUNES 2	PORT-BOUËT	PORT-BOUËT	CSU MUNICIPAL AKWABA
SAVANES	FERKESSEDOUGOU	FERKESSEDOUGOU	CSU NABINGUE
HAUT SASSANDRA	ISSIA	ISSIA	CSU NAHIO
LAGUNES 1	TIASSALE	N'DOUCI	CSU N'DOUCI
MOYEN COMOË	ABENGOUROU	NIABLE	CSU NIABLE
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CSU NIAKARA
SUD BANDAMA	LAKOTA	LAKOTA	CSU NIAMBÉZARIA
SUD BANDAMA	LAKOTA	LAKOTA	CSU NIANKOBLOGNOA

SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	CSU NIELLE
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	CSU NIMBO
BAS SASSANDRA	SOUBRE	SOUBRE	CSU OKROUYO
N'ZI COMOE	DAOUKRO	DAOUKRO	CSU OUELLE
MARAHOUÉ	BOUAFLE	BOUAFLE	CSU PAKOUABO
LAGUNES 2	COCODY- BINGERVILLE	COCODY	CSU PALMERAIE
BAS SASSANDRA	SASSANDRA	SASSANDRA	CSU SAGO
HAUT SASSANDRA	ISSIA	ISSIA	CSU SAIQUA
ZANZAN	BONDOUKOU	BONDOUKOU	CSU SANDEGUE
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU SANKADIOKRO
WORODOUG OU	MANKONO	MANKONO	CSU SARALA
VALLEE DU BANDAMA	DABAKALA	DABAKALA	CSU SATAMA SOKORO
VALLEE DU BANDAMA	DABAKALA	DABAKALA	CSU SATAMA SOKOURA
HAUT SASSANDRA	VAVOUA	VAVOUA	CSU SEITIFLA
FROMAGER	GAGNOA	GAGNOA	CSU SERHIO
WORODOUG OU	SEGUELA	SEGUELA	CSU SIFIÉ
VALLEE DU BANDAMA	BOUAKE NORD EST	BOUAKE	CSU SOKOURA
LAGUNES 1	DABOU	SONGON	CSU SONGON
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CSU TAFIERE
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	CSU TANGUELAN
ZANZAN	TANDA	KOUN-FAO	CSU TANKESSÉ
ZANZAN	BOUNA	BOUNA	CSU TEHINI
DENGUELE	ODIENNE	ODIENNE	CSU TIEME
N'ZI COMOE	BONGOUANOU	BONGOUANOU	CSU TIEMELEKRO
WORODOUG OU	MANKONO	TIENINGOUE	CSU TIENINGOUE
FROMAGER	OUME	OUME	CSU TONLA
VALLEE DU BANDAMA	KATIOLA	KATIOLA	CSU TORTIYA

ZANZAN	TANDA	KOUN-FAO	CSU TRANSUA
LAGUNES 2	PORT-BOUET	PORT-BOUET	CSU VRIDI 3
LAGUNES 2	PORT-BOUET	PORT-BOUET	CSU VRIDI CANAL
LAGUNES 2	PORT-BOUET	PORT-BOUET	CSU VRIDI CITÉ
WORODOUG OU	SEGUELA	SEGUELA	CSU WOROFILA
AGNEBY	AKOUBE	AKOUBE	CSU YAKASSE ATTOBROU
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU YAKASSE FEYASSE
SUD BANDAMA	DIVO	DIVO	CSU YOCOBOUE
MOYEN CAVALLY	GUIGLO	GUIGLO	CSU ZAGNE
MOYEN COMOE	ABENGOUROU	ABENGOUROU	CSU ZARANOU
SUD BANDAMA	LAKOTA	LAKOTA	CSU ZIKISSO
HAUT SASSANDRA	DALOA	DALOA	CSU ZOUKOUGBEU
LAGUNES 2	TREICHVILLE	TREICHVILLE	DAV INHP
N'ZI COMOE	BONGOUANOU	BONGOUANOU	DISP KOTOBI
SAVANES	KORHOGO	KORHOGO	DISP. BAPTISTE TORGOKAHA
N'ZI COMOE	BONGOUANOU	BONGOUANOU	DISPENSAIRE CHARITÉ DE KOTOBI
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DISPENSAIRE DIOULAKRO ABENGOUROU
LAGUNES 2	TREICHVILLE	TREICHVILLE	DISPENSAIRE DU PONT
N'ZI COMOE	BOCANDA	BOCANDA	DISPENSAIRE SAINTE ANNE DE BOCANDA
HAUT SASSANDRA	ISSIA	ISSIA	DISPENSAIRE URBAIN ISSIA HK BÉDIÉ
HAUT SASSANDRA	DALOA	DALOA	DISTRICT DE DALOA
HAUT SASSANDRA	VAVOUA	VAVOUA	DISTRICT DE VAVOUA
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DR ABRADINOU
MOYEN	ABENGOUROU	ABENGOUROU	DR ABRONAMOE

COMOE			
AGNEBY	AKOUBE	AKOUBE	DR AGBAOU
AGNEBY	ADZOPE	ADZOPE	DR ANNEPE
SUD COMOE	ABOISSO	ABOISSO	DR APOUASSO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DR APPROMPRON
AGNEBY	ADZOPE	ADZOPE	DR ASSIKOUA
AGNEBY	AKOUBE	AKOUBE	DR ASSIKOUN
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DR ATTIEKRO
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DR BEBOU
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DR BENIEKRO
AGNEBY	ADZOPE	ADZOPE	DR BIASSO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	DR BLAHOU
BAS SASSANDRA	TABOU	TABOU	DR BLIDOUBA
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	DR COMOE N'DANOU
AGNEBY	ADZOPE	ADZOPE	DR DIAPE
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	DR DOBA
MOYEN COMOE	AGNIBILEKRO	AGNIBILEKROU	DR DUFFREBO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	DR GLIGBEUADJI
AGNEBY	AGBOVILLE	AGBOVILLE	DR LOVIGUIE
AGNEBY	AGBOVILLE	AGBOVILLE	DR MBROME
BAS SASSANDRA	TABOU	TABOU	DR MENEKE
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	DR NERO-BROUSSE
AGNEBY	AGBOVILLE	AGBOVILLE	DR SEGUIE-BOGUIE
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	DR YOBOUAKRO
BAS SASSANDRA	TABOU	TABOU	DR YOUKOU
MOYEN COMOE	ABENGOUROU	ABENGOUROU	DU ABENGOUROU
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	DU BARDOT

LAGUNES 2	COCODY-BINGERVILLE	COCODY	DU COCODY
FROMAGER	GAGNOA	GAGNOA	DU GAGNOA
ZANZAN	BOUNA	BOUNA	ESPACE CONFIANCE BOUNA
LAGUNES 2	COCODY-BINGERVILLE	COCODY	FEMAD ABIDJAN
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	FEMAD SAN PEDRO
LAGUNES 1	ADJAME-PLATEAU	ADJAME	FSU 220 LOGEMENTS
LAGUNES 1	ATTIECOUBE	ATTIECOUBE	FSU ABOBO DOUME
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	FSU AHOUGNASSOU
LAGUNES 1	ATTIECOUBE	ATTIECOUBE	FSU ATTECOUBE
LAGUNES 2	ABOBO EST	ABOBO	FSU COM ABOBO AVOCATIER
LAGUNES 2	ABOBO EST	ABOBO	FSU COM ABOBO BAOULE
LAGUNES 2	ABOBO OUEST	ABOBO	FSU COM ABOBO SAGBE
LAGUNES 2	MARCORY	MARCORY	FSU COM ALIODAN ASAPSU
LAGUNES 2	ABOBO OUEST	ABOBO	FSU COM ANONKOUA KOUTE
LAGUNES 2	MARCORY	MARCORY	FSU COM ANOUMABO
LAGUNES 2	ABOBO EST	ABOBO	FSU COM AVOCATIER
LAGUNES 2	COCODY-BINGERVILLE	COCODY	FSU COM BLOKAUSS
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	FSU COM DE PORT-BOUET II
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	FSU COM GESCO
LAGUNES 1	YOPOUGON EST	YOPOUGON	FSU COM KOWEIT
LAGUNES 1	ATTIECOUBE	ATTIECOUBE	FSU COM LOCODJRO
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	FSU COM PORT BOUËT II
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	FSU COM SOEUR CATHERINE

			YOPOUGON
LAGUNES 1	YOPOUGON EST	YOPOUGON	FSU COM TOITS ROUGES
LAGUNES 1	YOPOUGON EST	YOPOUGON	FSU COM WASSAKARA
LAGUNES 1	ATTECOUBE	YOPOUGON	FSU LOCODJORO
LAGUNES 1	ADJAME-PLATEAU	PLATEAU	FSU PLATEAU
LAGUNES 2	PORT-BOUET	PORT-BOUET	FSU VRIDI CANAL
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	FSU ZIMBABOUE
LAGUNES 1	YOPOUGON EST	YOPOUGON	GBH BETHESDA YOPOUGON
MOYEN COMOE	ABENGOUROU	ABENGOUROU	GBH CI ABENGOUROU
LAGUNES 2	ABOBO EST	ABOBO	HG ABOBO NORD
LAGUNES 2	ABOBO EST	ABOBO	HG ABOBO SUD
AGNEBY	ADZOPE	ADZOPE	HG ADZOPE
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	HG AGNIBILEKRO
AGNEBY	AKOUBE	AKOUBE	HG AKOUBE
LAGUNES 2	ANYAMA	ANYAMA	HG ANYAMA
SUD COMOE	ABOISSO	AYAME	HG AYAME
18 MONTAGNES	BANGOLO	BANGOLO	HG BANGOLO
VALLEE DU BANDAMA	BEOUMI	BEOUMI	HG BEOUMI
18 MONTAGNES	BIANKOUMAN	BIANKOUMAN	HG BIANKOUMA
LAGUNES 2	COCODY-BINGERVILLE	BINGERVILLE	HG BINGERVILLE
MOYEN CAVALLY	BLOLEQUIN	BLOLEQUIN	HG BLOLEQUIN
N'ZI COMOE	BOCANDA	BOCANDA	HG BOCANDA
N'ZI COMOE	BONGOUANOU	BONGOUANOU	HG BONGOUANOU
ZANZAN	BOUNA	BOUNA	HG BOUNA
SAVANES	BOUNDIALI	BOUNDIALI	HG BOUNDIALI
SUD BANDAMAN	SOUBRE	SOUBRE	HG BUYO
VALLEE DU BANDAMA	DABAKALA	DABAKALA	HG DABAKALA
LAGUNES 1	DABOU	DABOU	HG DABOU
18 MONTAGNES	DANANE	DANANE	HG DANANE

N'ZI COMOE	DAOUKRO	DAOUKRO	HG DAOUKRO
LACS	TOUMODI	DJEKANOU	HG DJEKANOU
MOYEN CAVALLY	DUEKOUE	DUEKOUE	HG DUEKOUE
SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	HG FERKESSEDOUGO U
SUD BANDAMA	DIVO	DIVO	HG FRESCO
SUD BANDAMA	DIVO	FRESCO	HG FRESCO
LAGUNES 1	GRAND-LAHOU	GRAND-LAHOU	HG GRAND LAHOU
SUD COMOE	GRAND-BASSAM	GRAND-BASSAM	HG GRAND- BASSAM
HAUT SASSANDRA	ISSIA	ISSIA	HG ISSIA
LAGUNES 1	JACQUEVILLE	JACQUEVILLE	HG JACQUEVILLE
VALLEE DU BANDAMA	KATIOLA	KATIOLA	HG KATIOLA
18 MONTAGNES	KOUIBLY	KOUIBLY	HG KOUIBLY
LAGUNES 2	KOUMASSI	KOUMASSI	HG KOUMASSI
ZANZAN	TANDA	KOUN-FAO	HG KOUN-FAO
SUD BANDAMA	LAKOTA	LAKOTA	HG LAKOTA
DENGUELE	ODIENNE	MADINANI	HG MADINANI
18 MONTAGNES	MAN	MAN	HG MAN
WORODOUG OU	MANKONO	MANKONO	HG MANKONO
LAGUNES 2	MARCORY	MARCORY	HG MARCORY
N'ZI COMOE	M'BAHIAKRO	M'BAHIAKRO	HG M'BAHIAKRO
SAVANES	FERKESSEDOUG OU	OUANGOLODOUG OU	HG OUANGOLO
FROMAGER	OUME	OUME	HG OUME
LAGUNES 2	PORT-BOUET	PORT-BOUET	HG PORT BOUET
VALLEE DU BANDAMA	SAKASSOU	SAKASSOU	HG SAKASSOU
BAS SASSANDRA	SASSANDRA	SASSANDRA	HG SASSANDRA
LAGUNES 1	SIKENSI	SIKENSI	HG SIKENSI
MARAHOUÉ	SINFRA	SINFRA	HG SINFRA
BAS SASSANDRA	SOUBRE	SOUBRE	HG SOUBRE

LAGUNES 1	TIASSALE	TAABO	HG TAABO
BAS SASSANDRA	TABOU	TABOU	HG TABOU
ZANZAN	TANDA	TANDA	HG TANDA
LAGUNES 1	TIASSALE	TIASSALE	HG TIASSALE
LACS	TIEBISSOU	TIEBISSOU	HG TIEBISSOU
MOYEN CAVALLY	TOULEUPLEU	TOULEUPLEU	HG TOULEUPLEU
LACS	TOUMODI	TOUMODI	HG TOUMODI
LAGUNES 2	TREICHVILLE	TREICHVILLE	HG TREICHVILLE
HAUT SASSANDRA	VAVOUA	VAVOUA	HG VAVOUA
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	HG YOPOUGON ATTIE
18 MONTAGNES	ZOUHAN-HOUNIEN	ZOUHAN-HOUNIEN	HG ZOUAN HOUNIEN
MARAHOU	ZUENOULA	ZUENOULA	HG ZUENOULA
LAGUNES 1	ADJAME-PLATEAU	ADJAME	HMA
LAGUNES 2	TREICHVILLE	TREICHVILLE	HOPE WW CASM TREICHVILLE
SAVANES	FERKESSEDOUG OU	FERKESSEDOUGO U	HOPITAL BAPTISTE FERKE
SAVANES	FERKESSEDOUG OU	OUANGOLODOUG OU	HOPITAL CATHOLIQUE OUANGOLO
LAGUNES 2	ADJAME-PLATEAU	PLATEAU	HÔPITAL DE POLICE NATIONALE
LAGUNES 1	ADJAME-PLATEAU	PLATEAU	HOPITAL DU DISTRICT D'ABIDJAN
LAGUNES 1	DABOU	DABOU	HOPITAL METHODISTE DABOU
LAGUNES 2	PORT-BOUET	PORT-BOUET	HOPITAL MUNICIPAL VRIDI CITE
LACS	YAMOISSOUKRO	YAMOISSOUKRO	ICT GR YAMOISSOUKRO
18 MONTAGNES	MAN	MAN	IDE AFRIQUE MAN
SAVANES	KORHOGO	KORHOGO	IDEAL KORHOGO
LAGUNES 2	TREICHVILLE	TREICHVILLE	INFIRMERIE PRIVÉE DE GARDE

			RÉPUBLICAINE DE TREICHVILLE
LAGUNES 1	ADJAME-PLATEAU	ADJAME	INSP
AGNEBY	ADZOPE	ADZOPE	INSTITUT RAOUL FOLLERAU
LAGUNES 2	COCODY-BINGERVILLE	COCODY	IPCI
LAGUNES 2	TREICHVILLE	TREICHVILLE	KO'KHOUA CNTS
LAGUNES 2	TREICHVILLE	TREICHVILLE	LA PIERRE ANGULAIRE
SAVANES	FERKESSEDOUGOU	FERKESSEDOUGOU	LABO PIANZOLA (CESACO) OUANGOLO
LAGUNES 2	TREICHVILLE	TREICHVILLE	LNSP
SAVANES	KORHOGO	KORHOGO	LUMIERE ACTION KORHOGO
MARAHOUÉ	BOUAFLE	BOUAFLE	MAC BOUAFLE
HAUT SASSANDRA	DALOA	DALOA	MAC DALOA
FROMAGER	OUME	OUME	MAC OUME
LAGUNES 2	PORT-BOUET	PORT-BOUET	MAT BLOC 500 - PORT BOUET
LAGUNES 1	ADJAME-PLATEAU	ADJAME	MATERNITE 220 LOGEMENTS
LAGUNES 1	ATTIECOUBE	ATTIECOUBE	MATERNITE ATTECOUBE
SAVANES	BOUNDIALI	BOUNDIALI	MATERNITÉ BELEDOUGOU
MOYEN COMOE	ABENGOUROU	ABENGOUROU	MATERNITÉ CAFETOU
HAUT SASSANDRA	DALOA	DALOA	MATERNITE DALOA
MARAHOUÉ	BOUAFLE	BOUAFLE	MATERNITÉ DIOULABOUGOU (BOUAFLE)
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	MATERNITE HKB
HAUT SASSANDRA	DALOA	DALOA	MATERNITE MUNICIPALE DALOA
N'ZI COMOE	BONGOUANOU	BONGOUANOU	MATERNITÉ N'ZANFOUENOU
BAS	SAN-PEDRO	SAN-PEDRO	MATERNITE

SASSANDRA			TERRE ROUGE
LAGUNES 1	ADJAME-PLATEAU	ADJAME	MATERNITÉ WILLIAMSVILLE
SAVANES	FERKESSEDOUGOU	OUANGOLODOUGOU	MC OUANGOLO
LAGUNES 2	ABOBO EST	ABOBO	MTCT ABOBO AVOCATIER
LAGUNES 1	YOPOUGON OUEST	YOPOUGON	MTCT YOPOUGON NIANGON
N'ZI COMOE	BONGOUANOU	BONGOUANOU	MTE NZANFOUENOU
MOYEN CAVALLY	BLOLEQUIN	BLOLEQUIN	MUDESSA
N'ZI COMOE	DIMBOKRO	DIMBOKRO	NOTRE DAME DES APOTRES DIMBOKRO
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	PALAZOLO AGNIBILE
LAGUNES 1	DABOU	DABOU	PHCI COSROU
LAGUNES 2	ABOBO	ABOBO	PLYCLINIQUE LES ETOILES
MOYEN COMOE	ABENGOUROU	ABENGOUROU	PMI ABENGOUROU
AGNEBY	ADZOPE	ADZOPE	PMI ADZOPE
AGNEBY	AGBOVILLE	AGBOVILLE	PMI AGBOVILLE
MOYEN COMOE	AGNIBILEKROU	AGNIBILEKROU	PMI AGNIBILEKRO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	PMI BARDOT SAN PÉDRO
MARAHOUÉ	BOUAFLE	BOUAFLE	PMI BOUAFLE
SUD BANDAMA	DIVO	GUITRY	PMI CATHOLIQUE GUITRY
LAGUNES 2	COCODY-BINGERVILLE	COCODY	PMI COCODY
HAUT SASSANDRA	DALOA	DALOA	PMI DALOA
N'ZI COMOE	DAOUKRO	DAOUKRO	PMI DAOUKRO
N'ZI COMOE	DIMBOKRO	DIMBOKRO	PMI DIMBOKRO
HAUT SASSANDRA	ISSIA	ISSIA	PMI ISSIA
VALLEE DU BANDAMA	KATIOLA	KATIOLA	PMI KATIOLA
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	PMI KOKO

VALLEE DU BANDAMA	BOUAKE NORD EST	BOUAKE	PMI SOKOURA
LAGUNES 1	TIASSALE	TIASSALE	PMI TIASSALÉ
DENGUELE	ODIENNE	ODIENNE	PMI/MATERNITE URBAINE ODIENNE
LAGUNES 2	COCODY BINGERVILLE	COCODY	POLYCLINIQUE DES II PLATEAUX
LAGUNES 2	TREICHVILLE	TREICHVILLE	PROJET RETROCI
LACS	YAMOOUSSOUKRO	YAMOOUSSOUKRO	RSB BOUAKE
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	RSB BOUAKE
SUD COMOE	ABOISSO	ABOISSO	RUBAN ROUGE - EHANIA
MOYEN COMOE	ABENGOUROU	ABENGOUROU	RUBAN ROUGE CI ABENGOUROU
SUD COMOE	GRAND-BASSAM	GRAND-BASSAM	SAPH BONGO
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	SAPH DE SAN PEDRO
LAGUNES 1	DABOU	DABOU	SAPH DE TOUPAH
HAUT SASSANDRA	DALOA	DALOA	SAPHARM DALOA
BAS SASSANDRA	SAN-PEDRO	GRAND-BEREBY	SOGB GRAND BEREBY
MOYEN COMOE	ABENGOUROU	ABENGOUROU	SSSU ABENGOUROU
MARAHOUÉ	BOUAFLE	BOUAFLE	SSSU BOUAFLE
HAUT SASSANDRA	ISSIA	ISSIA	SSSU ISSIA
BAS SASSANDRA	SAN-PEDRO	SAN-PEDRO	SSSU SAN PEDRO
BAS SASSANDRA	SASSANDRA	SASSANDRA	SSSU SASSANDRA
BAS SASSANDRA	SOUBRE	SOUBRE	SSSU SOUBRE
LAGUNES 2	TREICHVILLE	TREICHVILLE	SSSU TREICHVILLE
VALLEE DU BANDAMA	BOUAKE SUD	BOUAKE	ST CAMILLE
LAGUNES 2	TREICHVILLE	TREICHVILLE	USAC