

aware

RELIGIOUS CROSS-BORDER CARAVAN AGAINST STIGMA AND DISCRIMINATION LAUNCHED IN NOVEMBER 2005

By Dr. Martin Laourou, AWARE-HIV/AIDS Senior Technical Advisor Policy

Nouakchott, MAURITANIA - A month-long cross-border caravan which seeks to sensitize people in the West Africa sub-region against stigma and discrimination was launched November 4, 2005 in Nouakchott, Mauritania.

The launching ceremony was hosted by two government ministers in the presence of 150 high religious leaders, as well as national and the international media.

The caravan dubbed "Cross-Border Caravan 2005" set off from Mauritania and ended at Abuja, Nigeria December 4, 2005, crossing through Senegal, Mali, Niger and Burkina Faso.

This caravan was the direct result of a meeting held in Dakar during February 2005 that brought together the Regional Coordination of Religious Networks in the campaign against HIV/AIDS, AWARE-HIV/AIDS and their partners. It was decided to organize this cross-border caravan in November 2005, as their contribution to the fight against stigma and discrimination associated with HIV/AIDS.

The objectives of the caravan are: 1)

Inside	
Cameroon: Best Practice MHO Replication	2
HIV/AIDS law, Guinea; Regional CFC Model	3
Commodity Security Plan, The Gambia	4
Best Practices in HIV/AIDS Prevention, Care	5
KATH high marks in management, Ghana	6
Repositioning Family Planning in Togo	7
Photo Gallery	8
PMTCT Training for Anglophone Countries	9
STI/VCT/FP integrated PSAMAO/PSMAC Sites	10
Upcoming AWARE Events	11



Several dignitaries and religious leaders, including the first person to publicly declare his HIV status in Mauritania, were at the opening ceremony of the Cross-Border Caravan 2005 in Nouakchott.

to bring together religious leaders to be involved in the fight against stigmatization and discrimination and; 2) sensitize the population on stigmatization and discrimination related to HIV/AIDS.

The expected results are 30 to 50 religious leaders trained on discrimination and stigmatization per each town crossed, i.e. about 700 religious leaders trained, 1,000 people directly sensitized in each town crossed through entertainment accompanied by mass sensitization for a total of approximately 23,000 people sensitized, and 3 million people sensitized through the media.

Partners in the cross border caravan include the Regional Coordination of Religious Networks in the campaign against HIV/AIDS, AWARE-HIV/AIDS, the National AIDS Control in Mauritania, Senegal, Mali, Burkina Faso, Niger and Nigeria, the Regional Coordination of Networks of Journalists for the fight against HIV/AIDS, the Networks of persons living with HIV/AIDS, and USAID/WARP.

A Project Funded By



USAID
FROM THE AMERICAN PEOPLE

Cameroon : MHO Best Practices Replication

By Mohammed Oubnichou, AWARE-RH Health Sector Reform Specialist and Abdoulaye Ba, AWARE-RH Mutual Health Organization Advisor

In March 2005, AWARE-RH supported SAILD to conduct social, economic, technical, and institutional feasibility studies in three selected districts in the Western Province of Cameroon – Bangoua, Bameka and Galim.

Information collected on a number of factors crucial to the success of the mutual health organizations including data on the social organization in targeted districts, the sources of income and their distribution, information on health care centers, estimated costs of the health service package, the value of the premium and the membership fee, and the relationship between the micro-finance organizations and the MHOs.

The feasibility study concluded that establishing MHO's in the three chosen districts was a financially viable initiative.

Awareness campaigns were then organized to sensitize the communities to the importance of investing in their health, and to make them aware that the mutual health organization collectively belongs to them, and so its success depends on their membership.

The Bangoua, Baméka and Galim MHOs were officially launched on Aug. 25-27, 2005 in the presence of the sub-prefects, the regional delegate of the Ministry of Health, AWARE-RH representatives, village chiefs, mayors of local councils, SAILD representatives, and micro-finance organizations' managers.

During the launching ceremony in Bangwa, the president of the management committee lamented the death of a young girl whose family could not afford to take her for treatment of her diarrhoea, and she died as a result: *"If the family had been members of our health financing scheme, the scheme would have taken care of the costs for hospitalization of this child*



Women from Bangoua at meetings about community-based health-financing organization. Photo by Mohammed Oubnichou, AWARE-RH Senior Advisor Health



Service of Support to the Local Initiatives of Development (SAILD) is a non-governmental organization that focuses its development work with farmers' associations and other rural stakeholders, in areas such as micro-financing and micro-credit.

and maybe she would still be alive today."

According to a journalist writing for the SAILD publication *La Voix du Paysan*, *"It is time that those who relied solely on traditional healers, many of whom are charlatans, come back to reason. Community health financing schemes have opened the way."*

Since the launching of these schemes in August 2005, 3,283 individuals have joined the MHOs in these three districts of Cameroon. Members pay a premium ranging from 360 FCFA (0.66 USD) to 480 FCFA (0.88 USD) per person per

month, and these cover 70% to 100% of the cost of certain services, including medical consultations, surgeries, delivery and ante and postnatal care.

SAILD and AWARE-RH have recently conducted training sessions for the newly elected MHO managers. This training was intended to help the managers better manage the MHOs and negotiate health services packages with health providers. AWARE-RH and SAILD will continue to monitor and provide technical assistance to these newly created MHOs. Through this collaboration AWARE-RH will also be strengthening the capacity of SAILD to link micro-finance and MHO schemes.

AWARE-RH promotes Community to Facility Continuum Model for Emergency Obstetrical Care to help women gain access to critical treatment

Maternal mortality and morbidity rates in the WARP region are strikingly high. Too often, quality prenatal and delivery services are not within easy access to pregnant women. Even where delivery services are available, traditional practices and lack of knowledge and resources limit women's access to services at critical moments. To combat these problems, the AWARE-RH Project is working in partnership with the governments of Cameroon and Mauritania, USAID/WARP partner ACCESS, and UNICEF to apply the best practice of "Community to Facility Continuum Model for Emergency Obstetrical Care."

In 2005, AWARE-RH collaborated

with ACCESS, the government of Cameroon, UNICEF and the regional NGO Mwangaza Action to replicate the Community to Facility Continuum Model in the N'gaoundere district. After initial discussions, the partners provided clinical training for 20 service providers from various facilities in the district, including the district and provincial hospitals as well as the health centers that refer patients to those hospitals.

During the same period, AWARE-RH supported Mwangaza Action to undertake Behavior Change Communication and other social mobilization activities in the communities around these service delivery points, to educate potential patients about birth

planning, recognition of complications in labor, and where to go in case of emergency. Follow-up visits have indicated that providers' skills in routine delivery have improved, and that they are implementing other recommended changes in the way they provide services at their sites. As a result, the next time an obstetric emergency arrives at their service site, the providers will be able to treat the woman, thus avoiding unnecessary mortality or morbidity.

Implementation of the Community to Facility Continuum Model began in Mauritania in FY05 as well. It will be completed in FY06, and the model will be replicated in 2 additional countries in the region as well.

AWARE-HIV/AIDS ACTIVITIES: Highlight of the Quarter

Work Plan Development Workshop for Fiscal Year 2006 (FY06)

We wish to inform you that the AWARE-HIV/AIDS work plan FY06 development meeting was held at the Alisa Hotel, North Ridge, Accra-Ghana, from 24-29 October 2005. Present at the meeting were AWARE HIV/AIDS key and associate partners: Family Health International, The Futures Group International, Population Services International, Cameroon Health Program, BASP, Centre hospitalier affilié Universitaire de Québec (CHA), Centre Hospitalier Universitaire de Sherbrooke (CHUS), JHPIEGO.

Guinea adopts law on prevention, care and AIDS control

After Benin passed its law on August 18, 2005, the Guinea Parliament also passed a law on prevention, care and HIV/AIDS control during its meeting in October 2005.

This law is based on the recommendations of the N'Djamena regional workshop organized by AWARE-HIV/AIDS, FAAPPD (Forum of African and Arab Parliamentarians on Population and Development) and their partners

from September 8-11, 2004, to adopt the model law on STI/HIV/AIDS for West and Central Africa.

Partners involved in this achievement are USAID/WARP through its AWARE-HIV/AIDS project, FAAPPD, the Guinea Network of Parliamentarians on Population and Development, the Guinea NACC and UNFPA in Guinea.

For more information on AWARE-

HIV/AIDS, please visit our Web site at www.awarehiv.org/Workshop.asp.



The Gambia develops CS strategic plan with help from AWARE-RH, USAID

Banjul, THE GAMBIA—AWARE-RH and USAID/GH/PRH/CSL provided technical assistance to The Gambia, July 4-19, 2005, to (a) conduct a baseline assessment of its contraceptive management logistics system (CLMS), and (b) launch development of a national reproductive health commodity security plan (RHCS).

The first phase of the USAID TA visit to the Gambia was successfully accomplished in May 2005 and the second phase agreed upon again through a follow-up proposal sent by RCH/DoSH to AWARE-RH.

Next steps were a follow-up technical assistance visit in November 2005 that included disseminating the CLMS assessment results, completing development of a national RHCS plan and training health supervisors and storekeepers in Reproductive Health commodity management.

The four day workshop was held in Kairaba Palm Hotel, July 5–8, 2005, involving central RCH staff as well as three people from each of the six divisions, and the following representatives from the private sector, Gambia Family Planning Association, GFPA and Gambia Social Marketing Management Program, and GSMMP.

The workshops goals were to articulate a goal for The Gambian RHCS strategic plan, adapt the SPARHCS framework for The Gambia, use the LSAT (Logistic System Assessment Tool) for a discussion-based, qualitative assessment of the CLMS, adapt the LIAT (Logistic Indicators Assessment Tool), a facility-based survey, to The Gambia, and train six field teams to conduct the LIAT.

Additionally, a half-day focus group



Antoine Ndiaye (left) and other AWARE-RH and USAID advisors provided technical assistance to Gambian health officials in the development of its national reproductive health commodity security plan with follow-up in November 2005. AWARE-RH Photo.

discussion, involving GFPA, GSSMP, and a representative from the commercial sector, was held in Banjul to assess the private sector's role in RHCS. The SPARHCS diagnostic guide structured it.

The LIAT was fielded during five days in all six health divisions of The Gambia. There are five administrative divisions – Upper River, Central River, Lower River, Western, North Bank – and two municipalities (Banjul and Kanifeng).

For the health program, North Bank Division is divided into North Bank East and West.

Some 45 facilities, including the RCH Central Store, Divisional Stores, and SDPs (Major Health Centers, the Minor Health Centers and the Dispensaries), were surveyed. In addition, GFPA's Central Store was surveyed.

AWARE-HIV/AIDS supports dissemination of selected promising and best practices in HIV/AIDS prevention and care

By Dr. Agnes Dzokoto, AWARE-HIV/AIDS Senior Technical Officer

Accra, GHANA—The AWARE-HIV/AIDS efforts on promising and best practices (PBP) STI/HIV/AIDS culminated in a four-day regional workshop held in Accra, 5-8 July 2005, and aimed at facilitating the dissemination of selected PBPs and experience sharing between countries.

The PBP process began in March 2004 with a consensus-building workshop that determined the definition of PBP and identified the criteria, the process and five technical areas of focus for the first year. This was followed by a call for submission in countries, collection, collation and analysis of the submissions and a series of working sessions by the Task Forces to select the PBPs. Eleven of 50 submissions were recommended as best practices as well as six experiences from UNAIDS Best Directory.

The PBP were documented in a best practice collection. The process culminated in this first dissemination workshop of the promising and best practices organized by AWARE-HIV/AIDS. This workshop was the opportunity to present and discuss the selected promising and best practices and explore the possibilities for their replication/application.

The workshop attracted over 50 participants from the 18 countries covered by AWARE and included representatives of NACP or NAC, UNAIDS, WHO, WANASO, NAP+, facilitators of the 5 PBP Task Forces, and representatives of the organizations/institutions originator of the selected PBPs.

Participants had the opportunity to listen to presentations made by the originators of the selected PBP, discuss the specifics of the various best practices and identify areas for application/replication in their home countries.

At the end of the workshop, 37 ex-



Participants debating on a PBP for the region.

“The PBP were documented in a best practice collection. The process culminated in this first dissemination workshop of the promising and best practices organized by AWARE-HIV/AIDS.”

pressions of interest were submitted from 15 countries and two regional institutions for the replication of these best practices.

The dissemination effort will continue through mailing and national dissemination workshops. The national coordinating bodies (NACP/NAC) will be supported to disseminate

the best practice collection in their home countries.

In addition AWARE will support countries to undertake study tours or partake in training session organized by some originators of the PBP and assist countries in applying various aspects of the best practices in their countries.

Results of Self-Assessment

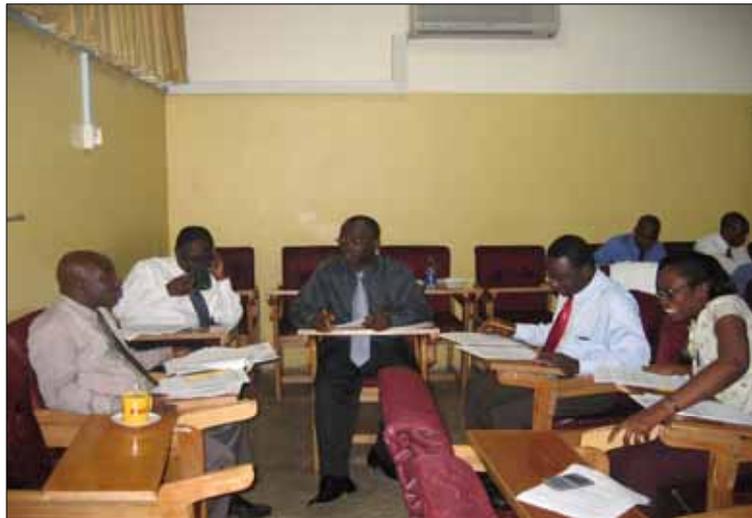
High marks given to KATH in management

By Dr. Catherine Dawson-Amoah, Head of Public Health Unit, Komfo Anokye Teaching Hospital

Kumasi, GHANA— Findings of a recent assessment of the Komfo Anokye Teaching Hospital (KATH) here revealed its strengths in organizational management processes. AWARE-HIV/AIDS conducted the assessment, August 2005, using the Technical and Organizational Capacity Assessment Tool (TOCAT) developed by Family Health International (FHI).

According to the TOCAT results, KATH had strong organizational management processes especially in the area of governance, operational planning and management of human resource but would need some support in the areas of 1) data collection, management, and use; 2) dissemination of information to stakeholders; and 3) marketing the institution in Ghana, the sub-region, and beyond. KATH is one of the three teaching hospitals in Ghana that provides training for medical students, nurses and postgraduate students. It has highly skilled medical officers, specialists and consultants, and with a bed capacity more than 1,000, it sees over 420,000 out patients per annum.

The hospital was one of the partners on the Start Program aimed at improving the quality of life for people living with HIV/AIDS (PLWHA) and their families through the provision of comprehensive HIV/AIDS prevention, care and treatment services. This care and treatment program has distinguished itself in West Africa by its unique approach to organizing the care and treatment. START is characterized by its comprehensiveness (from prevention to care with involvement of stakeholders at all levels). Likewise, the program is hailed for its creative way of achieving good adherence through the promotion of disclosure and the use of adherence monitors (treatment buddy). The Regional Task Force on Care and Treatment has also identified the program, which is supported by AWARE, as a best practice and a worthwhile experience that can benefit other AWARE countries in the



Group work was done by participants to build consensus on organizational management scores.

KATH is one of the three teaching hospitals in Ghana that provides training for medical students, nurses and postgraduate students. It has highly skilled medical officers, specialists and consultants, and with a bed capacity more than 1,000, it sees over 420,000 out patients per annum.

region. As a training institution, KATH has been selected to contribute to the dissemination of the Ghana care and treatment experience.

In line with this, KATH undertook a self-assessment using TOCAT to determine its capacity in the following four areas: 1) technical management, 2) organizational management, 3) capacity development approaches, and 4) marketing and communication.

The assessment aimed at providing the institution with information and an action plan to improve its capacity in these areas and a base line for measuring improvement in future assessments. It was conducted during a recent four-day workshop. Through consultation between the team of facilitators from AWARE-HIV/AIDS and the KATH Chief Executive Officer Dr.

N'Siah Asare, participants in the assessment were selected to fit into the four assessment areas above.

The eight KATH participants found the TOCAT assessment exercise useful. It also helped them to identify areas for improvement within the institution. The executive management was also committed to the process and has already begun actions to overcome some of the challenges identified by the assessment. Some of the activities are feasible without external funding and can be implemented by the hospital. Others can inform the strategic direction of the hospital's plans.

External funding can also be sought for other external agencies to address the prioritised activities in the action plan.

Togo Health minister pledges personal commitment, support to implementing national action plan aimed at addressing unmet need

*By Sandra Ross, AWARE-RH
Dissemination Specialist*

"I am a social worker by profession and I have seen first-hand the disparity in health care for women, especially in our villages," remarked the Togo Minister of Health. "Village women and men need help with their family planning. Our young girls also need health education and awareness about HIV/AIDS. We cannot distance ourselves from these issues or the women here. Rather we have to keep the women close to us in order to help them solve their own health problems. That is why I am very happy AWARE-RH is here to assist us."

Health Minister Suzanne Aho-Assouma spoke at length from her office in Lome to AWARE-RH representatives about the country's unmet needs for family planning during preparations for Togo's National Repositioning Family Planning Conference. The conference was held in Kpalime, Oct. 26-28, 2005.

She also pledged her personal commitment to ensuring the implementation of the national family planning health action plan, that would be developed during the conference.

"Togolese men say family planning is a woman's problem, not theirs," Aho-Assouma said. "Thus, men and women don't talk about it!" She hopes that men and women will come together to talk and gain information and understanding about family planning.

She also said it is critical that "our youth are involved in the dialogue because as it stands now we have a high prevalence for unwanted pregnancies and HIV/AIDS in the country." The conference is a good opportunity to finalize the action plan and follow-up from the work Togo started during the regional repositioning family planning conference in Accra.

In his welcome address, Adbèko Tsolegnanou Prèfet for Klouto encouraged participants to take the contribution of family planning for the country's development seriously. "I also sincerely wish to thank USAID for



Togo Minister of Health Madame Suzanne Aho-Assouma gave an update on reproductive health in the country to AWARE-RH officials (from 3rd left): Senior Technical Advisor FP/RH Dr. Fatimata Sambou Diabate, Senior Advisor Policy and Advocacy Badara Seye, and WAHO Intern Therese Diouf ; and (2nd left) Dr. Aboudou Dare, MOH Family Health Unit Head. AWARE and USAID provided technical assistance to Togo health officials and key stakeholders in finalizing the country's repositioning FP action plan during a July 26-28, 2005 conference in Kpalime. AWARE-RH Photo by Sandra Ross.

funding our efforts and also thank the AWARE-RH team for providing us technical assistance to finalize our national plan."

The USAID/WARP representative, Seydou Doumbia challenged the participants to work hard to develop a plan that took into consideration the country's needs and realities.

"Repositioning family planning is not only a health issue. It is a development issue too. USAID is committed to supporting Togo family planning and reproductive health services for its people."

The conference was attended by 33 participants representing the Ministry of Health, family planning NGO, women's groups, parliamentarians, journalists, and development partners.

According to Dr. Aboudou Dare, Head of the Family Health unit of the Ministry of Health, the action plan addresses three problem areas: access to quality family planning services, sociocultural

barriers, and strengthening national commitment to family.

The action plan included more training and hiring of qualified family health professionals to serve Togo's needs. Additionally the plan called for family planning services to be adapted to youth and adolescents.

The plan called for using behavior change communication to increase male involvement in family planning and also to sensitize the public about family planning. It also called for increase advocacy to ensure government's strong commitment to family planning, which at present is lacking due to weaknesses in the law as far as reproductive health is concerned.

The next steps include adoption of the finalized plan by the Ministry of Health and then implementation of the plan. AWARE-RH will continue to provide technical assistance to Togo in the implementation of its plan.

Photo Gallery



Cameroon participants learned about how to do forecasting during a recent AWARE-RH sponsored commodity security workshop held December 2005. AWARE-RH Photo by Antoine Ndiaye.



Stakeholders attended a technical consultative meeting to draft a reproductive health law advocacy guide in July 2005 in Dakar, Senegal. Key officials at the meeting were (above, from the left): Modibo Maiga, POLICY Project; Famara Sarr, coordinator of the Senegalese Parliamentarian Network; Abdoulaye Faye, First Vice President of the National Assembly of Senegal; Badara Seye, AWARE-RH; and El Hadji Dioum, MSH/Futures Project, representing USAID/Senegal. AWARE-RH Photo.



AWARE-RH and the Policy Project held Accra, Ghana regional meeting with 32 participant stakeholders in November 2005. The purpose of the meeting was to Expand input into and complete a regional resource document on parliamentarians' role in translating RH/FP laws into reality in the field. Participants were from the countries of Benin, Burkina Faso, Chad, Guinea, Mali, Niger, and Senegal. AWARE-RH Photo by Sandra Ross.



MWANGAZA ACTION members and Gosan Village community leaders held an HIV/AIDS awareness program for youth recently in Burkina Faso. AWARE-RH will work with MWANGAZA in the area of institutional capacity development in FY 2006. MWANGAZA ACTION Photo.

AWARE supports PMTCT training for Anglophone countries in the region at Mutengene, Cameroon



Participants interacting with a facilitator during the workshop.

By Dr. Agnes Dzokoto, AWARE-HIV/AIDS Senior Technical Officer

Mutengene, CAMEROON – The Cameroon Baptist Convention Health Board (CBCHB) in collaboration with AWARE-HIV/AIDS, organized at its health services complex a regional Anglophone training workshop on PMTCT for participants from Liberia and Sierra Leone.

The training, held 21 August to 03 September 2005, was aimed at strengthening the capacity and skills of participants in PMTCT in line with the AWARE HIV/AIDS's effort to expand PMTCT programs through exchanges of experience between countries. Additionally, its purpose was strengthening the capacity and skills of participants from the two participating countries. The workshop provided CBCHB with an opportunity to showcase its PMTCT expertise and encourage participants to identify aspects of the program that may be useful in their respective countries. The training program consisted of a week of theory and another week of practical sessions with one day dedicated to the

preparation of action plans.

The participants were a multidisciplinary mix of physicians (including ob

“The practical sessions are essential to the PMTCT training,” reiterated Sierra Leonean nurse midwife Marian Cobb. “I really gained more insight to some of the challenges of PMTCT during the practical sessions.”

stetrics and gynecology specialist), nurses, midwives, officials from the Ministry of Health and the National AIDS Control Program.

They were taken through PMTCT modules adapted from WHO/CDC generic modules with support from FHI/ AWARE-HIV/AIDS.

These consisted of the overview of HIV/AIDS and natural history of HIV; overview of HIV prevention in mothers, infants and young children; specific interventions to prevent MTCT; infant feeding in the context of HIV infection; stigma and discrimination related to MTCT; basic elements of counseling and HIV testing and counseling for PMTCT; linkages to treat-

ment, care, and support for mothers and families with HIV infection; safety and supportive care in the work environment and PMTCT program monitoring modules.

The participants found the workshop very useful.

“I think I have really learnt a lot during this training, at the beginning I thought I knew enough about PMTCT,” said Dr. Philip Koroma, a Sierra Leonean obstetrician gynecologist. “This has really been an eye-opener.”

“The practical sessions are essential to the PMTCT training,” reiterated Sierra Leonean nurse midwife Marian Cobb. “I really gained more insight to some of the challenges of PMTCT during the practical sessions.”

Based on participants' interests, they were supported in developing action plans for application in their respective countries.

With support from AWARE-HIV/AIDS, CBCHB will provide technical to the two countries and AWARE-HIV/AIDS, the government and other interested partners working in the area of PMTCT will support the implementation of the program.

Integrating STI/VCT, family planning services at PSAMAO/PSAMAC sites

*By Dipoko Degrand, AWARE-HIV/AIDS
Technical Officer Cross Border Interventions*

Educators of local NGOs at the 34 cross border sites in Burkina Faso, Cameroon, Côte d'Ivoire, Niger, Chad and Togo, under the cross border component of AWARE HIV/AIDS – PSAMAO/PSAMAC (AIDS prevention on the migratory routes of West and Central Africa), are presently advising truckers and commercial sex workers (CSWs) to obtain appropriate STI and VCT services by referring them to health centers linked to the sites where they carry out regular educational talks. In the near future, referrals will also be provided for family planning services.

To arrive at this point, AWARE HIV/AIDS did an inventory of the existing health centers along the PSAMAO/PSAMAC cross border routes. Surveys were conducted in

these six countries to measure the health seeking behaviors of truckers and CSWs and their health center preferences and the factors that led them to choose a particular center when seeking treatment.

Using the results of the inventory and the survey, 15 health centers were chosen to be reinforced to provide STI treatment services, four for VCT, and two for pilot FP services. Six other health centers supported by other regional projects were also identified as referral points. A field team evaluated the level of readiness of the health centers chosen and the aspects requiring reinforcement for them to be able to provide quality STI, VCT or FP services. Based on results from the health centers' assessment, several sessions of training in STI and VCT were conducted and small equipments were also provided to the health cen-

ters as appropriate.

As PSAMAO/PSAMAC educators in the various sites have just begun referring the target population to the strengthened health centers using a referral form, efforts are equally underway to collect data on the number of referred people who actually reach the health centers to seek these services. Adjustments will be made to refine the process so that field realities will be taken into consideration as they unveil themselves.

By integrating these STI/VCT and FP services to the behavior change communication activities in PSAMAO/PSAMAC sites, Migrant populations on cross border routes in the West and Central African region now have a better chance of preventing STI/HIV/AIDS and unwanted pregnancies.



PSAMAO animators learning how to integrate FP messages in STI/HIV/AIDS educative talks

UPCOMING EVENTS

AWARE-RH REDUCE Excel Spreadsheet Training of Trainers Workshop	March 13-17	Senegal
AWARE-RH Proposal Development Workshop	March 27-31	Mali
AWARE-RH Network Management Workshop	March 24-28	Senegal
AWARE-HIV Regional training session at SMIT Hôpital de Fann (Dakar) in care and treatment for Francophone countries	March	Senegal
AWARE-HIV Workshop to harmonize adult C&T protocols within the region	March	TBD
AWARE-HIV PMTCT training sessions at CBCHB training center	March	Cameroon
AWARE-HIV One-week workshop to adapt NAP+ strategic plan to West Africa context	March	Côte d'Ivoire
AWARE-HIV Regional Workshop to establish a Regional Youth Network	March	TBD
AWARE-RH Training of Trainers to Integrate FP messages into HIV/AIDS Cross-Border Activities	April 3-7	Burkina Faso
AWARE-HIV Regional Care & Treatment training for Anglophone countries at KATH	April	Ghana
AWARE-RH Regional RH/HIV/AIDS logistics management workshop, CESAG / IRSP	May	Senegal / Benin
AWARE-HIV Regional Training Workshop for VCT supervisors	May	TBD
AWARE-HIV Psychological Support to Children in West Africa Workshop for Anglophone countries	May	TBD
AWARE-HIV Psychological Support to Children in West Africa Workshop for Francophone countries	June	TBD
AWARE-HIV Dissemination Workshop on Mobility and HIV/AIDS in WARP Region	June	TBD
AWARE-RH Regional Workshop on Quantimed software in CESAG or GIMPA for HIV/AIDS and malaria drugs quantification	July	Senegal / Ghana
AWARE-HIV Regional VCT training sessions at CICDoc (BF) for Francophone countries	July	Burkina Faso

A Project Funded By



Demmco House, 1 Crescent, Dzorwulu
Airport West, Accra, Ghana



AWARE-RH: PMB CT 242

233 21 786 152/3; 233 21 786 197fax

www.aware-rh.org; info@aware-rh.org



AWARE-HIV/AIDS: PO Box CT 4033

233 21 786 102/4; 233 21 785 666fax

www.awarehiv.org; aware@awarehiv.org