HIV/AIDS PREVENTION, CARE AND TREATMENT IN BURKINA FASO

how PAMAC is helping community associations respond to the needs
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January 2009

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The 2008 report on the global AIDS epidemic of the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that 2.7 million people were newly infected by HIV/AIDS in 2007 and 2 million died from AIDS. Africa remains the region most affected by HIV, accounting for 67 percent of all people living with HIV and 75 percent of all deaths caused by AIDS in 2007. The impact of these numbers on everyday life as well as on the long-term development of the continent is all too visible among all sectors, public or private. The epidemic, while affecting the health condition and causing the death of the most active sector in the population, is about to compromise much of what has been achieved so far in terms of human development.

Even though the median HIV/AIDS prevalence rate in Burkina Faso has gone down from 7 percent in the 1990s to 2 percent nowadays, according to the 2007 UNAIDS report, the epidemic is still omnipresent - and women are by far the most frequently infected. In the past years, solutions to this dilemma were desperately searched for, and as a response by those concerned, many self-help associations formed spontaneously.

The United Nations Development Programme (UNDP), recognising the fundamental role played by empowered community organizations in combating HIV/AIDS, worked with the government of Burkina Faso (the National AIDS Council) to create PAMAC, standing for Programme d’Appui au Monde Associatif et Communautaire in 2003. Many other donors such as DANIDA, the Dutch Ministry of Foreign Affairs, the Agence Française de Développement, the African Development Fund, the Global Fund to fight AIDS, Tuberculosis and Malaria, the Austrian Development Cooperation and the Belgian Technical Cooperation, have financed this innovative programme that serves to support action directly at the community level via reinforcing the capacity of civil society organisations to participate in the conception, implementation and evaluation of response strategies to HIV/AIDS.

The technical and financial assistance channelled through PAMAC brings benefits directly to families and individuals affected by HIV/AIDS, while strengthening community level organizations in planning and implementing programmes. As a programme recognising the value of community services, specifically dedicated to capacity-building and supporting associations and NGOs, PAMAC has brought coordination, structure and the assurance of quality to the commendable efforts being made by these associations.

Today, PAMAC is helping some of the country’s most disadvantaged people in facing the difficult challenges confronting them by working through over 142 community associations and NGOs and 6 networks.

In Burkina Faso, the commitment and strong leadership of the Head of State has been key for achieving critical results in the fight against HIV/AIDS. UNDP is proud, through PAMAC, to be part of this dynamic process.

Babacar Cissé
UNDP Resident Representative
Burkina Faso
Anti-retroviral (ARVs) therapy will be made available to 30,000 people by 2010, a seven-fold increase over today’s figure.

At the same time, major efforts are being made through subsidies to reduce the cost per month to the individual or to distribute the drugs without cost.

PAMAC’s intensified efforts across 5 programmes

Since 2004, PAMAC has intensified efforts through five (mutually supporting and frequently cross-referencing) sub-programmes designed to help community-based initiatives for reducing the impact of the pandemic.

The objectives of this strategic area are to reinforce the operational capacities of multi-sectoral national structures to support civil society organisations, including those for people living with HIV, through involving them in the national struggle against HIV/AIDS, to control the spread of the pandemic, and to improve care and conditions for all those infected and affected.

A five year Government plan to step up prevention

Burkina Faso’s seroprevalence rate was estimated as 2 percent at the end of 2005 according to the UNAIDS 2006 report. The Government’s five year plan aims to step up prevention modalities so that HIV/AIDS voluntary testing and counselling, as well as treatment facilities, are much more broadly extended.

Achievements reaching many thousands of Burkinafous

A discussion among PLWHAs at the APIAS Centre in Ouagadougou

PAMAC’s collaboration with the associations is conducted on a contractual basis, with the focus on results-based management. PAMAC works through the five sub programmes adjusted according to the needs expressed by the various civil society organizations.
- Prevention: 140 associations have undertaken consulting involving 994,000 people

- Voluntary Counselling for Aids Testing (CDV): 31 associations offered their help for the realisation of 685, 435 tests, providing over 80 percent of the national results

- PECGC – Prise en Charge Communautaire (Community-based care): 120 associations have been assisting 28,000 beneficiaries

- Tuberculosis: more than 1 million people have been sensitised by 350 associations, and 3,500 infected people have received support

- Institutional support: 200 associations received training (2,200,000 people), regular encounters took place between the different health structures in order to exchange experiences and organizational as well as material support was assured by the various structures

Within these results, the contribution of the communal sector is measured alongside the main objectives and priorities of the Poverty Reduction Strategy Paper (PRSP, French acronym CSLP) and the National Programme of Health (PNDS).

**THE UNDP BURKINA FASO PROGRAMME**

The United Nations Development Programme (UNDP) has been partnering with the Government of Burkina Faso since 1966.

UNDP is the UN’s global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. UNDP is on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop national capacity, they draw on the people of UNDP and its wide range of partners.

In an overall context of achieving the Millennium Development Goals (MDGs) by 2015, programmes are designed around the key concepts of Governance, Poverty Reduction, Disaster Prevention and Emergency Relief, Energy and Environment, HIV and AIDS.

In its 2006-2010 programme the focus is on 3 strategic areas:
- Achieving the Millennium Development Goals (MDGs), reducing poverty and protecting the environment
- Promoting good governance
- Combating HIV and AIDS

**FEATURE STORY**

“**AIDS is here too**” – campaigns for voluntary HIV counselling and testing involve rural communities in managing HIV/AIDS prevention

“This town, Dori, is so far from the capital you might think AIDS wouldn’t have reached us – but it’s here too,” says Abdoulayé Souara as he explains the origins of the NGO Action for the Culture of Development (ACD)/Naangué of which he is President. “Naangué” is local language for the rising sun which features on the NGO’s logo along with the slogan, “For an aware and participative community.”

Dori is almost on Burkina Faso’s border with Niger, 450 kilometres from the capital, a very remote but bustling town, and on a major truck route and so, of course, a location where HIV and AIDS began to “bite”, as Abdoulayé describes it, almost 10 years ago. He himself was touched by the pandemic in its early days, losing a cousin. On coming to work in Dori he and 15 friends set up ACD/Naangué to counter the social problems in general which they observed, but soon focussed down on an action plan for a range of responses to the HIV/AIDS crisis.

As part of the Government’s five year plan to combat the pandemic, Burkina Faso’s prevention campaign is being stepped up so that HIV/AIDS testing and treatment facilities are extended to towns in rural areas. ACD/Naangué was well positioned to take advantage of this, and since 2003, has drawn on support from UNDP through PAMAC.

Today, ACD/Naangué counsellor Issiaka Diallo, leading a team of three, has just returned from a visit to Touka Korno village, 35 kilometres from Dori. Brushing off the dust from the road as he throws his satchel on the desk he says, “It was a good morning; the village Chief was there, many gathered, and we tested 27 people in all; two thirds of them were youth.”

Because young people are particularly vulnerable to the pandemic, finding ways to get them involved is a key concern for ACD/Naangué (see Box ”A beer, some music, a chat about condoms as the evening’s work begins for Dori’s bar girls.”) “We want to deliver Government unfolds its decentralization model for the country, it sees it as increasingly important that everyone is informed and accepts responsibility for managing their own destiny.

The ACD/Naangué office reception area is a busy hub, with a receptionist attending to people seeking testing and counselling from the three PAMAC-funded counsellors who are making visits to people living with HIV/AIDS (PLWHAs) in their homes, in the hospital and in outlying areas.

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Because young people are particularly vulnerable to the pandemic, finding ways to get them involved is a key concern for ACD/Naangué (see Box “A beer, some music, a chat about condoms as the evening’s work begins for Dori’s bar girls.”) “We want to deliver
the essential messages about prevention, care and treatment in a way that registers with everyone in the villages,” says Abdoulayé Soura, “but catching the youths’ attention is particularly crucial.”

The association uses musicians and dancers to attract an audience, and has developed the idea of chats, such as those with the bar girls, or round the waterpoints when in the villages. But Abdoulayé has larger ambitions to make a new and telling documentary film with local actors and scenery, which will impart the information more powerfully.

Acquired through PAMAC support, some generic prevention education films are currently being used by ACD/Naangué for their evening visits to the villages. Once they’ve been shown to the crowd that’s the moment, they find, when the questions start to come. “This is where discussions can be generated. ‘This is where stigma is confronted and convincing people about the need for behaviour change takes place - so we must be realistic, go at their pace,” Issiaka says.

ACD/Naangué’s own pace is constrained by the number of staff there are to tackle the need and the costs, “We have sustained contact with perhaps 10 villages in a year, out of the 200 in the region” says Abdoulayé. “This model of development is intensive in any case - and we feel it’s more important to work carefully - within the culture - to nurture people’s understanding and create ownership, than seeking to impose ideas and solutions.” In the last year the town’s religious leaders have come on to ACD/Naangué’s side, agreeing to preach messages of compassion for PWHas.

Is ACD/Naangué’s rising sun logo symbolic of the dawn of a better day; is it possible to feel optimistic in the current situation of the pandemic in Burkina Faso? “Yes, it is,” affirms Abdoulayé, “All over the country associations like ours are building capacity little by little, working out of conviction and fully engaged with the issues.”

He agrees that, as the results of present efforts are monitored and evaluated, adjustments will need to be made to future plans but is confident that, “Through PAMAC’s support to our network we are able to establish strong concurrence with other associations in Burkina Faso. We’ll benefit from sharing with these groups and organisations which are learning as they go along, as we are.”

A beer, some music, a chat about condoms as the evening’s work begins for Dori’s bar girls

The day’s heat is waning and as evening approaches business begins to pick up at the Cascade Plus bar down one of Dori’s sandy side streets. Six or seven customers lounge on the plastic chairs out front. The bar girls have come on duty; before starting to serve they’ve gathered round a table in the back yard to talk with me.

The gentle strumming of a guitar accompanies our chat. Played by one of the ACD/Naangué NGO’s HIV/AIDS animators, he lifts his voice occasionally to intersperse our discussion with a softly-sung lyric such as, “Protect yourselves, sisters, use a condom to save your lives.” He and Pascale Palé, another ACD/Naangué counsellor, have invited me to meet the girls, accompanying them to one of the regular sessions held with this key target group in their prevention campaigns.

Jupinette, Raphaela, Beatrice, Irene, Nira, Lica and Sonia wear the bright make-up, figure-hugging skirts, revealing tops which make it explicit their role at the bar is to attract customers, but that it’s sex they’ll be selling more often than beer. They are not relaxed, only reluctantly focussing on what Pascale is saying as he broaches the subject of condom use.

“We wouldn’t have seen a group openly offering sex like this a few years ago; it’s poverty that’s produced this sad sight,” says Theophane Kinda, UNDP Communication Officer, adding, “and certainly there would have been no public discussion of these topics before ACD/Naangué came along.”

Pascale’s discussion tactics have generated a lively exchange by now. Of the girls, Raphaela is the most vociferous, her curly topknot bobbing as she exclaims, “Yes, we can insist on a condom but the clients don’t respect us. What can we do then?” The others chime in, their comments offering a glimpse of the rough, tough world of the sex worker trade into which they step every night as dark falls.

They’re all in agreement they have little possibility for negotiating satisfactory terms for any aspect of the transaction. Their sardonic laughter as Beatrice recounts how one girl was promised a mobile phone as payment - afterwards the client only allowed her to borrow it for half an hour to make some calls.

Urgently in need of protection in Burkina Faso’s generalised epidemic, bar girls attend a prevention education session before starting their evening’s work

Urgent in need of protection in Burkina Faso’s generalised epidemic, the girls are obvious candidates for receiving the female condom. PAMAC distributes these to associations as ACD/Naangué.

“The demand is increasing,” confirms Abdoulayé Soura, ACD/Naangué President, “and when we’ve convinced the girls to come for their HIV testing and counselling at the Centre, this is one thing we can offer.” How many here have already gone for testing? There’s a shy lift of the hand from only one of the group.

Raphaela is quick now to shoot back a question that goes right to the heart of the matter for the vulnerable groups in Burkina Faso, on whose health and welfare the pandemic is impacting hardest. Clearly linking lifting individuals out of the country’s prevailing poverty with the control and prevention of HIV/AIDS, she juts out her chin as she challenges, “When will your organisation really help us by showing us how to get training – in sewing for example – so we don’t have to rely on this work to live?”

So it’s clear that despite the major advances being made by UNDP through PAMAC’s interventions, there remains still a lot to do. Long and exacting work, it presents a challenge of the first priority in today’s Burkina Faso.
Confronting ignorance, fear, even hostility - volunteers’ home visits bring hope to people living with HIV/AIDS while they try to combat discrimination in the community

Gertrude Kondé has a big black handbag. As she swings it on to her shoulder she says, “I have everything I need in here: soap, cotton wool, bleach, condoms.” Gertrude is a volunteer counsellor for people living with HIV/AIDS (PLWHA's). Based in Dédougou, a town to the north west of Ouagadougou, Burkina Faso's capital, she has 38 names on her visit roster. Her working day consists of going round to call at each of their houses.

“I see each of them in their homes several times a month,” she says. Her concern for newly-diagnosed says. “I tell them it’s a disease like any other….” she says.

In a society where HIV and AIDS are still highly stigmatised this, for many, is very difficult. Volunteers like Gertrude are given training in counselling techniques by health professional and peer associations. Four years ago Gertrude had a basic training and recently, a refresher course for 5 days when she travelled to the south western city of Bobo-Dioulasso.

At this training there were 800 people from 120 PAMAC-supported associations from all over the country, demonstrating the growing solidity of community-based organisations tackling the pandemic. It was a valuable opportunity for sharing experiences and coordinating action.

Today Gertrude has been called into the office of another PAMAC-supported initiative, the Association Aide-Moi à Etre Mère (Help me to be a mother) (AME). AME, a self-help group, has 157 members and deals specifically with HIV positive pregnant women and new mothers.

With an overall aim of relieving their anxiety and isolation and helping them understand how best to protect their babies from infection, AME also supervises mothers’ ARV medication. Members pay 1000 CFA (US $2.4) for a year’s membership; the group coordinates pre- and ante-natal home visits and runs monthly meetings where women get information on key issues, such as whether to breastfeed their infants.

AME’s office is just a short walk from the St Camille Medical Centre, to which it’s closely linked. Set up by an Italian religious order, St Camille has been the pioneering facility in Burkina Faso for HIV and AIDS care since 2001. The Centre has increasingly become a point of reference as more groups with varied agendas - but all attempting to diminish discrimination and imbue compassion - have emerged from the ranks of civil society. AME, for example, is coordinating a poster campaign which depicts influential members of society, such as chiefs, interacting in a natural manner with PLWHA's.

Dr Virginio Pietra, Medical Director of St Camille, acknowledges the need for PAMAC’s coordinating role across the range of initiatives, in a country where, regardless of the government’s stance, the true situation about what it means to be HIV positive is not understood by the average citizen. “There are serious constraints in handling the personal issues which are at the heart of this pandemic,” he notes and continues, “These initiatives represent a vigorous, spontaneous reaction to the need for caring solutions.”

Recognising the personal commitment and courage of counsellors like Gertrude and members of organisations such as AME he says, “They have my admiration. They are active in the community, confronting ignorance, fear and even outright hostility on any given day, yet continue to give help where they can, as well as speaking openly to increase awareness of the true facts about the pandemic.”

“At the heart of what we do” – a community-based organization helps with medical care for people living with HIV/AIDS

PAMAC’s logo shows a figure throwing sheltering arms around an outline map of Burkina Faso and the looped red ribbon symbol of the global campaign against HIV/AIDS. The figure is faceless and behind it, in ranked rows, other featureless faces recede, ever smaller, into the background. It is a striking way of depicting the status quo of HIV/AIDS awareness and activism in the country today.

PAMAC, from the French acronym for “Programme d’Appui au Monde Associatif et Communautaire” is a programme of the national AIDS council in Burkina Faso, through which associations and NGOs working on prevention, treatment and care are helped. Through its technical and financial assistance PAMAC is strengthening the capacities of civil society organizations and bringing coordination, structure and the assurance of quality to their efforts.

One PAMAC-supported organisation is busily under way on this Friday morning. The APIAS centre is located in a former family home in a residential suburb of Ouagadougou, Burkina Faso's capital. The house is one of a limited but growing number of such community-based facilities in the country. APIAS is a civil society organization (CSO), for people living with HIV/AIDS (PLWHA's) and to help people affected by the pandemic.

It’s the midday hour, time for the communal meal which is part of PAMAC’s support, via APIAS, to those most severely affected by their HIV positive status. “Of the 56 who come regularly for our meetings 18, 16 women and 2 men, have been totally rejected by their families - there’s a lot of hostility and fear because people don’t have the proper knowledge about HIV infection,” says Joseph Kambiri, APIAS President.

Joseph and his wife took on the running of the house as well as trying to keep up their original jobs two years ago when they learned of their own shared positive HIV status. “What we offer is open to everyone; there are hundreds in the immediate neighbourhood alone who could benefit,” he says, “but many people are afraid to be seen coming here because of the stigma associated with HIV.”

Today some thirty men and women of all ages sit on low benches or the floor of the shabby veranda, a baby is breastfed, two or three toddlers totter about.
PECC (Community-based Care) explains, “Through its assistance to PAMAC, UNDP helps with costs of the APIAS office and its outreach to non-residents, which also serves as a basis for coordinating antiretroviral (ARVs) treatment for the several hundred infected from the surrounding neighbourhood.”

Under the Government’s five year plan the aim is that the therapy will be made available to 30,000 people by 2010, a seven-fold increase over today. At the same time, major efforts are being made to reduce the cost per month. For those for whom ARVs have currently been prescribed, the drugs are distributed by the unit at the three national hospitals, regional hospital centres, some medical centres and through some NGOs.

It’s critical to ensure seropositive people understand that compliance with the daily regimen of tablets is essential if they are to remain well. Such is the stigma still in Burkina Faso that many people living with HIV and AIDS (PLWHAs) try to hide their status from their families, also concealing the fact they’re being treated.

With HIV and AIDS prevention and care one of the three strategic areas of UNDP’s Burkina Faso programme, Dr Marcel Lougue, PAMAC’s Officer in charge of an established medical adherence routine at APIAS to check that everyone remains on track. This was developed by PAMAC and distributed as a set of information tools for associations supporting community efforts.

Throughout the day individuals arrive to take their turn to have their interview and discussion session. A roster is filled in, detailing tablet consumption. The interaction follows a carefully-structured format which entails giving comprehensive advice and information about the treatment, gaining the PLWHA’s agreement to persevere, suggesting ways that maintaining the daily tablet discipline could be made easier for him or her.

“This medication adherence is at the heart of what we do,” affirms Joseph, as he sits, sleeves rolled up, filling the roster against each name with neat handwritten entries. He is among over 1000 community actors who have received training through PAMAC in how to counsel and help in this way.

Taking advantage of each opportunity of talking with a fellow PLWHA, Joseph’s aim is to reinforce the concept that HIV and AIDS is not a source of shame and to encourage ways of openly addressing it. “I tell them “You have to be strong” and overcome negative attitudes.”

APIAS, as part of a PAMAC-supported network of associations throughout the country, is drawing on the experience of other community organisations. More than 100 medical adherence clubs have already been established. As Joseph notes, “Creating the atmosphere of a club changes everything – it means our people begin to accept what they have to do, look forward to their appointments, and take courage from the contacts they have with others in the same situation.”

People gather here at this time for the food and a discussion session every week, a chance to hear new information, air views and problems, exchange experiences. There’s banter and laughter as the baguettes are distributed and a big bowl of salad is handed around.

But the daily reality behind the festive nature of this Friday meal at the APIAS house is a fairly grim one. Joseph, his wife and 18 other people reside here permanently. “They go out to work when they are well enough but even so, not many can pay even the small amount we ask,” says Joseph. The number of mattresses, ten, squeezed on the floors of the otherwise bare rooms indicates the doubling up and crowding experienced. Few have mosquito nets.

Meals during the week are basic, consisting of little more than broth and the staple cereal “ tô ” and rice. “It’s difficult – we do all we can to help the sick ones remain well nourished,” says Joseph, “and up to now, no resident has died. But people here definitely do feel they’re forgotten, that their situation isn’t known or cared about by those in authority.”

Airing views and problems, exchanging experiences: in a worrying world the weekly APIAS sessions are a lifeline for PLWHAs

At a medical adherence session PLWHAs are monitored and encouraged to remain on track with their daily ARV routine
The role of civil society as a major contributor to development has been recognized unanimously. It is therefore a constant challenge to ensure the commitment of all partners to work closely with civil society organizations in their efforts to support national development.

In supporting Burkina Faso in its fight against HIV/AIDS, UNDP recognizes the efforts of civil society and aims to help strengthen its partnerships with the Government.

Through the Support Programme to the Associative and Community World (PAMAC), UNDP’s ultimate objective is to strengthen the work of the National Council for the Fight against AIDS and Sexually Transmitted Diseases. The aim is to promote good governance among the key stakeholders in its implementation, and to support the delivery of high quality accessible services at the community level, in order to improve the health status of the overall Burkinabé population. In this regard, the main challenges to be addressed are:

- Continued capacity strengthening and technical support through the strategy of peer counselling/mentoring;
- Supporting decentralized interventions which respond to the needs of the population;
- Supporting the emergence of an umbrella organization originating from within civil society, as an entity responsible for continuously disseminate good practices.

In this regard, the PAMAC represents an effective tool to bring together the respective strengths of Government and civil society for the purpose of permanently reversing the spread of the HIV/AIDS epidemic. Achieving these goals requires a comprehensive enactment of the Paris Declaration, particularly when it comes to having national actors assume responsibility for the national response.

Through the initiative embodied in the PAMAC, UNDP, together with the Government, will continue to develop the capacity of civil society organizations to participate in creating, implementing and assessing the national responses needed to tackle HIV/AIDS.

There is no doubt that the role played by civil society organizations, in active conjunction with the role played by national authorities, will represent a key determining factor in the success demonstrated by Burkina Faso in its efforts against the epidemic.

Every week on Friday there’s a gathering for a communal meal shared by the PWLHA group at the APIAS centre in Ouagadougou.

ACRONYMS

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<td>Acquired Immune Deficiency Syndrome</td>
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<td>ACD/Naangüé</td>
<td>Action for the Culture of Development</td>
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<td>AME</td>
<td>Aide Moi Être Mère (Help me to be a mother)</td>
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<tr>
<td>APIAS</td>
<td>Association for People Infected and Affected by AIDS</td>
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<td>ARV</td>
<td>Anti retroviral</td>
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<td>CDV</td>
<td>Voluntary Counselling for AIDS Testing</td>
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<td>PNDS</td>
<td>Programme national de Développement Sanitaire (National Health and Development programme)</td>
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<td>CNLS-IST</td>
<td>National Council for the Fight against HIV/AIDS and Sexually Transmitted Infections</td>
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<td>Cadre Stratégique de Lutte Contre la Pauvreté (Poverty Reduction Strategy Framework)</td>
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<td>Human Immunodeficiency</td>
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<td>PLWHA</td>
<td>Person living with HIV/AIDS</td>
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