S7

President Bush's Emergency Plan for AIDS Relief (PEPFAR)

Country Operational Plan (COP)
For ETHIOPIA
Plan Period: FY2004

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Table of Contents

Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile	
a. *Population (millions)*: 69,000,000 (CSA, Ethiopia, 2001)	e. Per Capita Expenditure on Health (US$): $1.20 (2002)
b. Area (sq mi): 440,283.98 (1,127,127 sq KM)	f. Life Expectancy (years): 52* (2001) (45.7 UNDP, 2003)
c. Per Capita GDP (US$): Under $100 (World Bank, 2002)	g. Infant Mortality (per 1,000 births): 116/1,000 (2001)
d. Adult Literacy Rate (%): 32.8 (MOE, Statistical Abstract, 2003) (Women: 26.4; men: 39.3)	h. Under 5 Mortality (per 1,000 births): 172/1,000 (2002)

Source(s) data: Ministry of Health (Ethiopia); World Bank; UNESCO; The World fact book-Ethiopia (CIA); CDC ET Country Strategy, 2002

Year(s) data: indicated above * not adjusted taking into account impacts of AIDS on life expectancy.

Note: All data years reported are from individual donors/organizations/ET government working with that organization's calendar year.

1.2 HIV/AIDS Statistics
a. National HIV prevalence: 6.6% (HIV prevalence in pregnant women: 13.2% , 2001) (General HIV prevalence among women, 15-24 yrs., 12.1%, MOH, 2002)
b. Estimated number of HIV-infected people: 2.2 million adults and children; 6% of world's HIV/AIDS cases
c. Estimated number of individuals on anti-retroviral therapy: 4,500 (2003)
d. Estimated number of AIDS orphans: 1.2 million (MOLSA, 2003)
Source(s) data: Ministry of Health of Ethiopia (AIDS in Ethiopia, 4th edition, 2002), DACA (Drug Administration and control agency) ; Ministry of National Defense Health Department; Ministry of Labor and Social Affairs.
Year(s) data: Indicated above

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1.2 HIV/AIDS Statistics (continued; note new additions, letters E-H)
E. estimated number of individuals currently on ARV treatment: 4,500 (individually paid for) F. estimated number of individuals currently on ARV treatment in USG supported programs: zero G. estimated number of individuals projected to be on treatment by March 31, 2005: 15,000 + H. estimated number of individuals projected to be on treatment in USG supported programs by March 31, 2005. 15,000 Source(s) data: Unless otherwise noted, UNDP, Human Development Reports Year(s) data: 2003

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1.3 Characteristics of the HIV/AIDS Epidemic

a. Populations at comparative high risk: Commercial sex workers, long distance truck drivers, migrant laborers; men with disposable income; internally displaced persons (IDPs) including resettlement persons, especially women and children;

(DOD reports) young unmarried and married soldiers who stay away from their families for long periods on deployment; refugees within the country.

b. Risk factors related to comparative high risk: STI, multiple sex partners, unsafe sex and blood transfusions; medical transmissions

c. HIV/AIDS prevalence by gender: 42% male; 58% female (2001)

d. HIV/AIDS prevalence by age groups (0-14 yrs; 15-24 yrs; 25-49 yrs): 0-4=2.7%; 5-14=0.7%; 15-19=3.3%; 20-24=12.5%; 30-34=12.5%; 35-39=9.1%; 40-44=4.9; 45-49=3.0) (2001) DOD reports: 15-24 yrs; 20% 25-49 yrs 80%)

e. HIV/AIDS prevalence by urban versus rural: Urban =13.7 vs 3.7 % (2001) (anecdotal evidence may be as high as 10% in rural areas; MOH, ET, 2002)

f. ANC surveillance trends (specify years compared): every year starting 1989 and increasing trend

g. BSS surveys trends (specify years compared): 1st round only, 2002

h. DHS surveys trends (specify years compared): only one round 2000

i. HIV/AIDS epidemic projections: 2001-2.2 million, 2006-2.6, 2010-2.9, expected to peak @ 3.3 million 2014 (Ministry of Health official figures)

j. STI statistics: 1994 survey: men (15-49) 4.9%; women (15-24) 8.8% (no STI surveillance)

k. TB statistics: no of all TB cases 228,000, smear positive PTB cases 96,000. Prevalence and incidence rates 373 and 157/100,000 respectively. It is estimated that 61% of the population is infected with TB. (1999); Ethiopia has one of the highest incidences of TB, ranked 10th in the world by WHO (2003)

Source(s) data: Ministry of Health of Ethiopia. WHO report of TB 2001; Ministry of National Defense, 2002.

Year(s) data: Indicated above

Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership
National HIV/AIDS Prevention and Control Office (HAPCO)	Government office responsible for coordinating the overall response to the epidemic at national level. Accountable to the Prime Minister's Office. Closely overseen by an executive board chaired by the Minister of Health. Coordinates activities of all actors (Governmental, non-governmental-NGOs, Pos, FBOs, CBOs, and donors). It has the responsibility for capacity building and the funding of organizations (public, private or NGOs) engaged in HIV/AIDS prevention and control.
Regional HIV/AIDS Prevention and Control Offices (Regional HAPCOs)	Government offices at regional level. There are 11 regions and city administrations. All of them have such offices that coordinate the response at the regional levels. Similar structures have been established at the district levels (there are 550 districts in the country). However, they are in the process of formation; most are weak.
NGO forum for HIV/AIDS forum	Newly established forum of NGOs, it has about 100 members. It is being organized by CRDA (Christian Relief and Development Association), an umbrella organization of NGOs that includes NGOs in areas other than HIV/AIDS.
UN Theme and technical Working Groups	Established a number of years ago by UN agencies to assist the efforts of the Ethiopian Government in responding to the epidemic
Others	Include the Women's Coalition against AIDS, youth and women's associations, --these are small bodies with efforts to coordinate their constituencies. All in all, it is estimated that there are over 170 organizations working on HIV/AIDS in the country.

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Military HIV/AIDS Council	Chaired by the Ethiopian Defense Forces Chief of Staff. Has Chiefs of Main Departments (Admin & Logistics), Force Commanders (Ground Forces and Air Force) and Army Corps Commanders as members of the council. The C council Coordinates and controls all HIV/AIDS activities through the office of the Ground Forces Health Dept. and support of lower unit commanders.
Ground Forces Health Department	The Military HIV/AIDS Prevention and Control Office is under this Department for coordinating & controlling all HIV/AIDS activities with: - 3 Central Referral, 6 Field Referral, and 24 Division hospitals. - 96 Brigade Health Centers. - 324 Battalion Clinics and Unit Commanders And primary Donors (DHAPP, CDC)

2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)	Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives
From: 2001 To: 2005	"The Strategic Framework For The National Response To HIV/AIDS In Ethiopia." This is currently being revised. The final document was due late in 2003 but is not yet available; drafts indicate that capacity building (of civil society organizations at the Woreda level and of institutional and organizational capacities) and mainstreaming have been added as priority intervention areas. The 5 Year Strategic Plan for the Prevention and Control of HIV/AIDS & STI of the Ethiopian Defense Forces.

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to PEPFAR goals	Estimated 2004 Budget
World Bank	Funding through the government for prevention, care, support and treatment (so far none in ART). Sole funding agency for the largest government project called EMSAP (Ethiopian Multi-sectoral AIDS Project) through MAP fund	63 million for 3 years and for 2004 budget year more than 30 million allocated.
Global fund	Predominately prevention, care, and support and some treatment (PMTCT+). Funding actors through government led CCM (Central Coordinating Mechanism) together with funding TB and malaria	52 million for 2 years, for 2004 budget year 20 million.
UN Agencies: UNICEF, WHO, UNFPA, UNAIDS, UNDP, etc	Engaged in different activities pertaining to HIV and AIDS Prevention and control. In addition to funding different small and large-scale initiatives they are also involved in technical assistance, advocacy and capacity building. Formed UN country team long time ago and played important roles to the recent government's increase commitment in HIV and AIDS responses	UNICEF: 3.4 million (2001-2) WHO: 1.75 million (2002-3) UNAIDS: 486,000 (2002-3) UNDP: 3 million (2002-6)

Other bilateral agencies: DFID, GTZ, Irish Aid, Swedish government, Norwegian Government, etc	Engaged in funding different projects of HIV and AIDS prevention, care, support and treatment	DFID: 35,000 (multisectoral response; new HIV/AIDS Blair initiative, 12/2003, will reflect more GTZ: 120,000 Irish Aid: 34,000 (to MOH in VCT and OI management) Norwegian: 1.3 million Swedish: New AIDS initiative with new designated Ambassador for HIV/AIDS issues
Christian Relief and Development Association	Prevention, care, and support in NGO project areas	233,400 (2001-3)

NOTE: all figures presented in the above tables are the latest figures available. Often U.N. and other development agencies are running figures one to two or three years behind present dates.
3.1 President's Emergency Plan In-Country Coordination
Within USG: Inter-agency HIV/AIDS Working Group that consists of USAID-Ethiopia, CDC-Ethiopia, the Dept. of Defense, and the Dept of State (including representation from PRM). All are working together to respond to the ten intervention areas identified in the Strategic Framework for the National Response To HIV/AIDS in Ethiopia (2001-2005). CDC takes the lead on surveillance, development of lab capabilities and development of national and regional HIV/AIDS/STI centers, voluntary counseling and testing, STIs, hospital-based comprehensive prevention, care, and treatment, and blood safety. DOD focuses on HIV/AIDS in the military with the Ministry of Defense on prevention programs in keeping the prevalence within the military at approximately the same level as the national rate. USAID/ET and CDC/ET formed a joint program for expansion of PMTCT in ET. USAID takes the lead on community based care, clinic level care, orphans and vulnerable children, youth and prevention among youth, as well as high-risk groups. State focuses on advocacy issues at the national policy level, with input from the rest of the USG partners. NIH is a key U.S. partner for the development of PMTCT. (Until 2003, the NIGAT Project - Nevirapine Trial to Prevent MTCT of HIV Infection - funded by NIH, was the only PMTCT program in ET).

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Between USG and other international partners:

- Global Fund: Approved funding to ET for a 5 yr. HIV/AIDS program in early 2003. Grant signing was Nov. 2003 for $139 million. HAPCO, as principal recipient, with objective of proposal to reduce HIV infections by 25% by 2007 and scale up baseline coverage of the national strategic interventions in all regions. Specific scaling up identified in VCT, expansion of care and support initiatives, expansion of PMTCT, introduction of PMTCT plus and improving the surveillance, monitoring, and evaluation systems. : USAID is financing the CCM Secretariat that chaired the sub-committee of the CCM in the spring of 2003 that wrote the CCM Terms of Reference (the CCM/E focuses on performance by linking Fund resources to the achievement of sustainable results through strengthening government/private/donor/NGO partnerships. USAID is one of the two donor representatives on the CCM.
- World Bank-MAP: Funding from World Bank addresses four key areas: capacity building for ET Government agencies and civil society organizations, expanding the Government's multisectoral response and providing an Emergency AIDS Fund to develop programs at the district level.
- Other (specify): UNICEF; UNDP; WHO (details about programs or foci?). The donors recently formed an HIV/AIDS Donor Forum as a sub group of the Nat'l Partnership Forum, with the purpose of improving coordination. The forum is a thematic group under the Donor's Assistance Group; a separate forum under HAPCO's Partnership Forum, and the link between the Donor's Group and the CCM

Between USG and host government:

- CDC will continue to focus on the health sector and thus the MOH (Ministry of Health) will continue to be its major partner. The CDC-Ethiopia expanded program under PEPFAR will address prevention, care and treatment as well as support activities including policy, capacity building, and targeted evaluation. CDC will scale-up efforts in areas that it has been supporting namely: surveillance, VCT, STI, IP (safe medical injections), BCC, Laboratory, PMTCT, TB, OI, ART, informatics, and targeted evaluations. CDC will add blood safety and service provision including ARV drugs as new areas of support. Support related to standard development (policy, guideline, training materials) will be provided to the national and regional level government bodies and universities levels and service the health sector of the Ministry of National Defense and universities though will engage with NGOs and community in specific areas and mainly for expansion of VCT through free-standing VCT centers, expansion of MARCH strategy for behavior change, expanding community planning, provision of care and treatment through PLWHA association, and in support of the media.

-USAID focuses on three key elements (prevention among young adults and high risk groups; improving community and home-based care and treatment; and policy and advocacy) with implementing mechanisms for these activities in the public sector, national and international NGOs, and faith-based organizations and in partnerships with MOH, MOE, Ministry of Labor and Social Affairs (MOLSA), MYSC (Ministry of Youth, Sport and Culture) and the Ministry of Rural Development and Agriculture.

- Between USG and other in-country organizations (specify): The above mentioned sub-forum group has the purpose of improving the coordination of the donor response and feeding into and supporting the National HAPCO in the development of a national HIV/AIDS strategy/programming.

3.2 President's Emergency Plan Targets for 2004 - 2008

Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	61,500	144,000	251,000	377,000	552,000	682,000	810,000
# Infections averted: PMTCT	3,500	10,000	19,000	30,000	44,000	60,000	76,000
# Infections averted: Other (not PMTCT)	58,000	134,000	232,000	347,000	508,000	622,000	734,000
Total # receiving Care and Support	92,000	213,000	358,000	608,000	1,050,000	N/A	
Care and Support: Non-ART care	50,000	68,000	91,000	121,000	162,000		

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# OVC receiving Care and Support	10,000	84,000	153,000	276,000	500,000	
# receiving Palliative Care	32,000	61,000	114,000	211,000	388,000	
# receiving ART	15,000	30,000	57,000	109,000	210,000	

Notes on Table 3 (overall statistics):

PMTCT coverage is limited to 12% of pregnant women by 2008. This is double the current 6% of births that have assisted deliveries. This results in a total of 37,000 infections averted through 2010.

We also assume that the family planning program expands under the community worker program financed largely by USAID so that contraceptive prevalence increases from 8% in 2000 to 20% by 2010. This increased use of FP averts a total of 39,000 births that would have been HIV+. The PMTCT infections averted in this table include those infections averted by PMTCT and those HIV+ births averted by family planning.

If we limit PMTCT coverage to 12% then we cannot reach 810,000 infections averted by 2010 under the assumption of no funding after 2008. The above chart assumes that funding continues at the 2008 level for 2009 and 2010.

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Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1	Prevention of Mother-to-Child Transmission (PMTCT)
4.1.1 Current status of program in country	Only about one-third of pregnant women receive any antenatal care, and less than 8 percent deliver in a health care facility. It is estimated that annually 170,000 HIV-infected pregnant women give birth, and approximately 60,000 newborns are infected through mother-to-child transmission. There are currently 60 existing facilities providing PMTCT services, 15 medical centers/hospitals, and 45 health centers. The following points highlight the current status of PMTCT in Ethiopia: • The National Guidelines on Prevention of Mother-to-Child Transmission was published by MOH in 2001. • The Nigat Project - a collaborative research project between AAU and JHU - funded by NIH since 2001had been the only PMTCT program in the country until 2003. PMTCT services are being provided at Tikur Anbessa University Hospital, district hospitals and health centers in Addis Ababa and so far has provided VCT to around 12,000 pregnant mothers and nevirapine to around 550 mother/infant pairs. • Since July 2003, the Ministry of Health in collaboration with UNICEF has been providing services at twenty-two sites (4 Hospitals and 18 Health centers) and so far around 1000 mothers have received PMTCT services. • Thirty sites (11 Hospitals and 19 Health Centers) are selected for the implementation of PMTCT under The President's Mother and Child HIV Prevention Initiative (locally known as "The Hareg Project") in collaboration with the Ministry of Health as part of The National PMTCT/PMTCT+ Program. Under this program, baseline assessments of the selected sites are completed; a National Implementation Framework has been developed; training of care providers and program managers from the selected regions has been conducted; regional planning meetings have been conducted; and site level plans of action have been developed. Provision of services at the selected sites will start in March 2004.
4.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Our vision and planned activities under PEPFAR will focus on expanding PMTCT services to 2 hospitals in Addis Ababa (one public one private), 1 FBO Hospital, one factory hospital, and 9 public hospitals in the regions including one Federal service commission hospital and four Ministry of Defense hospitals with their catchment health centers. Expansion of PMTCT services to these facilities will allow provision of comprehensive care to mothers and their new born babies, thereby greatly contributing towards achieving one of the PEPFAR targets - infections averted. This activity will be linked/integrated with the other activities planned for implementation at these sites including provision of ARVs.

4.4.1.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT S/GAC)	Track (1.1.5.1.2)

PRIME/INTRAH FBO? Yes / No	(1) Provide VCT to women seeking RH services at health care facilities, (2) provide Nevirapine (prepare Axios application), (3) strengthen family planning services and antenatal, L&D, postpartum, and newborn care through HR, health systems and infrastructure development to deliver PMTCT and PMTCT+, (4) implement an integrated MCH package, and (5) develop/strengthen networks between	• Strengthen the capacity of MCH and RH providers • Harmonize and coordinate PMTCT services • Strengthen the capacity of Traditional Birth Attendants (TBAs) to promote PMTCT • Strengthen support services and hhuman capacity to ensure PMTCT feasibilty • Strengthen the capacity and systems to provide PMTCT + services in collaboration with the MOH and partners • Improve and integrate facility services	USAID	[redacted] provided of FY 03 funds after IP review 12/22/ 03)	N/a	FY 03

(USAID cont'd from previous cells)	PMTC/PMTCT+ health care facilities and community-based care and support activities for HIV+ mothers and their families Monitoring and Evaluation	• Develop and carry-out community action plan for behavior change activities • Establish a simple, user-friendly, sustainable data management information system (MIS) integrated into existing HMIS to generate timely and relevant information for decision-making action at all levels • Monitor, analyze data and disseminate the results of the Hareg project activities and impleJointly develop tools for reporting, inventory controls, checklists for provider and client; link to overall M&E plan with partners				

JHPIEGO, MOH, RHB, NIH/JHU FBO? No	By the end of March 2005, implement PMTCT services at the 15 sites through service provider training and developing the training systems and by improving provider performance	Major Activities: • Develop and adapt to the Ethiopian context standard PMTCT training package (9 modules + reference manual, trainer notebook, and participant handbook) for national use including for all USG PMTCT activities • Finalize PMTCT operational standards that includes M&E, community communication, drug management, lab services • Conduct PMTCT training at 15 sites • Conduct follow-up site visits (supportive supervision) to reinforce provider competencies and ensure transfer of PMTCT training • Conduct PMTCT technical updates for MOH staff, TWG members, service providers, and program managers	CDC		PMTCT	1.5

JHPIEGO, MOH, AAU, GCMS, DUC, JU, NIH/JHU, MOD, RHBs, FPC, ECS New partner? Yes FBO? No	By the end of March 2005 Develop core group of 20 PMTCT master trainers	• Conduct Clinical Training Skills workshop • Conduct PMTCT training at 15 sites to qualify core group of PMTCT trainers to reinforce *trainer competencies* • Conduct Advanced Training Skills workshop for core group of PMTCT clinical trainers • Provide supportive supervision to core group of PMTCT clinical trainers	CDC		PMTCT	1.5

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JHU/CCP New partner? Yes FBO? No	By the end of March 2005, Develop community capacity at the selected PMTCT sites to implement Information, Communication and Education (IEC) and manage and implement Community Action Behavior Change (CABC)	• Complete a community and communication resource assessment • Select appropriate Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), and Faith Based Organizations (FBOs) as focal points for IEC/BCC and train them in behavior change planning and implementation • Reproduce and/or develop PMTCT information, education, and communication materials that promote PMTCT services and practices for the selected NGOs, CBOs, and FBOs to distribute to community members • Establish monitoring and reporting systems for IEC/BCC activities at the selected sites • Complete a secondary analysis of community feedback and MIS data to assess effectiveness of IEC/BCC interventions	CDC		PMTCT	1.5

CDC/MOH	By mid-2004, Assist MOH to establish a functional national HIV/AIDS advisory team and a technical working group for PMTCT	• Assist MOH to identify an interdepartmental/ interdisciplinary national HIV/AIDS advisory team • Identify a technical team, define functions working procedures • Conduct workshop &review meetings	CDC		PMTCT	2

4.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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New partner? No FBO? No	Undertake initiatives to improve the quality of pharmaceutical services and promote cross fertilization among MTCT, MTCT+, and other essential drug programs Develop commodities assessment tool for all sites, consolidate for rapid expansion to national scale Develop drug distribution plan for all Hareg sites Assessment of the commodities supply system, draft a distribution plan, implement plan for all Hareg sites	• Strengthen the capacity of pharmaceutical and laboratory staff at health facilities to manage PMTCT products • Ensure availability of PMTCT products at project sites (100% availability of Nevirapine and rapid tests and at least 80% availability of other PMTCT products • Improve the physical infrastructure of drug and laboratory facilities to allow adequate service provision • Develop and operationalize a management information system that will track stock level and expiry of PMTCT products • Undertake initiatives to improve the quality of pharmaceutical services and promote cross-fertilization	USAID	Track 1.5. approved

Policy Project New partner? Yes FBO? No	To strengthen and facilitate the implementation of quality PMTCT and safe motherhood programs in Ethiopia.	• Build a National White Ribbon Alliance (WRA) secretariat in Ethiopia. • Establish a resource center of the WRA and develops data management system on "who is doing what? At what capacity? etc • Engage in Advocacy dialogue at the National, Regional and local levels on issues related to PMTCT & Safe motherhood in collaboration with other partners. • Develop tools and assist in Integrating PMTCT services with MCH/FP services. • Develop community mobilization strategy on PMTCT and safe mother hood and implement at the 'Hareg' sites in collaboration with other partners.	• USAID	☐ Track 1.5 approved

Partner new, TBD [redacted]	Strengthen PMTCT services and establish PMTCT+ services at the existing PMTCT sites (Hospitals) and satellite health centers under each hospital Establish PMTCT and PMTCT plus services at five additional sites (hospitals) and satellite health centers under these hospitals.	• Build the human capacity of all PMTCT sites to provide quality PMTCT and PMTCT plus services. • Strengthen the overall systems and setup of the PMTCT sites in the areas of management, drug logistics, training, supervision and information systems. • Establish and strengthen VCCT, PMTCT and PMTCT plus services. • Establish referral linkage for care and support and other services. • Strengthen MCH services. • Promote the integration of PMTCT service with MCH and IMCI services. • Implement a PMTCT communication strategy at the community level at all PMTCT sites. • Establish and strengthen monitoring and evaluation systems • Foster coordination and networking among all stakeholders	USAID	[redacted] Track 2

JHPIEGO, MOH, [redacted] NIH/JHU FBO? No	By the end of March 2005, Expand PMTCT services to additional 12 USG sites through service provider training and developing the training systems and by improving provider performance	Major Activities: • Conduct PMTCT training at 12 sites • Conduct follow-up site visits to reinforce provider competencies and ensure transfer of PMTCT training • Conduct PMTCT technical updates for staff at these sites including service providers, and program managers • Support PMTCT services to reach PMTCT operational standards with provider follow-up, HIV testing, equipment, supportive supervision	CDC	[redacted]

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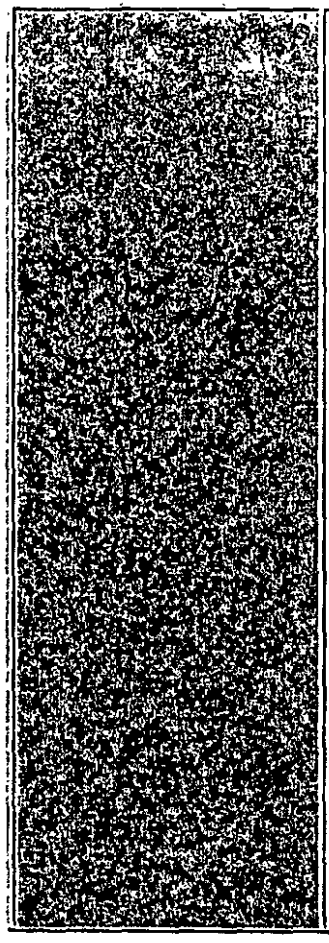
CDC/MOH	Support the implementation of PMTCT program including policy, training, and technical assistance	• Develop site-assessment tools • Conduct site readiness assessment of the Hospitals selected for ART • Support targeted monitoring and evaluation tools for PMTCT • Provide technical support in developing SOP for PMTCT • Provide programmatic and administrative support to the national PMTCT program including local trainings and site visits • Support implementation of PMTCT services at the selected sites • Provide follow-up training, support and technical guidance to clinical staff in PMTCT • Support renovation and procure equipment and supplies • Conduct review meetings	CDC	[redacted]		
Total partners:	(CDC) 4	New partners:	1	FBOs:	0	Total budget:	[redacted]
	(USAID) 4		2		0		

Table 4.2	Abstinence and Faithfulness Programs
4.2.1 Current status of program in country	*Abstinence and Faithfulness are essential elements of a comprehensive U.S. Mission prevention program, which* also includes advocacy for correct and consistent condom use for those people who engage in high-risk behavior. The U.S. Government believes that ethical programming must engage with the continuum of prevention messages and behavior change communication. The U.S. Mission supports a multi-dimensional, multi-media approach to risk reduction aimed at increasing accurate knowledge and behavior change among key populations. It supports prevention activities through the Catholic Relief Services (CRS), Pathfinder International, Johns Hopkins University, FHI/IMPACT, DKT International, Save the Children/US and the Relief Society of Tigray (REST), which work with dozens of faith-based organizations (FBOs) (the Ethiopian Orthodox Church, the Islamic Development Agency, the Protestants) and community-based organizations (CBOs) operating around the country, particularly in urban and peri-urban areas. Interventions include, but are not limited to: supporting a nationwide radio program with music, short plays, and quizzes for youth; nurturing "Anti-AIDS Clubs" to promote abstinence and delay of sexual debut in secondary schools and post-secondary training institutions; and providing training and IEC media for peer counseling. A national AIDS Resource Center has been established and provides up to date and accurate information for organizations, researchers, and interested community members.



Several surveys indicate that HIV/AIDS related awareness is high but behavior change, in terms of avoiding risky behavior or condom use, has been very modest (DHS 2000, BSS 2002, other small scale surveys). The recent Behavioral Surveillance Study (BSS) that included female sex workers (FSW), uniformed services, youth and other target population samples, found that:

- Awareness of HIV/AIDS is >90% among all target groups, irrespective of gender and residence. Knowledge about preventive methods was variable: 67% FSWs, 45% youth, 73% uniformed service respondents and 56% other groups, mentioned three major methods (lower among rural respondents). Many were aware of male condoms and where to obtain them. Misconceptions, however, were widespread among all the target groups. Comprehensive knowledge is <40% in all groups except in 'in-school youth'; lower in females.
- Over 90% of the respondents held at least one stigmatizing attitude towards PLWHA.
- Among the youth 15-19 years of age, 35% male and 29% female out-of-school youth, and 19% male and 13% female in-school youth were sexually active.
- Over one third of adult respondents had more than one sexual partner in the last 12 months.
- 33% of married adults had extramarital sex in the last 12 months.
- A substantial proportion of youth and adult respondents did not use condoms with their non-commercial partners; 27% of FSWs did not use condoms with their last non-paying partners and only 3% did not use condoms with paying partners.

<11% of participants tested for HIV; except uniformed service respondents (20%)

The USG Mission approach has been to integrate HIV/AIDS programs across its portfolio, with a particular emphasis upon prevention programming. **Unfortunately, in order to meet the PEPFAR budget parameters, most of this cross-sectoral programming has been discontinued.**

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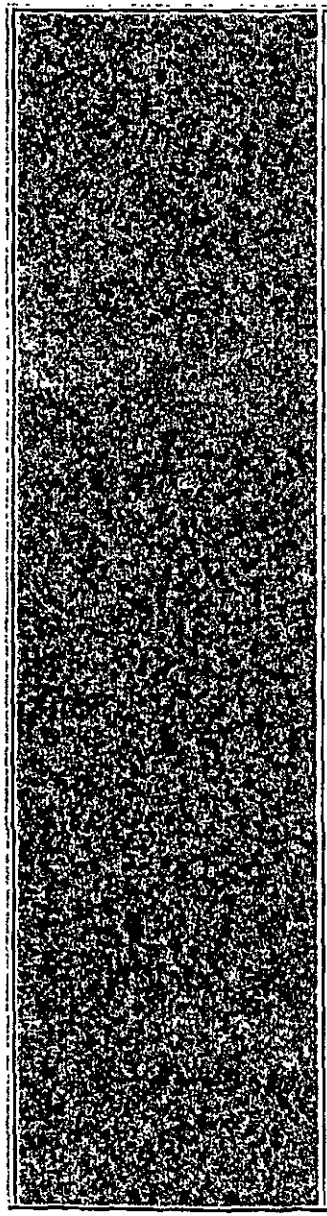
4.2.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The program under PEPFAR will have two arms: IEC (awareness and promotional activities); and BCC (Behavior Change Communication activities). IEC: -Activities will support the USG's Health Facility /Hospital based interventions under PEPFAR. IEC activities will include the production of audio, video and print job aids for health facility staff (posters, brochures, booklets, flip charts, videos, etc) and the production of radio and TV spots, and videos to provide information on services to the target population. In addition, through continuing training of journalists and media professionals, the program aims to improve the quality of information disseminated through mass media and maintain HIV/AIDS high on the media agenda. As the broadcast media, particularly the radio, is the major source of information on HIV/AIDS and other health issues to the general public in the country, its full and appropriate utilization is crucial. For this reason, the program aims to assist the government in the development of a comprehensive media strategy. The national AIDS Resource Center will also provide technical assistance to establish regional resource centers that will serve as a hub for up-to-date and accurate HIV/AIDS/STI/TB related information to be used by various stakeholders and the community at large.



BCC: -The USG will continue to support the implementation of our mission's BCC strategy known as MARCH (Modeling and Reinforcement to Combat HIV/AIDS) in urban and rural communities with CARE and MOND, as model sites and will conduct evaluations with CARE. Lessons learned from model MARCH sites will be used to revise materials and to develop "multiplier" reinforcement activities that have the potential for reaching larger numbers of community members and creating more community support for HIV/AIDS prevention and care. The MARCH strategy is in line with the national communication framework of the country. Activities in MARCH help people understand how information about HIV/AIDS (they get through a variety of media) relates to their personal life and how it applies to them and to their communities. Apart from promoting ABC, MARCH also educates about and promotes (e.g., through linkages) VCT, STI, TB, PMTCT, and care and support services. Moreover, it mobilizes communities to draw on their own capacities and resources to plan and implement sustainable activities against HIV/AIDS.

New prevention activities, with a particular focus on Abstinence and Faithfulness will contribute to the PEPFAR target of averting new infections; 58,000 by the end of year one and 734,000 by 2010.

These targets will be achieved in the following ways;

- IOCC/DICAC. Working through the Ethiopian Orthodox Church and its development arm, with its network of 250,000 priests and constituency of 40 million people, to promote Abstinence & Faithfulness
- FHI/IMPACT targeting resettlement areas where male-heads of households may be separated from their families for a period of up to two years.
- JHU/HCP developing a youth action toolkit and supporting youth groups in promoting and modeling abstinence and faithfulness.
- Internews (as per the earmark by the Office of Congressional Affairs) will be pursuing a media strategy advocating abstinence and faithfulness.
- A new Private Sector Partnerships (PSP) activity will be pursued with large U.S. companies (e.g. Coca Cola, EXXON-Mobil, Shell) to expand worksite programs as well as utilize established vendor networks to promote behavior change.

These activities are essential components of a comprehensive behavior change program.

4.2.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
CRS FBO? Yes	To Promote and Maintain Basic Human Dignity of the Poorest of the Poor	• Peer counseling • Support to Anti-AIDS clubs and Youth Centers • Skills Training for over 18s • House to House education • Risk reduction strategies for PLWHAs • Stigma reduction through church, school and youth clubs	USAID	New funding not requested due to budget limitations; part of on going program	N/a	N/a/
Pathfinder International FBO? No	To increase HIV/AIDS Prevention	• Peer and community education and advocacy through religious and community leaders • Private sector workplace prevention programs • IEC/BCC print media distributed • HIV/AIDS prevention in youth clubs	USAID	New funding not requested due to budget limitations; part of on going program	N/a	N/a

FHI/IMPACT	To expand HIV/AIDS prevention, care and support interventions in target regions To increase adoption of safer sexual behaviors among Ethiopian youth and specific groups who engage in high risk behavior	• Community mobilization in selected districts to include establishment / strengthening of anti-AIDS clubs, peer education, referral networks. • BCC leading to increased self-risk perception and behavior change • Capacity building of local government and non-Government organizations. • Support to National Youth Network to implement HIV/AIDS programs with 200,000 members and 4000 youth groups. • Capacity building of PLWHA groups to conduct risk reduction programs, advocacy on stigma and discrimination. • Targeted prevention programming to specific groups.	USAID	[redacted] (reprogram money)	Base	1.5

Save the Children -US	A+B Practices Strengthened and Condom Social Marketing as Applicable	• Peer education for mobile high risk groups and youth • HIV/AIDS Information Centers in urban and peri-urban areas along transport corridor and referral links to VCT, clubs etc • Targeted youth interventions utilizing community and religious leaders and gatekeepers • Strengthening Anti-AIDS clubs in target towns • "Edutainment" - street shows in target towns • Business Skills Training for vulnerable women	USAID		Base	Track 2
REST Title II	To reduce HIV/AIDS Prevalence in Tigray	• IEC/BCC at the community level through print materials, advocacy and peer education.	USAID	New funding not requested due to budget limitations; part of on going program	N/a	N/a

CARE FBO? No	By the end of March 2005: Implement CDC's BCC strategy: Modeling and Reinforcement to Combat HIV (MARCH) in urban and rural setting Conduct, document, and disseminate MARCH 'lessons learnt' evaluation Develop revised MARCH reinforcement package	• MARCH implementation in model urban and rural sites continued • Develop guides for qualitative evaluation of MARCH. • Identify and hire consultant /team to conduct the assessment. • Produce assessment report. • Conduct dissemination /lessons learnt workshop with stakeholders. • Publish document. • Revise the Listening Discussion Guides. • Develop community reinforcement multiplier activities. • Revise training manuals to meet the needs of low literate /illiterate volunteers. • Revise monitoring forms and reports.	CDC	(has this amount changed??)	Base	2

JHUCCP FBO7 No	By the end of March 2005: Maintain the National AIDS Resource center and initiate regional resource centers AIDS hotline service initiated. Training of journalists conducted (100) and network with media professionals established. Number of educational and promotional materials developed. Reach 10,000,000 people with communication messages on issues around HIV/AIDS	• Operate the National AIDS Resource center • TA to the establishment of Regional Resource Centers [other costs to be covered by HAPCO trough MAP and Global funds] • Evaluation of ARC utilization and website will be conducted. • Steps to initiate AIDS hotline service implemented. • Journalists training will be conducted. • Provide on going skill building training for media personnel. • Develop educational and promotional materials (print, audio, visual) on AB, STI, OI, ARV, basic facts on HIV/AIDS, PMTCT, care and support and ARV including for the USG sites. • Support the establishment of networking within the media and various stakeholders working in the area of HIV/AIDS including professional associations.	CDC		S/GAC – Base –	Track 1.5

MOND FBO? No	By the end of March 2005: MARCH will have been implemented full scale in the 109th Core of MOND. MARCH is initiated within the 105th Core of the MOND, the Core in Debre Zeit and the Core around Addis. An alternative entertainment education component is developed and initiated in the form of print serial drama (PSD).	• Training of Peer Leader Trainers and Peer Leaders will be conducted. • Tape recorders will be distributed and serial drama tapes (Yeken Kegnet) will be supplied to Peer Leaders. • Initiate discussion groups and other community based reinforcement activities. • Preparatory steps to utilize the army Newspaper (Wugagan) to communicate BC messages in a form of serial stories or comic strips will be implemented. • Anti-AIDS clubs will be strengthened. • Develop and initiate the PSD. • Train PSD developing team. • Revise training manual and reference material to go with the PSD and based on lessons learnt from model sites. • Develop and implement monitoring and evaluation tools, and closely follow the activities. • Organize experience-sharing forums.	CDC		Base	2

CDC *[media, artist]*	By the end of March 2005: TA to all CDC IEC/BCC activities provided A framework for the peer education approach in HIV/AIDS/SRH will have been developed. A number of innovative IEC/BCC activities been implemented. National BCC strategy is initiated. National media communication strategy is initiated.	• Provide TA to CARE and MOND MARCH related activities. • The study on the PE approach (assessment of NGOs utilizing the PE approach in Ethiopia) will be finalized and disseminated to stakeholders. • Working group will be established to move the recommendations forward (HAPCO/MOH taking the lead) on PE. • Stakeholders will draft framework to discussion. • Support HAPCO, MOH-HEC, Media, ARC to develop national BCC and Media strategy.	CDC		Base	1.5 and 2

EPHA/Walta Information Center (WIC) New partner? No FBO? No	By the end of March 2005, reach at least 10,000,000 people with communication messages on issues around HIV/AIDS	• Develop and distribute /broadcast at least 3 documentaries on impact of HIV/AIDS stigma and discrimination on women infected and affected with HIV/AIDS/ social networking in light of high risk behavior /impact of HIV/AIDS on children /urban-rural transmission of HIV/AIDS /harmful traditional practices and HIV/AIDS. • Conduct at least two talk shows on ARV /women and HIV/AIDS /stigma and discrimination. • Conduct national and regional symposia around issues of high concern on HIV/AIDS. • Develop and implement mechanisms for feedback /M&E.	CDC		Base	1.5

4.2.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
IOCC [redacted] New partner? Yes FBO? Yes	To Contribute to Behavior Change through Church leadership in the "Abstinence and Faithfulness" message.	• Strengthen integration of HIV/AIDS prevention messages into church sermons • Capacity building of priests and lay workers to provide HIV/AIDS education and guidance • HIV/AIDS prevention programs targeted at youth aged 15-24 • Strengthening Sunday School youth clubs to provide HIV/AIDS prevention programs • Patriarchal rallies emphasizing HIV/AIDS prevention • IEC/BCC materials for distribution	USAID	[redacted] (approved Track 1.5)
JHU [redacted] New partner? No FBO? No	To promote Behavior Change Communication approaches to reduce HIV/AIDS prevalence Among youth	• Develop harmonized HIV/AIDS prevention messages and link to community health programs • National HIV/AIDS Communication Strategy - to encompass media messages, advocacy for HIV/AIDS prevention and program messages. • Develop Youth Action Toolkit - materials, training and ongoing support to strengthen youth groups' HIV/AIDS prevention programming.	USAID	[redacted] (Track 1.5 approved)

Internews New partner? Yes FBO? No	Unknown – Office of Congressional Affairs mandate	Unknown – Office of Congressional Affairs mandate				USAID/W	[redacted] (Track 2)
FHI /IMPACT New partner? No FBO? No	To minimize HIV/AIDS prevalence in Resettlement Areas	• HIV/AIDS prevention programming among male heads of households separated from families to include peer education, support clubs, counseling and access to services.				USAID	[redacted] (Track 1.5 approved)
Total partners:	CDC:5	New partners:	1	FBOs:	None	Total budget:	[redacted]
	USAID: 9		2		2		

Table 4.3	Blood Safety
4.3.1 Current status of program in country	There is no national policy. There are inadequate facilities with no sustainable system for blood collection and banking in hospitals. Blood banking services are available at zonal and referral hospitals in most regions but there is no quality control/quality assurance except in Addis Ababa. Existing programs: ET Red Cross. The following highlights the situation in country: • Out of 115 hospitals in Ethiopia, only 39 hospitals provide blood bank services. Annually 22,723 transfusions are provided in the country. However, the average demand calculated based on hospital beds is 57,379. Thus, there is 34,656/year of unmet need. The HIV rate among replacement donors is 8-10%, whereas among volunteer donors is less than 1% according to Ethiopian Red Cross blood bank. The HCV rate is 1-2%, whereas the HBsAg prevalence is 11%. There is no routine screening for hepatitis viruses. There is no published National Guideline on blood safety. There is no quality control/quality assurance system except in Addis Ababa. In Addis Ababa, the Ethiopian Red cross Society is responsible for the blood bank services including QC/QA of the services. • The Ethiopian Defense Health Services gets safe blood bank service from the Ethiopian Red Cross, the only facility that has control/quality assurance system only in Addis Ababa. The disparity of troops on deployment across the country and the over-stretched capacity of Ethiopian Red Cross to provide sufficient blood needs even in Addis Ababa, has always been a concern. Although the health services of the Eth. Defense Forces has obligation to meet MOH standards, the MOH does not have any administrative control over it. The MOH recent measures to establish a mechanism to ensure safe blood has not addressed the Defense forces issue in its plan. The MOH applied for Track 1 Blood Safety and TA awards for urban centers. The MOH will determine whether to include military.

4.3.2 How new activities will contribute to PEPFAR targets, linkages to other activities	In view of the lack of national guidelines there is an urgent need to develop national guidelines on blood safety with an implementation plan. There is also an urgent need to establish a mechanism to ensure blood safety at regional level and nationally. If the limited coverage of the blood bank service is improved, significant numbers of new infections can be averted - a PEPFAR target. There is also an urgent need to develop a national policy and a safe blood supply system for the military. The U.S. Mission approach proposes to establish a safe blood supply system for the military through training of 3200 health care workers in UP and Safe Blood, quality care/manuals in hospitals, services in referral hospitals (MOD).) Under peacetime conditions within the military, 580 - 600 blood transfusions per month are administered to patients with HIV & Leishmania Kalazer infections, elective surgery, and accidents. With the military's potential for volunteer donors, if safe blood screening and storage facilities can be established, a significant number of new infections will be averted.

4.3.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

4.3.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
CDC	By the end of the second quarter of PEPFAR year, the Ethiopia National policy, guideline and implementation plan of Blood Safety developed	• support the development of blood safety strategy, • oversee implementation of central cooperative agreement • participate in assessment, guidelines development and supervisory visits	CDC	S/GAC Track 2

MOH, [redacted] AAU	By March 2005, increase the coverage of safe blood services through building 10 regional blood banks and 10 hospital based blood banks	• Establish National Blood Transfusion Service • Conduct rapid needs assessment, including assessment of existing blood banks • Develop and disseminate a National Blood Transfusion Strategy and guideline • Establish 10 regional blood banks (RBB) and 10 hospital-based blood banks (HBBB) • Strengthen ERCS regional blood banks through personnel, equipment, supplies, renovation/construction • Develop contracts and build/renovate blood banks both regional and hospital-based • Hire, staff, and train new personnel including lab technicians, nurses, administrators, donor recruiters, and physicians for blood banks. • Develop Standard Operating Procedures, finalize, and disseminate • Procure necessary supplies and equipment • Provide training to physicians and nurses to reduce the number of unnecessary transfusions • Develop a monitoring and evaluation plan and develop indicators • Plan and install management information systems for tracking and reporting of M&E indicators	CDC	Track 1

[ ] CDC [ ] New partner NO Not FBO	Establish military safe blood supply.	• Feasibility study on Military safe blood supply. • Training. • Acquisition of safe blood screening & storage equipment. • DSM & transportation for visiting experts from NHRC.	DOD	[ ]

Total partners:	(CDC) 3	New partners:	2	FBOs:	0	Total Budget:	[ ]
	(DOD) 2		1		0		

Table 4.4	Safe Injections and Prevention of Other Medical Transmission of HIV
4.4.1 Current status of program in country	There are no guidelines specific to infection prevention practices essential for preventing medical transmission of HIV. MOH has initiated efforts to improve the quality of health services by recognizing the needs for upgrading the knowledge and skills of the key providers at the health facilities, improving supplies for infection prevention and developing assessment tool to improve the quality of services to prevent medical transmission of HIV. With technical assistance from JHPIEGO, a National Infection Prevention Guidelines has been drafted, and key service providers working in the antenatal, labor and delivery and postpartum areas from 15 health facilities have been trained in Infection prevention. All sites are being followed up to ensure that service providers are using appropriate infection prevention practices.

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4.4.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Our country vision includes preventing HIV and other infections to both patients and health professionals in all health care settings in ET. Activities (ongoing): to prevent HIV and other infection in health care setting both to patients and health professionals at 52 PMTCT sits by strengthening infection prevention using the performance improvement approach. Activities (proposed): Infection prevention/safe medical injection program expansion to additional 18 medical centers across the country. As the guidelines are being finalized, the USG will quickly follow with the development of evidence-based operational standards in infection prevention and control for relevant areas of facility-based healthcare. Once finalized the performance standards will include an assessment tool that can be used for self, peer, internal, and external assessment at the facility level. The implementation of the assessment tool leads to the identification of performance gaps that need to be reduced or eliminated. Local health managers and providers will be trained and empowered to analyze the causes of the gaps and identify and implement appropriate interventions to close these gaps. USG will assist in developing the cadre of IP trainers that can be deployed by the MOH to strengthen the performance of service-providers at the sites selected for implementation of PEPFAR project. These activities will contribute towards infections averted goal of PEPFAR.

4.4.3 Existing activities initiated prior to FY 04

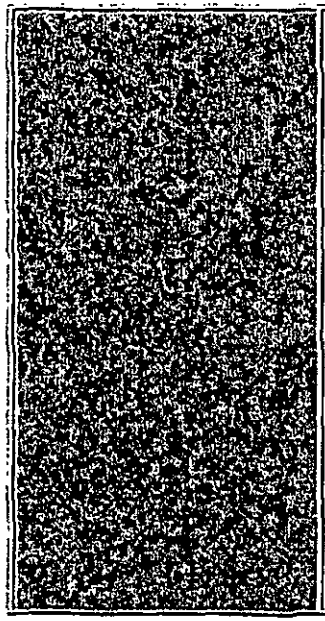
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 5, 2)

JHPIEGO, MOH, RHB, Gash Aberra Molla Project New partner? Gash Aberra Molla Project FBO? No New partner? ECS FBO? Yes	Strengthen infection prevention practices at USG hospital sites using performance improvement approach	• Develop and finalize national IP Guideline • Finalize infection prevention standards • Develop infection prevention monitoring tool • Assess actual infection prevention practices and determine appropriate interventions (e.g., provider training, equipment, and facility support in collaboration with RPM+) • Strengthen USG hospital sites relative to identified gaps, including whole-site infection prevention training • Support hospital and community involvement in IP including national clean hospital campaign	CDC		S/GAC	1.5

4.4.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Total partners:	(CDC) 3	New partners: 1	FBOs: 0	Total budget:

Table 4.5	Other Prevention Initiatives (e.g., provision of condoms; control of STIs; high-risk groups)
4.5.1 Current status of program in country	For the 15-44 age group, STIs are the leading cause of outpatient morbidity at many hospitals and health care centers in the country. The reported annual incidence of gonorrhea in the general population is 14%, syphilis 1.5%, and cancroids 1.3% (MOH 1994 [is this ET or GC?]). All health institutions in the country are expected to treat STI patients at the outpatient clinics mostly using the syndromic approach. Our existing programs include the SAVE High Risk Corridor Program and Pathfinder. In the high-risk corridor, IOM pays for drugs at the health facility and tracks referrals. Condom procurement can be a problem; if not the commodities then the resources to support distribution. The Global Fund does not currently set aside money to purchase condoms. There is a shortage of drugs available to people who cannot afford to pay. Existing facilities for service delivery include health centers; private clinics (300 in Addis; 50% of all health care is in Addis); Pharmacies (those who can purchase STI meds at retail outlets); Antenatal clinics - syndromic management of syphilis. As mentioned in Table 4.2. The U.S. Mission pursues a comprehensive program that encompasses the range of prevention methods of Abstinence, Faithfulness and Correct and Consistent Condom Use for those who engage in high-risk behaviors. The program ensures that beneficiaries have access to information concerning the "ABC" strategies and partner organizations deliver programs that encourage behavior change and risk reduction, targeting groups who engage in high-risk behavior. Examples of activities include community mobilization for prevention, stigma reduction and care and treatment; peer counseling among transport workers and women who engage in commercial sex along major transport corridors; and the development of training materials and provision of training for peer educators in the uniformed services.



The U.S. Mission has supported condom social marketing (with the provision of condoms and recurrent costs) in Ethiopia for over a decade with Population Services International (PSI) and its local partner, DKT Ethiopia. STIs have been part of USAID/Ethiopia's Reproductive Health program, but the success of the program has been severely impacted by the difficulties in provision of the necessary drugs.

The program has increased understanding of the HIV/AIDS epidemic in Ethiopia with the publication of the first round Ethiopia Behavioral Surveillance Survey and numerous regional assessments. However, given the constraints of PEPFAR budgeting, these program elements will largely cease. So too will specific stigma reduction programs, that have been successful in encouraging behavior change and the adoption of risk reduction strategies.

Previous attempts of sensitization programs using drama troupes in the military, in conjunction with the peer-leadership strategy, have been found to be successful. However accessing the Units in rural areas with the Defense Drama and Theater Department traveling to those areas from a central location, demands resources, time, and implementation.

4.5.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Proposed activities are targeted at providing comprehensive STI management at all the PMTCT and VCT sites - integrating the STIs service with other preventative services. Untreated STIs can increase both the acquisition and transmission of HIV by up to tenfold and thus STI interventions will contribute to PEPFAR infections averted targets. Track 1.5 already includes expansion of STI management in three target regions: prevention activities in resettlement areas targeting 1 million people. Proposed activities: condoms distributed to military not a budget item (not required in FY 04); Syndromic STI case management validation study report disseminated by MOH; Gonococci sensitivity pattern multi-center study results disseminated; condom social marketing; STI services will be available in 17 hospitals (target STI patients, including contacts); STI case management guidelines and treatment protocol. The proposed activities will provide comprehensive STIs management at all USG sites - integrating the STIs service with other preventive services (VCT and PMTCT.)
	Prevention activities will contribute to the PEPFAR target of averting new infections; 58,000 by the end of year one and 734,000 by 2010. These targets will be achieved in the following ways; • The provision of 60 million condoms to be targeted at people who engage in high-risk behavior. • A new social marketing program will support and complement the targeting of condoms to specific groups. • The Resettlement Program will target male heads of households who are separated from the families with a comprehensive risk reduction "ABC" program. • In addition to worksite and vendor programs with large corporations (see above), the Private Sector Partnerships program will strengthen the ability of private pharmacies, laboratories, and other health care providers to promote comprehensive risk reduction ("ABC"). • Within the military, the up-grade of drama troupes in different regional Command Units (2 Army Corps ,188'th & 110'th in FY'04) will facilitate sensitization at the grassroots level within the majority of troops stationed in rural areas assuring positive behavior change, one of the main factors for "averting new infections."

4.5.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 5, 2)
FHI/IMPACT FBO? No	To expand HIV/AIDS prevention, care and support interventions in target regions To increase adoption of safer sexual behaviors among Ethiopian youth and specific groups who engage in high risk behavior	• Community mobilization in selected districts to include establishment / strengthening of anti-AIDS clubs, peer education, referral networks. • BCC leading to increased self-risk perception and behavior change • Capacity building of local government and non-Government organizations. • Support to National Youth Network to implement HIV/AIDS programs with 200,000 members and 4000 youth groups. • Capacity building of PLWHA groups to conduct risk reduction programs, advocacy on stigma and discrimination. • Targeted prevention programming to specific groups.	USAID	New funding not requested due to budget limitations; part of on going program	N/a	N/a

Save the Children -US (Addis-Djibouti High-Risk Corridor) FBO? No	A+B Practices Strengthened and Condom Social Marketing as Applicable Improve access to and availability of VCT and STI treatment	• Peer education for mobile high risk groups and youth • HIV/AIDS Information Centers in urban and peri-urban areas along transport corridor and referral links to VCT, clubs etc • Targeted youth interventions utilizing community and religious leaders and gatekeepers • Strengthening Anti-AIDS clubs in target towns • "Edutainment" – street shows in target towns • Business Skills Training for vulnerable women • Refresher Training for bar and hotel owners to support condom use for those who engage in high-risk behavior. • Work with IOM to facilitate referrals to public health centers and availability of STI treatment.	USAID		Base	Track 2

REST Title II FBO? No	To reduce HIV/AIDS prevalence in Tigray	• IEC/BCC at the community level through print materials, advocacy and peer education. • Condom education and distribution to those who engage in high-risk behavior.	USAID		Base	Track 2
Pathfinder International FBO? No	To increase HIV/AIDS Prevention	• Peer and community education and advocacy through community leaders • Private sector workplace prevention programs • IEC/BCC print media distributed • HIV/AIDS prevention in youth clubs • Condom education and distribution to those who engage in high-risk behavior.	USAID	New funding not requested due to budget limitations; part of on going program	N/a	N/a

PSI/DKT FBO? No	To decrease HIV/AIDS prevalence and reduce risk behaviors	• Mass Education on HIV/AIDS prevention methods. • Training of trainers on HIV/AIDS. • Condom Social Marketing.	USAID	New funding not requested due to budget limitations; part of on going program; 60 million condoms from USAID Washington	N/a	N/a
MOH, MOND, EHNRI New partner? No FBO? No	The STI Syndromic case management validation study report will have been completed and disseminated	• Hold consultative workshop on the study result. • Conduct dissemination seminar with different professionals of large audience. • Adapt the developed protocol based on the result of syndromic validation study	CDC		Base	2

MOH, MOND, EHNRI New partner? No FBO? No	The STI syndromic management training manuals will have been developed, disseminated and TOT /Supervision will have been conducted	• Hiring two Consultants for three months. • Conduct training for health professionals drawn from partner Hospitals and institutions in two rounds. • Conduct TOT for health providers coming from the Regions and Addis Ababa • Print and disseminate the training manuals to concerned agencies • Conduct supervision on the trainees by professionals	CDC	[redacted] (was this .09 in the original matrix?)	Base	2
MOH, MOND, EHNRI New partner? No FBO? No	Gonococci sensitivity pattern multi-center study will have been finalized.	• Support EHNRI to finalize Gonococci sensitivity study. • Print and disseminate the study results	CDC	[redacted]	Base	2

4.5.4 Proposed new activities in FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget
FHI/IMPACT – Resettlement New partner? No FBO? No	To minimize HIV/AIDS prevalence in Resettlement Areas	• HIV/AIDS prevention programming for 15,000 –20,000 male heads of households, separated from families, to include peer education, support clubs, counseling and access to services. • Condom education and distribution to those who engage in high-risk behavior.	USAID	[redacted] (Approved Track 1.5)
Private Sector Partnerships – TBD (USAID/Washington Task Order) New partner? Yes FBO? No	To increase sustainable provision of and use of private sector HIV/AIDS and other health information, products and services	• Mass media / social marketing campaigns promoting positive behavior change in terms of reduced risk behavior. • Marketing of health and HIV/AIDS services and products. • Expansion of HIV/AIDS services and products through the private sector. • Advocacy for increased public awareness, availability of services, accessible commodity pricing and public private partnerships. • Develop scope of work for out-year expanded program.	USAID	[redacted] Track 2

MOH, MOND New partner? No FBO? No	Comprehensive STIs service will be made available to 7500 clients in 25 hospitals	• Conduct site assessment • Training of health care workers at the 25 sites • Procure STI drugs and supplies • Provide site-level follow-up, and training and technical support	CDC	
MOD	Behavioral changes through education and multi media viewings and events	• Upgrade 2 Army corps drama troupes	DOD/SAO	

Total partners:	(CDC)3	New partners:	0	FBOs:	0	Total budget:	
	(USAID) 7		1		0		
	(DOD) 1		0		0		

Table 4.6 Voluntary Counseling and Testing

4.6.1 Current status of program in country	Only 2% of ET men have been tested for HIV. However, 65% of all men who have not been tested want to be tested. Almost all of the country's VCT services are in Addis Ababa. • Only < 3% of Ethiopians have been tested for HIV. However, a much higher percentage (e.g., 65% of all men) who have not been tested for HIV want to be tested • Overall low access to VCT services; most of the country's VCT centers are located in Addis Ababa. • Overall quality of VCT services is low • Tools and standards have been developed by CDC-Ethiopia and adapted to national context but not used by all stakeholders • There is a gap in coordination of VCT at the national and regional levels. • Limited number of counselors and counselor not recognized profession; lay counselors inexistent • Limited post test services • High level of stigma & discrimination • Under-developed care and support networks & referral • Shortage and inconsistent supply of test kits • mobile (pastoralists, farmers, market place...) VCT services lacking • MIS is not widely used; data not used for planning • No social marketing of VCT services U.S. Mission activities at the public health clinic level work through FHI/IMPACT and Save the Children U.S. (Addis-Djibouti high-risk corridor). US Mission activities also include support to the MOH in development of guidelines, training materials and tools and 2 National VCT Model Sites (free-standing and health-integrated) that has served to standardize VCT activities in the country and train organizations working in VCT. There are 3 VCT sites in 3 central referral hospitals (Armed Forces Teaching Hospital, Bella Hospital, Debre Zeit Air Force Base Hospital). Efforts are to establish 6 new additional sites in 6 regional/frontline referral hospitals (Mekele, Harar, Kembolcha, Shire, Gonder and Awassa) and 2 mobile VCT facilities in FY'2004 because of high existing demand. Each mobile VCT site consists of 3 counselors, 1 data clerk, 2 laboratory technicians, and 1 site coordinator. Supply of HIV testing kits to the 3 VCT sites at the central referral hospitals have been provided by DHAPP it is necessary to have supplement of test kits for the additional new sites and the 2 mobile facilities.

4.6.2 How new activities will contribute to PEPFAR targets; linkages to other activities	The expansion of VCT services through PEPFAR will play a major role in increasing people's access to primary prevention through risk reduction counseling. It creates an opportunity to link more HIV positives with comprehensive care, support, and treatment including ART. Expanding the VCT services will directly contributes to PEPFAR goals by increasing the number of infections averted and the number of people that will receive ART and other treatment, care and support. Reporting should track the percentage of the general population aged 15-49 years who receive HIV testing results and post counseling in the last 12 months. The U.S. Mission vision includes counseling and testing services that will directly increase the number of infections averted through increasing risk perception and promoting behavior change. For those who test positive, it will increase the number of people that will receive ARVs and other treatment, care and support.

4.6.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

FHI/IMPACT FBO? No	• Expansion of VCT services in three regions and Addis Ababa to cover 228 sites • Ensure quality • Link with clinical care • Referrals establish with community-based programs	• integrate VCT as part of standard package of services in public health sectors • guidelines and materials developed and/or adapted • training of trainers • training of counselors, and laboratory technicians • counselor support groups continued • M&E strengthening • Continue with stigma reduction BCC • Launch VCT social marketing campaign • Work with RPM+ on test kit supplies • Establish VCT center with IRC for Sudanese refugees in the Sherkole Refugee camp • Supplement CDC funding for HAPCO and mobile counseling	USAID	[redacted] reprogram-med to HAPCO and [redacted] to IRC)	Base	Track 1.5. approved

Save the Children/US Addis Djibouti High-Risk Corridor Program FBO? No	Accessibility to and availability of VCT services improved	• Continue to support 17 VCTs along the Addis Ababa - Djibouti corridor (16 public health-based, 1 free -standing) • Strengthen STI, TB, MTCT, family planning, etc. referrals with VCT clients (ARVs when available) • Continue peer education and counseling (105 volunteers and 42 counselors) • continue work with IOM • train counselors and laboratory • focus on more male participation in VCT	USAID		Base	Track 2

AAHAPCO/OSSA/RHB Not new partners FBO: No	By March 2005, strengthen existing two national model VCT sites in Addis Ababa Initiate mobile VCT services	• Assist the sites to provide VCT services to 15,000 clients • Provide technical support to maintain quality of service • Maintain and promote VCT standards as national models • Provide practical training and study tours at their sites for VCT trainees • Assist the VCT sites to scale up their services by including, Post test clubs, instituting couple counseling protocols, training program and integrating with TB and ANC clinic • Assist the sites in VCT promotion to increase client flow • Support to initiate mobile service for population of Addis Ababa • Assist the mobile service to provide pre and post test counseling for 5000 clients seeking the service •	CDC		Base	2

		• Assist the mobile service to provide pre and post test counseling for 5000 clients seeking the service • Assist the mobile VCT to provide referral for 90-				
MOND Not new partner FBO: No	By March 2005, initiate VCT services at Harar and Mekele Military hospitals	• Assist the site to provide VCT services to 8000 clients • Provide technical support to initiate the service and maintain the standard	CDC	[redacted]	Base	2
DOD Not a new partner FBO: no	Acquisition of HIV test kits	• purchase and distribute test kits	DOD	[redacted]	S/GAC	TRACK 1.5

4.6.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

MOH New partner? No FBO? No JHPIEGO New partner? No, FBO? No	By MARCH 2005, expand VCT services to reach 51,000 clients in 25 hospitals	• Conduct site assessments of facilities • Develop capacity of 25 hospitals to deliver VCT services • Recruit and select staff • Conduct training of coordinators, counselors, supervisors, and data managers. • Provide site follow-up including technical support and supportive supervision • Support renovations and procure equipment and supplies	CDC	
MOH New partner? No FBO? No	By the end of MARCH 2005, develop and adapt couple counseling and quality assurance tools to the Ethiopian context	• Assist MOH to develop Couple counseling protocol and quality assurance tools	CDC	
AAU New partner? yes FBO? No	By the end of 2004, conduct behavioral survey on barriers to condom acceptance and utilization	• Assist the sites to develop agenda of study on condom acceptance and utilization among VCT clients. • Support the sits to conduct the survey in VCT sites in AA • Support in dissemination of the study findings	CDC	

CDC/MOH	Support the implementation of VCT program including policy, training, and technical assistance	• Develop site-assessment tools • Conduct site readiness assessment of the Hospitals selected for VCT • Support targeted monitoring and evaluation tools for VCT • Provide technical support in developing SOP for VCT • Provide programmatic and administrative support to the national VCT program including local trainings and site visits • Support implementation of VCT services at the selected sites • Provide follow-up training, support and technical guidance to clinical staff in VCT • Support renovation and procure equipment and supplies • Conduct review meetings	CDC	
DOD	Establish 2 mobile VCT sites	• Provide small tents & furniture	DOD	

New partner? NO FBO? NO	1. To provide quality HIV voluntary counseling and testing (VCT) services for Sudanese refugees in Sherkole camp and the local host community.	Objective 1: • Recruit VCT manager, 3 VCT counselors and 1 laboratory technician. • Construct fully equipped and operational VCT center and laboratory integrated with services at the existing ARRA-run health clinic in the camp. • Procure all necessary VCT and laboratory materials and supplies. (based on CDC protocol). • Train VCT and health center staff on the full VCT package of services, including: pre/post-test, STI/HIV prevention, couples, youth-specific, and follow-up counseling; and confidentiality and impartiality. • Train all staff on data collection methods and compilation and recording of information gathered. • Train VCT staff in universal infection prevention practices. • Make condoms available at VCT center.	B/PRM	

[redacted] (cont.)	Obj. 1 Sub-Objectives: 1.1 To establish a formal referral network with the ARRA-run health clinic for the treatment of tuberculosis (TB), opportunistic infections (OIs) and sexually transmitted infections (STIs). 1.2 Set up a reliable HIV/AIDS data surveillance system in accordance with MoH and WHO guidelines.	Sub-Objective 1.1: • Liaise with ARRA health clinic staff to prepare them for an increase in demand of health services and treatment. • Develop a referral system accepted by IRC and ARRA health clinic staff. • Liaise with ARRA to ensure medications needed to treat TB, OIs, and STIs are available in the ARRA health clinic dispensary. • Develop a proper partner notification system. Sub-Objective 1.2: • Establish STI/HIV baseline data. • Establish VCT data network with data manager at the ARRA health clinic, HAPCO and UNHCR. Train both staff on issues related to confidentiality and data protection. • 1 VCT staff and ARRA health clinic data manager trained in VCT data management and analysis.	B/PRM	

☐ (cont.)		• Procure and install equipment for VCT data management. • Conduct qualitative exit interviews with VCT clients.		
☐ (cont.)	2. To make available an effective community support structure for persons tested for HIV in Sherkole and local host community.	Objective 2: • Establish a PLWA support group. • Organize post-test clubs. • Establish a referral system between the VCT center and community support groups. • Train 7 existing HIV/AIDS social workers on the principles of VCT and PLWA support groups. • Organize home visits for HIV positive persons by the HIV/AIDS social workers. • Conduct sensitizations on community support and home-based care of PLWA, especially regarding stigma, fear and compassion.	B/PRM	

Total partners: 11	(CDC) 7	New partners? 1	FBOs: 0	Total budget:
	(USAID) 2	0	0	0
	(DOD) 1 Note: all activities are with MOD	0	N/a	
	(PRM) 1	0	0	0

Table 4.7	HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)
4.7.1 Current status of program in country	The following are important aspects of the current program in country: Tuberculosis: National guidelines for the TB and Leprosy Control were published in 2002. Ethiopia ranked 10th in 2001 in the absolute estimated number of cases, and had an estimated incidence of TB of 292-cases/100,000 population in 2001. An estimated 42% of all cases were detected in 2001, and 42% of TB patients were estimated to be HIV-infected. TB treatment is decentralized to the woreda level using the DOTS strategy; 70% of the population is covered by DOTS (WHO Global Report 2003) Treatment: • National Guideline - DOTS Strategy • Treatment is provided at Health centers and at hospitals Prevention: No national policy for provision of INH prophylaxis. Early detection and Treatment of OIs: National Guideline - Needs Revision. Prevention: Not widely practiced Treatment: Service is available - [Limited Diagnostic Facility, Rx Options]
4.7.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Planned activities under PEPFAR will focus on establishing an integrated quality care, treatment, and support services in the prevention and treatment of TB and other OIs at USG sites. Expansion of these services to these facilities which are catering for large segment of the countries population will allow us to provide comprehensive care to HIV infected and affected families thereby greatly contributing towards achieving one of the PEPFAR targets which is total number of HIV infected patients under care including ARV. In all selected health facilities these services will be linked with VCT and ART services. Given high HIV prevalence among TB patients, TB clinics provide probably the best entry point for identifying HIV positive patients eligible for ARV treatment.

4.7.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)
FHI/IMPACT FBO? No	Systems and service delivery strengthened for public health clinical care level of OIs, Improved referrals for TB, family planning and community-based support	• OI and prophylaxis and treatment training for clinic staff • Clinic referral staff identified, training and counseling skills improved • Community-based referral networks surveyed and compiled • Materials developed and distributed • Organizational management and patient flow strengthened • Stigma training for all clinic staff	USAID	[redacted] reprogram-med to palliative care)	Base	Track 1.5

MOH, AAHAPCO, AARHB, MOND, AAU FBO? No	By the end of FY 2004, the Pro Test Initiative (TB and HIV collaboration) will be implemented at selected sites	• Strengthen link between VCT center and TB Clinic [Establish two-way referral system] • Recruit and train staff on Pro Test Initiative • Develop a data management structure and incorporate it in HMIS	CDC	[redacted] (presented in the matrix?)	Base	2

4.7.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
FHI/IMPACT	Non-ARV treatment at public health centers	• To expand non-ARV treatment at public health centers	USAID	[redacted]
I-TECH Not new partners Not FBO	By the end of 2nd quarter of FY04, support development of standard training materials for prevention and treatment of OIs	• Support development of standard training materials for STI, OI and TB	CDC	[redacted]

I-TECH No Not FBO	By the end of March 2005, Develop 25 local master-trainers on prevention & treatment of OIs	• Conduct training of trainers (TOT) on prevention, diagnosis & treatment of OIs including tuberculosis and STIs for local core-trainers selected from teaching institutions in the country (AAU, GCMS, JU, DHC, MU) • Conduct follow-up supervision of trainers while they train others	CDC	
I-TECH Not new partner Not FBO	By the end of March 2005, Health professionals from the 25 hospitals selected for implementation of PEPFAR will have been trained on non-ART HIV Care	• With partners identify appropriate candidates for the training • Conduct training for health professionals from the selected hospitals on multidisciplinary team approach of delivery of OIs • Provide onsite follow-up and supportive supervision for the trained Professionals, including the upgrading of OI diagnostic skills • Procurement of supplies for provision of services	CDC	
I-TECH Not new partner Not FBO	By end of March 2005, Establish Public-private partnership to support scaling up efforts of non-ART HIV Care	• Treat & follow 600 patients in collaboration with a private center • Train public & private staff in collaboration with private medical center and association • Establish strategy for increased role of the private sector	CDC	

I-TECH Not new partner Not FBO	By the end of March 2005, non-ART HIV clinical care will provides to 10,000 patients at 25 USG Hospitals	• Develop SOPs to standardize non-ART HIV Care services at the selected sites, including additional staffing/long term TA to facilitate implementation • Establish referral linkage with VCT centers and Health Centers in the catchment's areas of selected sites • Provide follow-up training, support and technical guidance to clinical staff in OIs • Develop Clinical tools (log books, referral slips, protocols, algorithms), Reference tools (pocket books, 3X5's, Posters) • Procure drugs and supplies for 10,000 patients • Develop framework for monitoring and evaluating program progress and patient outcomes • Support targeted monitoring and evaluation	CDC

Total partners:	(CDC) 6	New partners:	1	FBOs:	0	Total budget:	
	(USAID) 1		0		0		

Table 4.8	Palliative Care
4.8.1 Current status of program in country	The U.S. Mission approach to palliative care programs is based on the principle of community mobilization and capacity building in order to develop comprehensive, integrated services that meet the needs of people living with HIV, their families and affected communities. Palliative care programs in Ethiopia generally, are in their infancy. However, USAID/Ethiopia partners are pursuing a model that develops linkages between health facilities and communities, between community organizations including faith-based, between the public and private sectors, in order to meet palliative care needs. Stigma presents major challenges for people living with HIV/AIDS. Programs that offer care include stigma reduction aspects. The Mission concentrates on the following key care areas: psychosocial support; community needs including home-based care, palliative care, food and nutrition; and human rights and stigma reduction.

4.8.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Our mission's vision is to maintain and increase the quality and length of life for HIV infected persons from HIV diagnosis, through their lives, to burial (in densely populated, high prevalence areas) through a continuum of care. Palliative care activities will contribute to achieving the overall PEPFAR care and support targets of; 32,000 people receiving palliative care in year 1 (total care and support of 92,000 in year 1) and 388,000 receiving palliative care by 2008. This new activity will link with the existing comprehensive palliative care programs of FHI/IMPACT, CRS and Save the Children - US to ensure synergies, experience sharing, maximum impact and optimal use of funds. These targets will be achieved through existing programs the addition of: • IOCC/DICAC expanded community care programs. Critical in our work will be: CBOs (ldirs, referrals, home care centers, volunteers, training, supervision); hospices; information system for linkage from clinical to community and home-based care; and supporting associations of PLWHAs through stigma reduction programs as well as food and nutrition support.

4.8.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT S/GAC)	Track (1, 1.5, 2)

FHI/IMPACT FBO? No	To expand HIV/AIDS prevention, care and support interventions in target regions	• Capacity building of local government and non-government organizations to implement an expanded and comprehensive community based response to HIV/AIDS • Community mobilization in selected districts to establish home-based care programs and peer support mechanisms such as post test clubs. • Strengthening referral linkages between VCT and community support programs. • Training for health professionals and caregivers. • Supply of commodities and drugs for home-based care • Stigma reduction campaigns and advocacy • Strengthening of PLWHA groups	USAID		Base	Track 1.5

Save the Children - US (HRCI) FBO? Yes / No	To strengthen community-based palliative care	• Strengthen care and support committees • Provide home-based care (HBC) kits to committees and caregivers • Basic and refresher training for HBC providers • Strengthen social gathering/post test clubs • Training on positive living • Referrals to clinical care and OI treatment	USAID		Base	Track 2
CRS Title II FBO: Yes	To Promote and Maintain Basic Human Dignity of the Poorest of the Poor	• Nutritional support to people affected and infected with HIV/AIDS • Financial support to PLWHAs and their families to cover food, housing and medical needs • Home-based care counseling and personal support. • Vocational skills training • HIV/AIDS prevention education • Community-based awareness raising to reduce stigma	USAID		Base	Track 2

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4.8.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
IOCC/ [ ] New partner? Yes FBO? Yes	To provide faith and community-based palliative care and psychological support to PLWHA, to the sick, and to the dying.	• Provide community-based care and support to • Provide de-stigmatization training. • Establish community-managed hospices in target areas for the terminally sick. • Establish hospice advisory committees (similar to the community support group in selected parishes to establish, monitor and assist in the implementation of the hospice center. • Palliative care training will be given for the committee group at all levels. • Home visits by local congregations • IEC/BCC materials against stigmatizing the afflicted will be prepared, distributed and discussed on a regular basis.	USAID	[ ] Track 1.5 approved

Total partners:	(USAID) 4	New partners:	1	FBOs:	2	Total budget:	[ ]

UNCLASSIFIED

Table 4.9	Support for Orphans and Vulnerable Children
4.9.1 Current status of program in country	Definition of orphan in ET is maternal death or death of both parents. MOLSA study reported that most children in ET are vulnerable; strong stigma on children carrying the sins of parents; adoption is uncommon into unrelated families; FBOs begun to provide services; need to differentiate between HIV orphans and other orphans. The U.S. mission supports orphans and vulnerable children through a range of partners and activities. In 2003, we provided support to almost 12,000 OVCs. CRS was the largest provider of support to OVCs during FY 2003, acting through its local partners the Medical Missions of Mary (MMM), Missionaries of Charity (MOC), and Organization for Social Services in AIDS (OSSA). OVCs were provided food aid, support for housing (if needed), school fees and supplies, and other necessities. REST supports orphans with Title II DAP food resources, the provision of living stipends, school fees and materials. FHI/IMPACT and Save the Children US undertake community mobilization and capacity building to develop community-based care models for OVCS.

4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities
Our country vision is to strengthen the capacities of families and communities to meet the needs of vulnerable children and families in ET and develop linkages to the continuum of care. New activities are aimed at providing care and support to orphans and vulnerable children will contribute to achieving the overall PEPFAR care and support targets of; 10,000 OVCs in year 1 (total care and support of 92,000 in year 1) and 500,000 OVCs receiving care and support by 2008. These targets will be achieved in the following ways; • IOCC/DICAC will utilize the structures, networks and personnel of the Ethiopian Orthodox Church to mobilize communities and develop community-base care and support models for orphans and vulnerable children. • Positive Change/Children, Communities, and Care (PC4) - A new agreement will be competed and awarded to provide community-based care and support to OVCs and, while so doing, to build the capacity of local community and faith-based organizations to provide such OVC care and support over time. New activities will link with the existing comprehensive community programs of FHI/IMPACT and Save the Children - US to ensure synergies, maximum impact and optimal use of funds. Unfortunately, it is anticipated that OVCs reached in 2004 will be less than in 2003, given the priorities of PEPFAR. However, substantially increased funding in 2005 will enable the USG program to expand programming and achieve targets.

4.9.3 Existing activities initiated prior to FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)

CRS Title II FBO? Yes	To Promote and Maintain Basic Human Dignity of the Poorest of the Poor	• Nutritional support to orphans and vulnerable children • Financial support to OVCs to cover living costs, school fees and medical needs • Counseling , health care and personal support • Vocational skills training • HIV/AIDS prevention education • Community-based awareness raising to reduce stigma	USAID		Base	Track 2
REST Title II FBO? No	To provide care and support to orphans and vulnerable children In Tigray	• Nutritional and financial support to orphans and vulnerable children to cover school fees and materials	USAID		Base	Track 2
Pathfinder International FBO? No	To strengthen community-based HIV/AIDS support services	• Care and support to orphans and vulnerable children through community associations (school fees and supplies). • Vocational skills training. • Business start up groups and support for job placements. • Develop links to micro-credit institutions.	USAID	No new Funding due to budget limitations; part of on-going program	N/a	N/a

FHI/IMPACT FBO? No	To expand HIV/AIDS prevention, care and support interventions in target regions	• Building the capacity of communities, CBOs, NGOs and local government to develop community-based care and support programs for orphans and vulnerable children.	USAID	No new Funding due to budget limitations; part of on-going program	N/a	N/a
Save the Children - US FBO? No	To strengthen community-based palliative care services	• Support to Care and Support committees at the Kebele level. • Support to OVC sub-committees at the Kebele level. 1. Development of community-managed child care day centers.	USAID	No new Funding due to budget limitations; part of on-going program	N/a	N/a

4.9.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

IOCC/ [ ] New partner? Yes FBO? Yes	To increase the availability of faith-based community care for orphans and vulnerable children.	• Formation of community support groups to sponsor Hope Centers. • Training to the community support group in HIV/AIDS awareness, childcare and counseling and other topics necessary for the care of orphans. • Psychosocial, educational and spiritual care from the parish community. • Economic livelihood support (in the form of food, clothes, shelter, school fees and materials).. • Life skills training for selected orphans and vulnerable children	USAID	[ ] Track 1.5
PC3 Activity - TBD (competitive procurement) New partner? Yes FBO? Unknown	To expand care and support services for orphans and vulnerable children in target regions.	• Mobilization of CSOs (NGOs, CBOs, FBOs) to provide community-based care and support to OVCs • Capacity building of CSOs involved in OVC care and support • Support to networking among CSOs providing care and support of OVCs	USAID	[ ] Track 2

Total partners:	(USAID) 7	New partners:	2	FBOs:	2	Total budget:	[ ]

Table 4.10	Anti-Retroviral Therapy (non-PMTCT plus)
4.10.1 Current status of program in country	The National Guideline on Provision of ARVs was published in Feb. 2003. Following this, sessions were held which included: one for training of trainers (TOT), nine for training ART Team Professionals and one for both for both trainers and trainees. Provision of ARV services was started at Public and Private hospitals in Addis Ababa in July 2003. Since then the service has expanded to include seven additional regions. At present there are a number of facilities providing ART service in the country. According to a recent report (unpublished data) there are approximately 4500 patients receiving ART in the country. To date ART is being provided only for those who can afford to pay for the drugs and monitoring expenses. US Mission provided support to the MOH in the development of guideline, and ARV implementation plan, and training of health workers for the government's for-pay program. 27 sites already designated by the government as treatment sites (not yet being used); 15 of these sites are now PMTCT sites with facility readiness and training and set to get drugs to begin services. No persons on ARTs with USG funding as yet.
4.10.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Planned activities under PEPFAR will focus on provision of ART services to 15,000 patients in 25 hospitals throughout the country. Expansion of these services will greatly contribute towards achieving one of the PEPFAR targets, which is total number of HIV positive persons receiving ARV. This service will be integrated with VCT, PMTCT, TB, and other OIs services.

4.10.3 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
4.10.4 Proposed new activities in FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		

[redacted] New partner? No FBO? No	Strengthen National and Regional Drug Management Systems for ARVs	• develop and support effective drug and key commodity procurement, management and distribution systems • assist in ensuring protocol, guidelines and models for key areas are state-of-the-art; support modification(s) as necessary • assess systems in place to support national rollout of ARVs; address such needs as identified • strengthen governmental institutions in planning, management, financial and human resource allocations • support linkages and collaboration needed from key government agencies at federal and regional levels • Undertake initiatives to improve the quality of pharmaceutical services and promote cross fertilization	USAID	[redacted] approved in Track 1.5

FHI/IMPACT New partner? No FBO? No	Evaluate site program readiness at public health centers for initiating ARV therapy	• Assess leadership commitment, models of care, and ART protocols for clinic level distribution and administration; availability of on-site essential services or linkages; staffing levels, types and capabilities with ART training or experience; HMIS to track patients; procedures and plans for program level M&E; access to required labs; quality assurance program; availability of reagents and lab supplies • Coordinate with RPM+ on drug management and procurement readiness	USAID	[redacted] approved in track 1.5
[redacted] New partner? No FBO? No	Procurement of all ARVs required for PEPFAR FY 04 target of 15,000 people on ART	• Strong communication, collaboration, coordination with CDC, MOD, HAPCO and MOH! SOW in progress, but awaiting S/GAC approval for this request	USAID	[redacted] track 2

FHI/IMPACT New partner? No FBO? No	Involve participation of Associations of PLWHAs in ART programs	• Strengthen existing relationships at federal and regional level • Continue to support referral and positive care seeking behavior by PLWHAs	USAID	[redacted] approved in track 1.5 (Note: reprogrammed from FHI/IMPACT above in this same section; included as part of the [redacted] in the initial FHI/IMPACT listing; this [redacted] about is not reflected in totals. Approved in Track 1.5 for resettlement A+B activities but reprogrammed as required to reach ARV target)

I-TECH, MOH, MOND, AAU	By the end of 1st quarter of PEPFAR program year, site readiness assessment of 25 hospitals selected for the implementation of ART under PEPFAR will have been conducted	• Conduct site readiness assessment of the 25 Hospitals selected for ART	CDC	
I-TECH, MOH, NIH/JHU	By the end of 1st quarter of PEPFAR program year, National ART Implementation Framework will have been developed	• Organize two working group meetings with National stakeholders (MOH, DACA, HAPCO, and Technical Experts). • Assist MOH/DACA/HAPCO in the development of National ART Implementation Framework • Organize/Support & conduct of National stakeholders work shop • Familiarize health care providers with the implementation Framework	CDC	
I-TECH, MOH, AAU, NIH/JHU	By the end of 2nd quarter of PEPFAR program year, support development of standard training materials for ART	• Support development of standard training materials for ART	CDC	

I-TECH, MOH, AAU, [redacted] NIH/JHU, EPHA	By the end of 2004, Develop 25 local master-trainers on ART	• Conduct training of trainers (TOT) on ARVs for local core-trainers selected from teaching institutions in the country (AAU, GCMS, JU, DHC, MU) • Conduct follow-up supervision of trainers while they train others	CDC	[redacted]
I-TECH, MOH, MOND, AAU, [redacted] [redacted] NIH/JHU	By the end of March 2005, ART team professionals from the 25 hospitals selected for implementation of ART services under PEPFAR will have been trained	• With partners identify appropriate candidates for ART training • Conduct training for at least 25 ART teams of professionals consisting of physicians, nurse counselors, pharmacy personnel, and lab technicians from the selected hospitals on multidisciplinary team, approach of delivery of ART, and program management • Provide onsite follow-up and supportive supervision for the trained ART Team professionals	CDC	[redacted]
I-TECH, MOH, AAU, [redacted] EPHA	By end of March 2005, Support In-service and Pre-service curricula development on HIV Care including ART	• Support development of curricula covering the continuum of HIV care including ART for Medical students and Residents • Work with the Carter Center to refine curricula in the Schools of Pharmacy, School of Nursing, and School of Laboratory Technicians & health officers	CDC	[redacted]

I-TECH, AAU, JHU, [redacted] Hadassah U, Sheba U	By the end of MARCH 2005, Twinning & voluntary health care corps programs will be established between Health Institutions in Ethiopia and USA/Israel	Establish collaboration between programs and institutions to: • Enhance care experience, e.g. the Israeli experience of care of Ethiopian Jews • Build capacity, e.g. UCSD support of MOND in HIV care • Establish voluntary work force, e.g. Ethiopians in the Diaspora, US & other national retirees and volunteers	CDC	[redacted]
I-TECH, MOH	By end of March 2005, Establish Public-private partnership to support scaling up efforts of ART	• Treat & follow 600 patients in collaboration with a private center • Train public & private staff in collaboration with private medical association • Establish strategy for increased role of the private sector	CDC	[redacted]
I-TECH, MOH, [redacted]	By the end of March 2005, Develop programs to support patient education on ART at National, Regional & Site Level	Educate PLWHA, the public at large and the media on: • The complexity of ART • Adherence requirement • Non-adherence consequences to patient & nation	CDC	[redacted]

I-TECH, MOH, EHNRI, Private Labs	By end of MARCH 2005, Support laboratory program and evaluation to guide future evidence based practice	• Conduct CD4 count for the 15,000 patients on ART services • Conduct viral load measurement for 5,000 patients on ART (every third patient) • Develop a data management system for data compilation and analysis • Compile & analyze data on a quarterly basis and provide feed back to the selected sites at regular intervals • Provide support to multi-site HIV comprehensive care • Support targeted monitoring and evaluation on use of ARV drugs	CDC	

I-TECH, MOH, AAU, MOND, EPHA, [redacted] NIH/JHU	By end of MARCH 2005, Support ART Program Implementation at the 25 hospitals selected for ART	• Develop site-level plan for implementation of ART program in the 25 hospitals • Coordination and over sight personnel and all other cost at three different levels: Ministry of Health, Eleven Regional health Bureaus, and twenty five hospitals including 5 military hospitals • Provide technical support and conduct supervision • Technical assistance for establishment of ART Steering Committee's at National, Regional and facility level • Conduct training for staff involved with ART Program at the various levels	CDC	[redacted]

I-TECH, MOH, AAU, [redacted] NIH/JHU, EPHA	By the end of MARCH 2005, Develop and assist implementation of standard operating procedures (SOP), and support Material Development & Technical assistance on implementation of ART in the 25 selected sites	• Develop SOPs to standardize ART services at the selected sites, including additional staffing/long term TA to facilitate implementation • Establish referral linkage with VCT centers and Health Centers in the catchment's areas of selected sites • Provide follow-up training, support and technical guidance to clinical staff in ART • Develop Clinical tools (log books, referral slips, protocols, algorithms), Reference tools (pocket books, 3X5's, Posters) • Develop framework for monitoring and evaluating program progress and patient outcomes	CDC	[redacted]
CDC, USAID, Embassy, DOD	By March 2005, workplace intervention for Mission employees and their families is initiated*.	• Assist the Embassy in developing strategy for Mission workplace intervention. • Assist in revising the HR policy to provide provisions for comprehensive workplace interventions. • Implement intervention based on policy /strategy. • Refer and link staff to preventive and treatment and support services	CDC	[redacted]

Total partners:	(CDC) 13	New partners:	9	FBOs:	0	Total budget:	
	(USAID) 2		0		0		

Table 4.1.1	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
4.1.1.1 Current status of program in country	No PMTCT+ services at present in country's health facilities. As part of the President's Mother to Child HIV Prevention Initiative country program (HAREG Project), of the 27 selected sites for implementation of the PMTCT, two hospitals have been identified for the provision of the PMTCT+ services.
4.1.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Providing the minimum package of services for preventing mother-to-child transmission, including: counseling; testing; ARV prophylaxis to prevent MTCT; counseling and support for safe infant feeding; family counseling and planning or referral; ARV therapy for HIV infected women and their children. Planned activities under PEPFAR will focus on expanding provision of PMTCT-Plus services at 25 USG sites. Expansion of PMTCT-Plus services to these facilities will allow us to provide care, support, and treatment including ARV to all HIV positive women and their eligible family members greatly contributing towards achieving one of the EPFAR targets which is total number of HIV positive persons under care and receiving ARV drugs.

4.1.1.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base PMTCT, S/GAC)	Track (1, 1.5, 2)

4.1.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

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New partner? No FBO? No	Drug management of PMTCT sites strengthened to deliver ARVs	• NOTE: these activities are being defined in close collaboration with CDC/MOH/HAPCO • DACHA also will be involved	USAID	approved in track 1.5.
I-TECH, MOH, MOND, AAU, JHU/NIH	By the end of 2004, ART team professionals from the 25 hospitals selected for implementation of PMTCT Plus services under PEPFAR will have been trained	• With partners identify appropriate candidates for PMTCT Plus training • Conduct training for ART team professionals consisting of physicians, nurse counselors, pharmacy personnel, and lab technicians from the selected hospitals on multidisciplinary team approach of delivery of ART, and program management • Provide onsite follow-up and supportive supervision for the trained ART Team Professionals	CDC	

I-TECH, MOH,	By the end of MARCH 2005, Develop and assist implementation of standard operating procedures (SOP) , and support Material Development & Technical assistance on implementation of ART in the 25 selected sites	• Develop SOPs to standardize PMTCT Plus services at the selected sites, including additional staffing/long term TA to facilitate implementation • Establish referral linkage with VCT centers and Health Centers in the catchment's areas of selected sites • Provide follow-up training, support and technical guidance to clinical staff in PMTCT Plus • Develop Clinical tools (log books, referral slips, protocols, algorithms), Reference tools (pocket books, 3X5's, Posters) • Develop framework for monitoring and evaluating program progress and patient outcomes • Support targeted monitoring and evaluation on PMTCT Plus	CDC	
I-TECH, MOH,	By end of FYO4, Establish Public-private partnership to support scaling up efforts of PMTCT Plus	• Treat & follow patients under the PMTCT Plus program in collaboration with a private center • Train public & private staff in collaboration with private medical association • Establish strategy for increased role of the private sector	CDC	

Total partners:	(CDC) 6	New partners:	3	FBOs:	0	Total budget:	[redacted]
[redacted]	(USAID) 1	[redacted]	0	[redacted]	0	[redacted]	[redacted]

Table 4.1.2	Strategic Information: Surveillance, Monitoring, Program Evaluation
4.1.2.1 Current status of program in country	HIV/AIDS surveillance in Ethiopia started with reporting of AIDS cases from hospitals and blood banks in 1986 followed by sero-surveys among sex workers and other high-risk groups in 1988 thru 90, and among antenatal care (ANC) attendants in 1992 and 93. The ANC sites became non-operational from 1993 through 1998 except in Addis Ababa. The ANC-based system is of poor quality and representative ness. AIDS case surveillance exists but is incomplete. STI surveillance is non-existent except routine syphilis screening of pregnant women. The first round of behavioral surveillance survey (BSS) has been conducted in 2002. No surveillance on ARV resistance. Data from other sources such as PMTCT, VCT, blood donors, and death registries are not fully utilized. Second-generation surveillance concept and practice is in its infancy. Overall HMIS is weak. National Monitoring and Evaluation Framework has been developed in Dec 2003 and thus implementation has yet to take place. But the US mission has been working to improve this system through improved guidelines, developing and providing training to surveillance workers and full support to the 2003 surveillance round that is expected to be of improved quality and representative ness.

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4.12.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Our vision is to develop sustainable data collection systems that will allow measurement and reporting of core indicators to be used for monitoring and evaluation of programs, measurement of national outcome and impact. Country needs include: specific integrated data management; monitoring tools DHS and biological markers; M&E fiscal year assessment. These will enable us to support a continuum of care at all levels. Software, hardware, and training of personnel are all essential, as well as a reliable source of electricity at each site. The launching of the AIDS case, ART and STI surveillance, improvement of ANC-based HIV surveillance system, development of site-level database systems (PMTCT, VCT, ART) and expanding the public health information network across the MOH and the regional health bureaus will play the key role in determining baseline, and monitoring and evaluating the interventions leading towards attaining the targets set for PEPFAR. The recruitment/hiring of ET M&E officers and staff will greatly boost the program of monitoring and evaluation for the U.S. mission Ethiopia to support and report on PEPFAR activities.

4.12.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
MOH, EHNRI Not a new partner FBO? No	By the end of second quarter of FY04, 2002 and 2003 HIV sentinel surveillance data will have been processed, reported and disseminated	• Complete 2002 and 2003 data	CDC		Base	1.5

MOH, EHNRI Not a new partner FBO? No	By the end of FY04, preparations for the conduct of 2005 surveillance have been commenced	• Conduct inventory of supplies • Procurement of essential supplies • Conduct one round of supervision upon start of data collection • Commence data collection	CDC	(where in the matrix?)	Base	2
MOH, EHNRI, surveillance sites Not a new partner FBO? No	By the end of MARCH 2005, three national trainings on surveillance will have been conducted	• Prepare and conduct National ToT on surveillance • Conduct Epi-Info training for regional surveillance workers • Conduct basic epi/stats training for regional HIV focal persons	CDC		Base	2
MOH, EHNRI Not a new partner FBO? No	By end of March 2005, HIV, AIDS and STI surveillance protocols will have been revised and published	• Revise and publish the ANC surveillance protocol • Revise and publish the ANC surveillance training manual • Develop and publish STI surveillance protocol • Finalize and publish the Second Generation Surveillance Protocol • Develop and publish AIDS sentinel case surveillance protocol	CDC		Base	2

MOH, EHNRI, Not a *new* partner FBO? No	By end of the third quarter of FY 04, *surveillance review* meeting as well as a comprehensive field evaluation of HIV sentinel surveillance in Ethiopia will have been conducted and the findings reported	• Conduct and report surveillance annual review *meeting* • Conduct and report a comprehensive surveillance evaluation	CDC		Base	1.5

MOH, EHNRI Not a new partner FBO? No	By the end of second quarter of FY04, mechanisms for better coordination, communication and supervision of activities at sites will have been implemented	• Conduct series of joint consultation with MOH and RHB officials on the possibilities of improving the coordination and communication among them • Explore possibilities of closer working relationships between HIV/AIDS/STI surveillance unit with IDSR team • Explore possibilities of better utilizing IDSR officers in the regions for HIV/AIDS/STI surveillance work • Explore possibilities for contracting professionals to support the RHBs by conducting supervision and follow up of surveillance activities at sites	CDC		Base?	1.5

CDC/UNAIDS	BY March 2005, M and E system will be established at the CDC office and for CDC programs Support provided to national M and E system	• Conduct training on M&E for CDC staff • Institute program monitoring system at CDC-Ethiopia • Assist with conducting HFS survey as a baseline and then onwards as a program evaluation tool to track activities • Conduct program evaluation on various CDC • Provide M&E support to HAPCO and MOH including for CRIS database	CDC		Base	2

4.12.4 Proposed new activities in FY 04:

Partner	FY04 Objective	Activities for each objective	Agency	Budget
FBO? No New Partner	DHS+ Biological marker	• Biological marker data • NOTE: per Kathy Marconi email 2/1104, HIV funds cannot support the DHS core questionnaire therefore funding for core questionnaire will dependent upon USAID availability of Child Survival and Reproductive Health funds.	USAID	Track 2

MOH, EHNRI, Not a new partner FBO? No	By Match 2005, Provide technical support for the Implementation of LAN/WAN system at Ministry of Health and regional health bureaus, laboratories as well as 25 USG hospital sites	• Provide technical support in LAN/WAN infrastructure design and installations including electronic data communication with RHBs, EHNRI laboratory and 25 PMTCT sites • Institute MIS integrated central database system/data repository at MOH/RHB (surveillance, VCT); • Support the 25 PMTCT sites with MIS system and data management training	CDC	
MOH, EHNRI Not a new partner FBO? No	By end of December 2004, preparations for conducting population based study, i.e., DHS+ in Ethiopia will have been completed	• Conduct feasibility (formative) study • Conduct series of consultations with partners and stakeholders for joint planning • Finalize all the necessary logistics including finances	CDC	

MOH, EHNRI, Not a new partner FBO? No	By September 2004, sentinel AIDS cases & ART use Surveillance developed and implemented	• Develop protocols for sentinel and universal AIDS case, ART surveillance • Revise AIDS case reporting formats • Modify universal and commence sentinel AIDS reporting from the respective health facilities providing care and treatment to AIDS patients • Prepare integrated formats for reporting VCT, STI, ART, PMTCT, TB + OI treatment, and drug resistance • Conduct series of trainings to federal and regional surveillance coordinators, health facility staff on the protocols, reporting formats, etc.	CDC	
MOH, EHNRI, Not a new partner FBO? No	By the end of September 2004, STI surveillance will have been fully implemented using data generated from the 25 USG sites	• Build consensus on the need and mechanism for STI surveillance • Develop STI surveillance protocol including appropriate reporting formats • Familiarization of the protocol and the formats • Commence data collection, processing and analysis • Continue with the collection, processing, analysis, reporting and dissemination of the routine ANC based syphilis screening	CDC	

MOD Not a new partner; not FBO	M&E Activities to support assessment and orientation	• FY04 Assessment • FY05 Orientation of activities	DOD/SAO	

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Total partners:	(CDC) 3	New partners:	0	FBOs:	0	Total budget:	
	(USAID) 1		1		0		
	(DOD) 1		0		0		

Table 4.1.3	Cross-Cutting Activities
4.1.3.1 Current status of program in country	Policy analysis and system strengthening are needed; capacity building lacking, and policies and systems to address stigma and discrimination, support national prevention, care, and treatment efforts. The Ministry of health, Ministry of National Defense, Ethiopian Public Health Association, and Addis Ababa University (CMC, biggest/best) are the key public health institutions and lay foundation/basis for public health intervention and practice within the country. In collaboration with NASTAD and the National and Regional HIV/AIDS Prevention and Control Offices, the U.S. mission has trained a number of community level HIV/AIDS implementers in AA and the regions. There is no other systematic tool that the communities organized under Regional, District and Kebele HAPCOS charged with deciding on fund allocation to use to plan for HIV/AIDS prevention, control, and treatment activities. Other areas in need of attention in Ethiopia: public-private partnership, as it relates to HIV/AIDS; SI – integrated data management, including data collection and monitoring tools.

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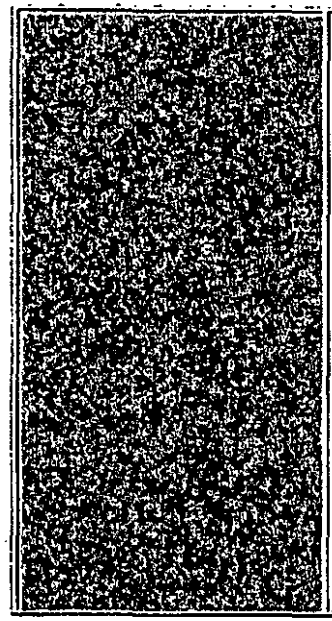
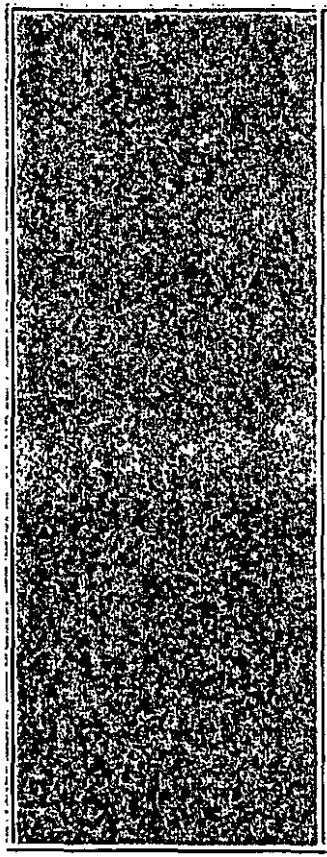


Cross-Cutting(current status, cont'd)

Stigma, gender and human capacity are the three issues that the U.S. Mission focuses on across all its HIV/AIDS programs.

- Stigma reduction is essential to all aspects of HIV/AIDS prevention, care and treatment programming and these activities have been highlighted in the preceding tables.
- Human and systems capacity in Ethiopia is extremely low, particularly outside of Addis Ababa - hence the focus, highlighted in previous tables of capacity building across all programs and sectors.
- Gender is a major constraint in terms of combating HIV/AIDS. "Traditional" male and female roles reinforce risk behaviors. Women have limited power to refuse sex, choose a sexual partner or negotiate condom use. They are also economically more vulnerable than men. The empowerment of women is addressed has recently been given specific attention under USAID/Ethiopia's HIV/AIDS programs.

FHI/IMPACT conducted a specific anti-stigma campaign, highlighted below. All other crosscutting activities have been highlighted in the previous tables.



Cross Cutting current status, cont'd:

Multi-sectoral Programming

The U.S. Mission addresses HIV/AIDS as a crosscutting theme across all sectors of its program, recognizing the impact that HIV/AIDS has on all sectors, on individuals, the family, the community and the nation. Examples of programming include;

- Health – HIV/AIDS has been introduced as a core subject for the new community health workers under the Health Extension Package. During FY 2003, 489 (379 male, 110 female) health workers received training in approved HIV/AIDS courses in SNNPR, and an additional 876 (727 male, 149 female) health workers were provided refresher training in HIV/AIDS.
- Health – USAID and CDC are members of the TB/HIV working group, which is initiating combined TB/HIV collaborative activities in 8 health facilities with VCT services. In FY 2004, USAID will continue to support the Ethiopia TB and Leprosy Control Program, strengthening laboratory services in 3 regional referral hospitals and 8 zonal hospitals.
- Private Sector Mobilization – development of private sector foray to engage with HIV/AIDS; the establishment of workplace policies, workplace peer education and counseling programs, information sources, health care and referrals.
- Education programs strengthened HIV/AIDS programs for in and out of school youth and staff.
- The Agriculture, Economic Development and MED Offices have successfully integrated HIV/AIDS prevention programming for staff, and developed safety net strategies that recognize and seek to mitigate the impact pf HIV/AIDS at the household level.

4.1.3.2 How new activities will contribute to PEPFAR targets, linkages to other activities	Our vision includes activity that will help in engaging key institutions and mobilizing the communities including the private sector to be involved in the efforts towards the prevention, control, and treatment of HIV/AIDS. This will also encourage and garner support for community level HIV/AIDS activities such as home-based care, VCT, ART, etc. and leveraging of resources from global fund and world bank MAP funds through the planning process and strong relations with HAPCO (repository of these funds), and other key institutions thereby increasing the likelihood of success, sustainability, and maximum efficiency in achieving PEPFAR goals. There is limited money under this budget for the continuation of cross-sectoral/ cross-cutting activities

4.1.3.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)

FHI/IMPACT FBO? No	To reduce stigma and discrimination	• Advocacy campaigns aimed at creating a supportive environment for people living with HIV and AIDS • Targeted mass media campaigns and community events that foster compassion, tolerance and sensitivity. • Interpersonal communication programs to create social support and foster increased self-risk perception.	USAID	See Table 4.2.3	Base	Track 1.5

Save the Children -US/CRS/ Pathfinder International/ REST	Please refer to preceding tables		USAID	No new Funding due to budget limitations; part *of on-going* program	N/a	N/a
AAHAPCO FBO? No	Enhance community involvement in HIV/AIDS through capacity building	• Finalize the translation of Amharic version of community planning training materials	CDC		Base	1.5

AAHAPCO *New partner? No* FBO? No	Enhance the *involvement the* communities in HIV/AIDS prevention through capacity building .	• Printing and *disseminatio* n of the Amharic version of Community Planning training materials. • Regional Community Planning trainings • Assess program implementati on plans as part of documenting the experiences with community planning in Addis Ababa • Supervisory visits to 4 regions on implementati on of community planning national	CDC		Base	1.5

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CDC	Develop a training strategy and approach for CDC training portfolio	• Revise/develop HIV/AIDS training curriculum, long term training plan	CDC		Base	1.5

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EPHA New partner? NO FBO? NO	By March 2005, Build human capacity among health professionals and support policy development for implementation of USG prevention, care and treatments programs	• Build national capacity on HIV/AIDS treatment, care & support for the Ethiopian Institutions and Professionals • Improving evidence-based pubic health practice and service delivery for HIV/AIDS treatment, care and support in Ethiopia • Collaborate with medical, lab, Ob/Gyn, pediatrics, and nurse associations in HIV/AIDS prevention, care, and treatment efforts • Support targeted monitoring and evaluation activities	CDC		Base	2

Boeing/Ethiopian Airlines/NGOs	Improve engagement of private sector in HIV/AIDS-related efforts	Humanitarian Flights Project for 4 flights (coordination of donation in USA)	CDC		Base	2
MOH New partner? No FBO? No	BY March 2005, MOH will be fully engaged in supporting USG-MOH collaborative activities in surveillance, prevention, care and treatment	• Supporting the regions to conduct annual HIV/AIDS/STI surveillance review meetings and prevention and treatment programs • MOH and central level partners conduct regional surveillance supervision • Procure RPR test kits for HIV sentinel surveillance sites	CDC		Base	2

4.13.4 Proposed new activities in FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
MOND New partner? No FBO? No	BY March 2005, MOND will be fully engaged in supporting USG-MOND collaborative activities in surveillance, prevention, care and treatment	• Support MOND sites implementing prevention, care and treatment programs with USG • Strengthen the Model Central Information Center at AFGH. • Develop model of integration for VCT, STI and TB at the AFGH VCT center, with aim of expanding it to other sites.	CDC		Base	2

AAU New partner? Yes FBO? No	By March 2005: establish a technical support and training unit in BLH/FOM to assist national HIV/AIDS/STI/TB program implementation strengthen the training in HIV/AIDS/STI/TB in FOM and outreach training facilities implement HIV/AIDS/STI/TB research and development plans of FOM, and improve HIV/AIDS/STI/TB prevention and control services at Tikur Anbessa Teaching Hospital (TAH) of FOM	• Develop/adapt tools such as operations manuals, training manuals, and guidelines in the areas of HIV/AIDS, PMTCT, VCT, STI, TB, laboratory, and other technical areas for referral service, in-service training, and research • Conduct in-service training activities related to HIV/AIDS, PMTCT, VCT, STI, TB, laboratory, and other technical areas as needed. • Review course outlines for pre-service (undergraduate and post-graduate medical students, nursing students and other paramedical) training programs to strengthen the training in HIV/AIDS, PMTCT, VCT, STI, TB, laboratory, and other related technical areas	CDC	

Total partners	(CDC) 7	New partners	1	FBOs	0	Total budget	

Table 4.14	Laboratory Support
4.14.1 Current status of program in country	U.S. mission supports strengthening of the national and regional laboratories throughout Ethiopia. All laboratories, but particularly the regional laboratories and hospital laboratories have very limited capacity to support the various programmatic activities. The infrastructure (organizational and physical), procurement systems, availability of materials, supplies, and equipment and the availability of trained manpower are all limited. There is no organized Public health laboratory service in the country. There is no national quality assurance program to assure the quality of laboratory testing for support of programmatic activity. CDC is working with partners (Association of Public Health Laboratories, the American Society for Clinical Pathology) to strengthen the national and regional laboratories and to increase the capability and capacity to support programs, but also to support new efforts towards care and treatment. The following are among activities currently underway: • Developing a national approach to quality assurance • Developing a national network of laboratories to assure availability of standardized, high quality testing. • Improving the infrastructure through renovation of a national public health laboratory facility. • Developing an appropriate HIV rapid test algorithm • Standardizing HIV/STI testing protocols for diagnosis and surveillance • Implementing HIV incidence assays for surveillance • Supporting laboratory training • Developing capacity to perform drug resistance surveillance for *Neisseria gonorrhoeae* • Performing an assessment of the network of laboratories in order to implement a laboratory information system Assisting in the procurement of laboratory equipment and supplies for national, regional laboratories and programmatic activities on HIV/AIDS, STI, TB

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4.14.2 How new activities will contribute to PEPFAR targets; linkages to other activities	New activities will allow more rapid implementation of activities needed to quickly respond to the needs for HIV/AIDS diagnosis, care, and treatment and will permit more accurate determinations of the nature and state of the epidemic in Ethiopia. • Laboratory results will be critical for enrolling patients in anti-retroviral treatment programs • Expanding and improving the quality of lab services to support such treatment includes: o Rapid and accurate diagnosis of HIV, opportunistic infections, and tuberculosis o Accurate testing to assure proper use of antiretroviral agents o Monitoring the effectiveness of treatment o Improving the quality of patient care by assuring provision of appropriate testing (biochemistry profiles, hematology, etc.) o Providing high quality services and information to clinicians and epidemiologists o Purchasing new lab supplies and centers for MOD; technical support to national and regional labs; training and technical support in hospitals; public health lab communications network; MOH labs, regional and private diagnostics. o Strengthening the lab capacity to enable expansion of VCT and diagnostic centers for screening and diagnosis of HIV+ patients. Lab results will be important for enrolling patients in ART, care, and support. Expanding and improving the quality of lab services will enable: diagnosis of HIV, OIs, TB; determine eligibility and monitoring of ARTs; enable workers to monitor the effectiveness of treatment; improve the quality of patient care; provide reliable lab diagnosis' improve HIV surveillance; provide quality services and information.

4.14.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.5, 2)

EHNRI	By the end of 1st quarter of FY04, complete the evaluation and monitoring of HIV rapid test algorithm	• Complete field evaluation of rapid HIV test algorithm developed (Phase III) • Support training of technicians and counselors at selected VCT and medical centers	CDC		Base	1.5
EHNRI	By the end of 2nd quarter of FY04, complete the evaluation of Dry Blood Spot technology (DBS) for HIV testing	• Develop Standard Operating Procedure for DBS pilot testing • Provide training for laboratory workers on DBS testing • Collect 1000 DBS samples and matched sera from three surveillance sites (Bahir Dar, Jimma and Gambella) • Perform HIV testing, analyze data and report • Organize and provide training for laboratory workers on DBS testing	CDC		Base	1.5
EHNRI	By the end March 2005, strengthen quality control/assurance activities at national and regional laboratories	• Assess the national and regional in quality assurance practices and beginning to fulfill their role as the national reference laboratory • Continue to work with national and regional laboratories in implementing Quality Assurance Program	CDC		Base	1.

Partner	FY04 Objective	Activities for each objective	Agency	Budget	
4.1.4.4 Proposed new activities in FY 04					
DOD	Purchase of Lab Supplies for VCT centers	• Purchase and supply laboratory equipment & furniture.	DOD	S/GAC	TRACK 2
EHNRI	By the end of March 2005, develop Standard Operating Procedures (SOPs) for HIV and STI	• Technical support in developing SOP manuals for HIV and STI • Prepare SOP for HIV and STI	CDC	Base	1
EHNRI	By the end of MARCH 2005, determine HIV incidence from 2003 surveillance specimens collected at selected sites	• Assist in establishing HIV incidence assay at EHNRI • Conduct incidence assay using 2003 surveillance specimens collected at surveillance sites • Analyze the data, report the findings	CDC	Base	1.5
MOH	By 2nd quarter organize a national workshop on Quality Assurance Program	• Technical support in organizing the national workshop • Provide training necessary for the quality assurance officers	CDC	Base	1.5

MOH/Regional Laboratories/ hospitals	By the end of March 2005, strengthen 5 regional and 25 hospital laboratories to support HIV care and treatment	• Assess the needs of regional and hospital labs • Support upgrading of regional and hospital laboratories including renovation • Support Procurement of minimum and basic lab equipments and reagents • Strengthen capacity by training of technicians on methods (in-service training and workshop) • Support the development of lab quality assurance system at regional and hospital labs	CDC	
CDC/ENHRI	By the end of March 2005, Develop capacity for ARV drug resistance monitoring	• Procure test kit • Conduct training • Conduct ARV drug resistance baseline surveillance • Establish ARV drug resistance monitoring at National level	CDC	

EHNRI	By the end of March 2005, strengthen national referral laboratory to support training, ART and database	• Assist in the finalizing of the new lab furnishings • Procure major equipments and laboratory supplies • At the end of the year the laboratory will be fully functional to o Run advanced diagnostic procedures o Monitoring of ARV therapy o HIV, TB drug resistance monitoring o Support targeted monitoring and evaluation activities o support HIV infant diagnosis o QA/QC services o Laboratory information system and networking established o Provide in service training to improve the laboratory quality systems	CDC	

	By March 2005: Train laboratory technicians on HIV testing (serology, rapid tests) and monitoring (CD4 and Viral Load assays) from national, regional and 25 USG hospital sites Support of the strengthening of national and regional Public Health Laboratory system	• Technical support in organizing training • Train laboratory technicians on HIV testing (serology, rapid tests) and monitoring (CD4 and Viral Load assays) from 25 sites • Train laboratory workers on various lab techniques related to HIV/AIDS and treatment monitoring • Technical Support for the development of pubic health laboratory system • Technical Support policy development activities • Technical support in establishment of national Quality Assurance Program • Technical support for establishment of a Laboratory Division within the Ethiopian Association of Public Health • Technical Support for strengthening of clinical laboratories • Support in the development laboratory Standard Operating Procedures • Support the training of technicians including in-service training land laboratory management • Support in the development of lab information system in the hospitals	CDC	
CDC/EHNRI	By the end of March 2005, and establish capacity for Infant HIV diagnosis (DNA PCR test Kits)	• Evaluate in-country test kits • Assist in Training of lab personnel • Establish infant HIV diagnosis (DNA PCR)	CDC	

Total partners	New partners	FBOs	Total budget
(CDC) 5	3	0	
(DOD) 1	0	0	

Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget
Salaries	
Computers, equipment, space renovations	
Consulting and design services	
USAID trainings, e.g. mandatory CTO certification and PAL training	
Required data quality assessments/mission-wide monitoring plan/audits	
USAID Ethiopia HIV/AIDS staff education program	
Meeting Support (for Embassy, USAID/Ethiopia and PEPFAR specific)	
Total	

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1	0	2	4	2 please note these are local hire PSCs	1	11.5
Number of Management Staff	0	0	1	2	0	0	3

Total Number of Staff	1	0	3	6	2	1	14.5

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Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)

5.2.1 U.S. Agency Management Items and Activities	Budget
Personnel	
Travel	
Transportation	
Rents, Communication and Utilities	
Printing and Reproduction	
Contractual Services	
Supplies	
Equipment	
Total	

5.2.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1	1	15	25	0	1	43
Number of Management Staff	1	0	9	7	0	1	18

Total Number of Staff	2	1	24	32	0	2	61

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Table 5.3 U.S. Agency Management and Staffing - U.S, Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense)

5.3.1 U.S. Agency Management Items and Activities	Budget
PEPFAR DoD Program Manager	
FSN direct hire, assist DoD PEPFAR goals/objectives, Medical Experience (Estimated)	
FSN direct hire, assist DoD PEPFAR goals/objectives financial experience (Estimated)	
Total	

5.3.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	1(SAO)						1
Number of Management Staff		1	1(Habte)	2			4
Total Number of Staff	1	1	1	2			5

Table 5.4 U.S. Agency Management and Staffing - Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities	Budget
-Coordinate PEPFAR Interagency Working Group within Mission and coordination of M&E	
-Coordinate FSN HIV/AIDS program under HR and MED within Mission	
NOTE: any other DOS programs, i.e. PRM, are reported on a separate table	
[Add rows as needed]	
Total	

5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	There are no existing direct hires, but one POL/ECON officer that has devoted 90% of work to PEPFAR	1 As reflected in Track 2 proposal	0	2	0	0	1.9

Number of Management Staff	Deputy Chief of Mission - has devote 20% of his time to PEPFAR	0	0	0	0	0	.2
Total Number of Staff	1.1 (2 persons)	0	0	2	0	0	4.1

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Table 5.5 U.S. Agency Management and Staffing - Other

5.5.1 U.S. Agency Management Items and Activities	Budget
PRM Note: Staff at Post includes (1) direct-hire Regional Refugee Coordinator based in Addis Ababa, plus (1) EFM 60% Refugee Assistant. Budget does not directly relate to PEPFAR. Only budget figure related to and requested under PEPFAR is found in Table 6.	
[Add rows as needed]	
Total	

5.5.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff							
Total Number of Staff	1 (RefCoord)	0	0	0	1 (EFM position)	0	2

Program Area NOTE: all figures in the tables below are presented in millions and their decimal amounts	USAID			HHS			DOD*	DOD*	Other DOS & PRM only	TOTAL
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	
PMTCT										
A&B										
Blood Safety										
Safe Medical Injections										
Other Prevention										
VCT										
HIV clinical care (-ART)										
Palliative Care										
OVC										
ART (non-PMTCT Plus)										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management & Staffing										
TOTAL										

NOTE: figures in the above tables represent two important aspects:
-Mission Addis Ababa realizes that the Base Budget as well as PMTCT and S/GAC monies will all be reflected in the total; thus entries can appear to represent a negative amount, allowing for the base budget to reflect on-going programs that will be part of the total PEPFAR money. In particular, in USAID columns: the negative figures in brackets under the S/GAC column reflect the budget cuts against these programming areas for the FY04 program as compared to FY03.

-DOD does not show a base budget due to the fact that their activities are part of the new strategy within PEPFAR

* Subject to further review and approval by the Office of the Secretary of Defense

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