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Condensed COP Report

Ethiopia

2005

Country Operational Plan (COP)

Country Name: Ethiopia

Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1 National Response

The U.S. government Ethiopia AIDS Emergency Plan (ETAEP, the local name for the President's Emergency Plan For AIDS Relief) fully supports Ethiopia's national response to HIV and AIDS. After a slow start in the 1990s while the country recovered from civil war, the Government of Ethiopia and its civil society partners, *including broad participation of faith-based organizations, have evidenced strong commitment to combating* HIV/AIDS both in the health sector and on a broader multisectoral basis. As discussed in section 1.1.1 – 1.1.3 below, the Government has established the basic structures for a national response, including a national policy and framework, national coordinating bodies, national monitoring and evaluation framework, and most necessary "first generation" policies and guidelines. These structures and policies have successfully attracted significant external support, including US$645 million from the Global Fund for AIDS, Malaria and Tuberculosis in Rounds Two and Four, and US$57.9 million from the World Bank's Multi-Country HIV/AIDS Program (MAP), Phase I. Although implementation has lagged behind expectations, as of September 2004 there were about 9,500 individuals receiving anti-retroviral treatment (ART) from 35 hospitals around the country; about 450 voluntary counseling and testing sites; slow, but on-going integration of HIV and TB diagnosis and care; Government and civil society partnerships to support about 50,000 orphans and other *vulnerable children affected by HIV and AIDS in the coming year; and increased attention to establishing a* supportive policy environment for treatment, care, and prevention. Given Ethiopia's many other emergencies, its high disease burden, widespread malnutrition, and pervasive stigma and denial, until recently the impact of HIV/AIDS had not been as visible in Ethiopia as in many other African countries. The inclusion of almost 10 minutes on HIV/AIDS in Prime Minister Meles' June 2004 State of the Union-equivalent address to Parliament, and the Mayor of Addis Ababa's public HIV testing are some examples of the increased visibility and attention the epidemic is now receiving. In support of on-going national response efforts, the USG ETAEP 2005 COP includes: i) support to expand service delivery for treatment of 40,000 persons, palliative care of 129,000 persons, and care and support for 84,000 orphans and vulnerable children in at least 55 *health networks (civilian, military, private) in 11 regions; ii) assistance to numerous NGOs, CBOs, and FBOs* and the uniformed services to intensify and focus prevention efforts on the most at-risk groups; a iii) multidimensional strategy and tactics to foster stronger Ethiopian leadership on a multi-sectoral basis.

1.1.1 National HIV/AIDS Action Framework

The Government of Ethiopia has shown strong commitment to the "Three Ones." In terms of the "first one," one agreed HIV/AIDS action framework, current HIV/AIDS programming in Ethiopia is guided by the Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2001–2005. There is, however, a gap between policies and strategies, and actions of the national and regional governments to engage in HIV/AIDS programs. Reviews of Ethiopia's HIV/AIDS program in 2002-2003 identified limited institutional capacities and programmatic responses at all levels. Wide inter-sectoral communication and collaboration also is considered to be poor. A 2003 survey by the Ministry of Labor and Social Affairs (MOLSA) found that one out of five government officials interviewed were unaware of the existence of a national HIV/AIDS policy, one out of ten did not believe that the policy had any relevance to them and one out of four government offices had no plans for implementing the policy. Based on the weaknesses of the first plan, with USG and other donor input, the Government is in the process of finalizing its second national HIV/AIDS action framework, for 2004-2008. The new "Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response" (Final Draft) (2004-2008) recognizes the weaknesses which are characterized, in summary, as "... limited capacity, inadequate leadership, coordination, mainstreaming and ownership at all levels have resulted in unchecked propagation of the epidemic." The six key thematic areas for the new Plan are: 1) capacity building; 2) social mobilization and community empowerment; 3) integration with health programs (broken out for primary health care units and hospitals); 4) leadership and mainstreaming; 5) coordination and networking, and 6) special target groups (commercial sex workers, truckers, migrant laborers, uniformed people, teachers and students and youth out of school people) living with HIV/AIDS, and orphans and vulnerable children). The new Plan summarizes broad objectives for each of the thematic areas, including establishment of a minimum service delivery package for HIV/AIDS at each level of the health network. The new Plan has no quantitative performance targets. In a major deviation from the past, the new Plan places the Ministry of Health as the major and leading actor in response to HIV/AIDS, with the HIV/AIDS Prevention and Control Offices (HAPCOs) to be moved under its oversight at the National and Regional levels (ref 1.1.2 that follows). Strong multi-sector partnerships, including a recognized role for civil society organizations as "the principal actors and partners in the multi-sectoral response ...," are recognized as key. The 2005 COP was developed in close consultation with the partners and stakeholders and includes explicit support to all thematic areas of the new Strategic Plan.

1.1.2 National HIV/AIDS Coordinating Authority

To improve program effectiveness, under the new Strategic Plan for 2004-2008 the Government has moved leadership of the national response to HIV/AIDS to the Ministry of Health, away from the multi-sectoral HIV/AIDS Prevention and Control Offices (HAPCOs). HAPCOs will now be limited to national and regional levels, and their roles limited to coordination, resource mobilization and multisectoral monitoring and evaluation, without direct involvement in interventions. The national and regional HAPCOs are expected to coordinate interventions at the zonal, district, and sub-district levels through the health structures at those levels, without opening separate zonal, district, and sub-district offices. The national and regional HAPCOs will be accountable to the Ministry of Health and Regional Health Bureaus. The new Strategic Plan also includes provision for establishment of HIV/AIDS Councils at all levels of the administration, from the national to the sub-district (kebele) level. The councils at all levels are to have elected and "relevant executive boards." However, "health officials at all levels will be chairpersons of executive boards." This consolidation of authority for the national response to the Ministry of Health and Regional Health Bureaus will require significant reconfiguration of internal Ethiopian legal provisions, policies, and guidelines, as well as possible renegotiation of major external funding agreements, notably with the Global Fund and the World Bank, which name HAPCO as principal recipient. The ETAEP Team assumes that the HAPCO Partnership Forum and the six sub-fora – NGOs, Donors, Media, Religious organizations, PLWHA, and Business Coalition – will continue to provide increased collaboration among partners, along with Technical Working Groups on key topics (PMTCT, ART, etc). It is widely held among all other Emergency Plan focus country teams that the utilization of an entity separate from the Ministry of Health is essential to coordinating a multi-sectoral response to HIV/AIDS. ETAEP will monitor the transition process and, through focused policy dialogue, will encourage the government of Ethiopia to continue to fight HIV/AIDS with a mutli-sectoral approach, which includes the Ministries of Education, Youth, Sports and Culture, Defense, and Information.

The ETAEP team will maintain close contact with both HAPCO and the Ministry of Health structures at federal and regional levels to assure that the 2005 COP is supportive of the most efficient implementation and coordination modes.

1.1.3 National HIV/AIDS M&E System

Progress has been made in implementing a coherent National M&E system supporting the "Three Ones" principle. There is a national coordinating organization, HAPCO, as well as functioning regional coordinating offices and district (woreda) organizations. The revision of the National M&E Framework was completed in December, 2003 and implementation plans (to all levels, including communities) have been developed. Progress has been made in the development of the regional operations manuals and the hiring of regional M&E information officers. ETAEP has worked closely with HAPCO (the Global Fund PR) to effectively leverage Global Fund monies to support this regional implementation in FY05 and to begin implementation at all levels.

While the term "strategic information" is not widely understood in Ethiopia, the country has begun several activities that address important elements in a comprehensive SI approach. The Ministry of Health established several Technical Working Groups (TWGs), including TWGs for surveillance and health information management information systems (HMIS). In terms of infrastructure the Government has recently begun installation of a high-speed communications network which is anticipated to reach every district (woreda) and which is designed to allow shared use by local government, education, health, and agricultural sectors.

However, key challenges still exist: lack of key components (patient monitoring, quality of care, community services data, logistics management); little coordination between GOE agencies on SI activities; limited number of trained individuals (M&E, surveillance, and informatics) and of institutional capacity; and inadequate physical infrastructure, particularly in support of HMIS. ETAEP efforts in the 2005 COP will focus on the following areas: support for implementation of the National M&E system to the community level; support for expansion of information management at the service delivery level, including patient monitoring systems, laboratory information systems, and logistics management systems, and at community level to support continuum of care across the network model; support for expansion of surveillance systems; support for expanded human capacity development in SI including both pre-service and in-service training; support for engendering bold SI leadership in the relevant Ministries through policy change to create functional SI teams with explicit coordination activities; and support for program-focused targeted evaluations.

1.2 Network Model

The Five Year Strategy for the U.S. government's Ethiopia AIDS Emergency Plan (ETAEP) envisions strengthening over 100 health networks in Ethiopia in the 2004-2008 period.

Under the 2004 COP, ETAEP is supporting provision of ART, VCT, and PMTCT in 25 hospitals in areas of high HIV prevalence, which comprised five military, one police, one private/commercial, one FBO, and 17 public sector hospitals, five of which are Central Medical Centers (CMCs)/university teaching hospitals. ETAEP is also supporting provision of PMTCT at 53 health centers related to these (and two other) hospitals, as well as provision of VCT and opportunistic infection (OI) diagnosis and treatment at about 200 health centers, many of which are within networks related to these hospitals. In the 2004 COP ETAEP is supporting provision of home-based care by community-based organizations in about 50 urban sites in Addis Ababa and 4 other regions, most of which are related to the health centers and/or hospitals receiving U.S. government assistance.

Under the 2005 COP, ETAEP will focus its attention on adjusting its support to "complete" its support to these nascent networks and to establish and/or strengthen explicit linkages between and among the network actors – community, health center, hospital. In 2005, ETAEP will further develop the use of a Case Manager position at Health Centers and pilot their use in hospital out-patient departments to facilitate such linkages and provide for patient follow-up and tracking. In 2005, ETAEP will provide technical assistance, training, supportive supervision, and commodities to 55 hospitals (25 from 2004, plus 30 new sites shared with the Global Fund) and an estimated 110 health centers, or two per each of the ETAEP-assisted hospitals, in the 11 regions of Ethiopia, as well as assistance to NGOs and community- and faith-based organizations for provision of community- and home-based care and support. By March 2006, the hospitals will be providing ART to 40,000 individuals and the health centers and their related communities, together, will be providing a "basic care package" to about 129,000 persons living with HIV/AIDS and 84,000 orphans and vulnerable children.

1.3 Human Capacity Development

The ETAEP training strategy addresses HCD needs at several levels. In the near-term there is a great need to quickly expand the knowledge/skills base of practicing professionals as new interventions, such as ART, are introduced. For this reason, the 2005 COP includes significant support for pre- and in-service training of Ethiopian public and private sector professionals and paraprofessionals. ETAEP assistance will be provided to the five university medical schools/teaching hospitals to improve pre-service training and to continue to develop master trainers for ARVs, VCT, and other key skill areas. ETAEP will also provide assistance to the medical schools to develop a certificate program for strategic information, and additionally will provide technical and material assistance to improve Ethiopia's Laboratory Technology School. Given the large numbers of persons to be trained and their wide geographic distribution, emphasis has been given to the use of a training network model in which regional training centers are established and the focus is on training-of-trainers who then train others at peripheral sites. Ongoing quality evaluation is critical for the success of this approach.

The second element in the ETAEP HCD training strategy is a focus on institutional capacity building to enable adequate supply of trained professionals to meet future country needs in a sustainable way. To this end support has been, and will continue to be, provided to key health professional schools throughout the country to strengthen curriculum and to provide regional focus points to attract new candidates. The 2005 COP also includes deliberate and significant support to Ethiopian NGOs, FBOs, and CBOs to develop their capacity to complement governmental functions during and beyond the Emergency Plan. Matching larger, experienced "mentor" organizations with more fragile CBOs and new partners is a key strategy for such capacity building.

There is not only a question of increasing the absolute numbers of trained health professionals in Ethiopia, but of addressing a delivery model which is physician-focused. It will be necessary to work with the GOE to develop a more team-based approach to service delivery and to recognize the need to extend the responsibilities of professions such as nurses, pharmacists, and laboratory scientists, as well as to develop new cadres of service providers such as lay counselors and medical records technicians. This will require policy change as well as curriculum/materials development and will be a major focus of policy discussions between ETAEP and GOE throughout FY2005.

1.4 USG Partners

ETAEP Team: The U.S. government Ethiopia AID Emergency Plan (ETAEP) Team in Ethiopia includes the Department of State (DOS), the DOS Office of Population, Refugees, and Migration (PRM), the Department of Defense's Security Assistance Office (DOD/SAO), the Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services (DHHS), and the U.S. Agency for International Development (USAID). Additional U.S. government agencies that are more peripherally involved are the U.S. Department of Agriculture, which provides millions of dollars of P.L. 480 Title II food aid to Ethiopia each year, which is managed by USAID and partners to complement care programs for OVCs and PLWHA, and the U.S. Department of Labor, which has provided approximately US$1 million to the Ethiopian Ministry of *Labor and Social Affairs (MOLSA) for workplace programs, as part of an International Labor Organization* (ILO) program. The U.S. Peace Corps/Crisis Corps sent an exploratory team to Ethiopia in mid-FY 2004, but was unable to participate in strategy or program formulation for the 2005 COP due to budget constraints. External Partners: To achieve the results of the 2005 COP, ETAEP will work with a wide range of international, government, non-government, and private commercial partners to achieve common Ethiopian and USG results. . At the Governmental level, ETAEP will carefully balance relationships and assistance to Federal agencies (e.g. the Federal Ministry of Health, national HAPCO) and regional affiliates (e.g., Regional Health Bureaus, regional HAPCOs). A strong emphasis will be placed on strengthening the capacity of selected departments/units of the five national universities (under the Ministry of Education) and their teaching *hospitals as leaders in prevention, care, and treatment networks. ETAEP members and* U.S.government-funded partners will continue to participate in numerous partnership fora – task forces, Technical Working Groups, committees – that foster collaboration between the Ethiopian Government and its domestic and international partners. The in-country ETAEP Team will take special care to orient new partners who have recently received Track 1 awards for Abstinence and OVC programs into appropriate coordination fora. The U.S. government will finance numerous U.S. and international non-governmental organizations (NGOs), including faith-based organizations (FBOs) that in turn support Ethiopian NGOs and associations. Matching larger, experienced "mentor" organizations with more fragile community-based organizations (CBOs) and new partners will remain a key strategy for capacity building.

1.4.1 Public-Private Partnerships

Private Providers: In 2002, private clinics account for about 22% of all health facilities in Ethiopia (excluding private pharmacies), with the vast majority of them found in Oromiya, Addis Ababa, and Amhara regions. Additionally, there are 18 private hospitals, of which 15 are in Addis Ababa, 2 in Tigray, and 1 (new) is in Dire Dawa. Of the private clinics, the majority were considered "lower" (very small dispensaries headed by a Health Officer or Register Nurse), about 20% were "medium" (primary care, generally headed by a Nurse or an MD, General Practitioner), about 5% were "higher" (broad primary and urgent care, generally headed by a Doctor Specialist), and another 5% were special (Dentistry, Ear-Nose-Throat, etc). In the 2004 COP, there is one private hospital included in the first 25 hospitals to be providing US-financed ARVs. In 2005, ETAEP will expand work with this hospital to private satellite clinics. ETAEP will additionally expand consultations with the Ethiopian private practitioners association and other more specialized groups (e.g. organizations of pharmacists, nurses, and lab technicians) who operate private facilities to identify opportunities and constraints to their increased engagement in HIV/AIDS.

Private Commercial Partners: ETAEP maintains dialogue with members of the Ethiopian Business Coalition on HIV/AIDS (one of the HAPCO sub-fora), the Ethiopian Insurance Association, Chambers of Commerce throughout the country, and informal groupings of large businesses. ETAEP has identified a number of opportunities to expand workplace prevention programs into the treatment and care arenas with larger companies' clinics. In 2004, ETAEP leveraged complementary resources from Coca Cola for an innovative OVC skills development program, and cooperation from Ethiopian Airlines and Boeing in bringing in much-needed equipment and supplies. In 2005, ETAEP will expand both workplace programs and corporate leveraging, particularly for care of persons living with HIV and AIDS and OVC.

1.4.2 Local Partner Capacity for Health Care Delivery

According to the Ministry of Health "Health & Health Related Indicators" (1995 EC), the public health service coverage is 61.3% with the percentage increase to 70.2% when services provided by private facilities are included. Outside of Addis Ababa, the vast majority of private facilities are generally lower level dispensaries staffed by nurses. Coverage is defined as within 10 km of a facility. If coverage is defined instead as "within one hour's walk" – or 5 to 6 km – of the facility, the "potential health service coverage" would decrease to around 40%. Ministry of Health plans include for construction and staffing of an additional 2000 new community-based Health Posts and 675 Health Stations that will be upgraded to Health Centers, 25% of which will be financed as part of the new HIV/AIDS Strategic Plan for 2004-2008. These additional facilities are expected to bring coverage up to 80% by 2008. Assuming the expansion of facilities, there are still numerous constraints that limit the capacity of the Ethiopian public and private sectors to deliver high quality health care. Among these constraints are: a paucity of trained health professionals and paraprofessionals; inadequate physical infrastructure; dysfunctional supply chain for drugs and supplies; under-developed strategic information system; limited laboratory capacity to support the various programmatic activities; ill-defined institutional relationships; and inflexible financial and administrative management. In the 2005 COP, ETAEP will address most of these constraints in community services and health facilities in the health networks associated with 55 hospitals around the country (CBO and FBO capacity building, establishment of linkages between communities and facilities, provision of in-service training and supportive supervision, physical renovations, improved cold chain and laboratory equipment and supplies), and at the federal level through policy and systems development (pre- and in-service training, strategic information, supply chain, institutional relationships).

1.5 Gender

Gender remains a major constraint in terms of combating HIV/AIDS. The UNDP has ranked Ethiopia 139 out of 144 countries in terms of the status, treatment and participation of women. Female genital cutting and early age marriage remains widespread among several ethnic groups. Socially, women are subordinated; cultural and religious customs support male over female rights and gender and sexual violence are widely accepted. "Traditional" male and female roles reinforce risk behaviors. For example, in some areas of Ethiopia, young men are expected to prove their masculinity by having a number of sexual partners. Women have limited power to refuse sex, choose a sexual partner or negotiate condom use. There are wide disparities in terms of knowledge and awareness between men and women. The unequal power between men and women and social and cultural institutions that accept sexual violence, both inside and outside of marriage, increase the vulnerability of women to HIV infection and limit the options for women who are infected.

Ensuring gender equity is a priority program principle for ETAEP. Data for all indicators will be recorded and analyzed with a gender-focus and will be routinely monitored to ensure gender-balanced outcomes. Being the nurturing gender in Ethiopian communities, women and girls are mainly responsible for the household care of the sick and of younger children, compounding the burdens placed on female members of a household affected by HIV/AIDS. Another important aspect of gender programming will be expanding the role of men in response to the needs of affected households, as men are often unwilling or underutilized in providing care and support for PLWHAs. Of particular concern is women being subjected to violence and abuse upon disclosing their HIV status. Women's access to quality HIV/AIDS care and treatment remains a paramount obstacle as seen by the gender imbalance among current ARV clients.

1.6 Stigma and Discrimination

Stigma and discrimination against PLWHA are prevalent and have a negative impact on the delivery and utilization of care, support and treatment services. A recent study by the International Center for Research on Women (ICRW) found that despite high levels of knowledge about transmission methods, stigma is still highly prevalent. The study highlighted the conflicting attitude of those surveyed concerning PLWHA. The study noted that a majority (95%) of all respondents feel that health centers should care for HIV+ people, yet at the same time, 67% acknowledge that it is difficult for HIV+ people to get medical care. Over two-thirds of respondents felt that PLWHA were in some way at fault for their medical condition. However, the same study found that more than 80% of urban and rural respondents alike feel that PLWHA deserve sympathy and support. The capabilities and potential contributions to society of PLWHA were not recognized and there was a strong feeling among the community that they should not work for fear of casual transmission. The study found that caregivers not only stigmatize their charges, but also are themselves stigmatized by their communities.

ETAEP seeks to aggressively combat stigma by encouraging national, religious, and local leaders to continue to address this issue in their interactions with the public. Leaders, at all levels, are encouraged to use various fora (religious, political, etc.) to not only raise awareness, but also dispel myths about HIV/AIDS that propagate discrimination. Crosscutting activities, such as the public testing of officials and celebrities will help. Through a focused policy dialogue, ETAEP will support the development of a national Code of Practice and other legal, regulatory, and judicial measures underway to impact discrimination.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	National 2-7-10	USG Direct Support Target End FY05	USG Indirect Support Target End FY05	Total USG Support Target End FY05
Prevention	**Target 2010: 810,202**			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		700	0	700
Number of pregnant women who received *PMTCT* services in FY05		15,000	0	15,000
Care	**Target 2008: 1,050,000**	**791,500**	**0**	**791,000**
Number of HIV-infected individuals (diagnosed or presumed) receiving *palliative care/basic health* care and support at the end of FY05		270,575	0	270,575
Number of HIV-infected individuals *(diagnosed or* presumed) who received TB care and treatment in an HIV palliative care setting in FY05		72,050	0	72,050
Number of individuals who received counseling and testing in FY05		378,000	0	378,000
Number of OVCs being served by an OVC program at the end of FY05		70,875	0	70,875
Treatment	**Target 2008: 210,000**	**40,000**	**0**	**40,000**
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of *FY05*		0	0	0
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		40,000	0	40,000

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected
Mech ID:
Mech Type:
Mech Name:
Agency:
Funding Source:

Prime Partner: **To Be Determined**

Mech ID:	497
Mech Type:	Locally procured, country funded (Local)
Mech Name:	**
Planned Funding Amount:	
Agency:	HHS
Funding Source:	GAC (GHAI account)
Prime Partner ID:	537
Prime Partner Type:	Own Agency
Local:	No
New Partner:	No

Mech ID:	683
Mech Type:	Locally procured, country funded (Local)
Mech Name:	*
Planned Funding Amount:	
Agency:	USAID
Funding Source:	GAC (GHAI account)
Prime Partner ID:	537
Prime Partner Type:	Own Agency
Local:	No
New Partner:	Yes

Mech ID:	1,267
Mech Type:	Locally procured, country funded (Local)
Mech Name:	Deferred Preventive Care Package RFA
Planned Funding Amount:	
Agency:	USAID
Funding Source:	Deferred (GHAI)
Prime Partner ID:	537
Prime Partner Type:	Own Agency
Local:	No
New Partner:	Yes

Prime Partner: **Abt Associates**

Mech ID:	645
Mech Type:	Locally procured, country funded (Local)
Mech Name:	Abt Private Sector Partnership
Planned Funding Amount:	
Agency:	USAID
Funding Source:	GAC (GHAI account)
Prime Partner ID:	414
Prime Partner Type:	Private Contractor
Local:	No
New Partner:	No

Mech ID:	1,265
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	System-wide Effect of The Fund Study
Planned Funding Amount:	

Prime Partner: Abt Associates
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 414
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Mech ID: 1,266
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Deferred System-wide Effects of The Fund
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 414
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Addis Ababa HIV/AIDS Prevention and Control Office
Mech ID: 651
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 307
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Addis Ababa University
Mech ID: 494
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 499
Prime Partner Type: University
Local: Yes
New Partner: No

Prime Partner: American Society of Clinical Pathologists
Mech ID: 677
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 972
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: Association of Public Health Laboratories
Mech ID: 678
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)

Prime Partner: Association of Public Health Laboratories
Prime Partner ID: 171
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Catholic Relief Services
Mech ID: 609
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: T1
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: N/A
Prime Partner ID: 7
Prime Partner Type: FBO
Local: No
New Partner: No

Sub-Partner Name: Catholic Secreterial of Ethiopia
Sub Partner Type: FBO
Planned Funding Amount: [ ]
Local: Yes
New Partner: Yes

Mech ID: 637
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 7
Prime Partner Type: FBO
Local: No
New Partner: No

Sub-Partner Name: Medical Missionaries of Mary
Sub Partner Type: FBO
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Missionaries of Charity
Sub Partner Type: FBO
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Organisation of Social Services for AIDS, Ethiopia
Sub Partner Type: FBO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner: Ethiopian Health and Nutrtion Research Institute
Mech ID: 673
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [ ]
Agency: HHS

Prime Partner: *Ethiopian Health and Nutrtion Research Institute*

Funding Source: GAC (GHAI account)
Prime Partner ID: 326
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Ethiopian Public Health Association

Mech ID: 674
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 239
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Family Health International

Mech ID: 624
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Integrated Service for AIDS Prevention & Support Organization
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Save Your Generation
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 648
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: *IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Family Health International

Sub-Partner Name:	Integrated Service for AIDS Prevention & Support Organization
Sub Partner Type:	NGO
Planned Funding Amount:	
	☑ Funding To Be Determined
Local:	Yes
New Partner:	Yes

Sub-Partner Name:	Save Your Generation
Sub Partner Type:	NGO
Planned Funding Amount:	
	☑ Funding To Be Determined
Local:	Yes
New Partner:	Yes

Prime Partner: Federal Ministry of Health, Ethiopia

Mech ID:	434
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	HHS
Funding Source:	GAC (GHAI account)
Prime Partner ID:	825
Prime Partner Type:	Host Country Government Agency
Local:	Yes
New Partner:	No

Mech ID:	496
Mech Type:	Locally procured, country funded (Local)
Mech Name:	
Planned Funding Amount:	
Agency:	HHS
Funding Source:	GAC (GHAI account)
Prime Partner ID:	825
Prime Partner Type:	Host Country Government Agency
Local:	Yes
New Partner:	No

Prime Partner: Food for the Hungry

Mech ID:	608
Mech Type:	Headquarters procured, centrally funded (Central)
Mech Name:	
Planned Funding Amount:	
Agency:	USAID
Funding Source:	N/A
Prime Partner ID:	886
Prime Partner Type:	NGO
Local:	No
New Partner:	No

Sub-Partner Name:	Ethiopian Kale Hiwot Church
Sub Partner Type:	FBO
Planned Funding Amount:	
Local:	Yes
New Partner:	Yes

Sub-Partner Name:	Life in Abundance
Sub Partner Type:	FBO
Planned Funding Amount:	
Local:	Yes
New Partner:	Yes

Prime Partner: Food for the Hungry

Sub-Partner Name: Nazarene Compassionate Ministries
Sub Partner Type: FBO
Planned Funding Amount: [redacted]
Local: No
New Partner: Yes

Sub-Partner Name: Save Lives Ethiopia
Sub Partner Type: FBO
Planned Funding Amount: [redacted]
Local: Yes
New Partner: Yes

Prime Partner: International Orthodox Christian Charities

Mech ID: 300
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [redacted]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 14
Prime Partner Type: FBO
Local: No
New Partner: No

Sub-Partner Name: Ethiopian Orthodox Church, Development Inter-Church Aid Commission
Sub Partner Type: FBO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: No

Mech ID: 603
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [redacted]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 14
Prime Partner Type: FBO
Local: No
New Partner: No

Sub-Partner Name: Ethiopian Orthodox Church, Development Inter-Church Aid Commission
Sub Partner Type: FBO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner: International Rescue Committee

Mech ID: 649
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [redacted]
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 189
Prime Partner Type: NGO
Local: No

Prime Partner: International Rescue Committee
New Partner: No

Prime Partner: International Training and Education Center on HIV
Mech ID: 640
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount: [redacted]
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 190
Prime Partner Type: University
Local: No
New Partner: No

Mech ID: 1,443
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount: [redacted]
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 190
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Internews Network
Mech ID: 627
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [redacted]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 425
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: IntraHealth
Mech ID: 593
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [redacted]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 191
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: JHPIEGO
Mech ID: 594
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount: [redacted]
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 193
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: John Snow Inc

Prime Partner:	**John Snow Inc**
Mech ID:	619
Mech Type:	Headquarters procured, centrally funded (Central)
Mech Name:	
Planned Funding Amount:	
Agency:	USAID
Funding Source:	N/A
Prime Partner ID:	427
Prime Partner Type:	NGO
Local:	Yes
New Partner:	No

Prime Partner:	**Johns Hopkins University Bloomberg School of Public Health**
Mech ID:	1,080
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	HHS
Funding Source:	GAC (GHAI account)
Prime Partner ID:	483
Prime Partner Type:	University
Local:	No
New Partner:	No

Prime Partner:	**Johns Hopkins University Center for Communication Programs**
Mech ID:	655
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	
Planned Funding Amount:	
Agency:	HHS
Funding Source:	GAC (GHAI account)
Prime Partner ID:	481
Prime Partner Type:	Private Contractor
Local:	No
New Partner:	No

Mech ID:	1,210
Mech Type:	Locally procured, country funded (Local)
Mech Name:	HCP
Planned Funding Amount:	
Agency:	USAID
Funding Source:	GAC (GHAI account)
Prime Partner ID:	481
Prime Partner Type:	Private Contractor
Local:	No
New Partner:	No

Sub-Partner Name:	Ethiopia Ministry of Youth, Sports and Culture
Sub Partner Type:	Host Country Government Agency
Planned Funding Amount:	☑ Funding To Be Determined
Local:	Yes
New Partner:	Yes

Sub-Partner Name:	Ethiopia Muslim Development Agency
Sub Partner Type:	FBO
Planned Funding Amount:	☑ Funding To Be Determined
Local:	Yes
New Partner:	No

Prime Partner: Johns Hopkins University Center for Communication Programs

Sub-Partner Name:	Ethiopian Orthodox Church, Development Inter-Church Aid Commission
Sub Partner Type:	FBO
Planned Funding Amount:	
	☑ Funding To Be Determined
Local:	Yes
New Partner:	No

Sub-Partner Name:	Ethiopian Youth Network
Sub Partner Type:	NGO
Planned Funding Amount:	
	☑ Funding To Be Determined
Local:	Yes
New Partner:	Yes

Sub-Partner Name:	Family Health International
Sub Partner Type:	NGO
Planned Funding Amount:	
	☑ Funding To Be Determined
Local:	No
New Partner:	No

Sub-Partner Name:	Save the Children US
Sub Partner Type:	NGO
Planned Funding Amount:	
	☑ Funding To Be Determined
Local:	No
New Partner:	No

Prime Partner: Macro International

Mech ID:	1,268
Mech Type:	Headquarters procured, country funded (HQ)
Mech Name:	Deferred DHS+
Planned Funding Amount:	
Agency:	USAID
Funding Source:	Deferred (GHAI)
Prime Partner ID:	429
Prime Partner Type:	NGO
Local:	No
New Partner:	No

Prime Partner: Management Sciences for Health

Mech ID:	596
Mech Type:	Locally procured, country funded (Local)
Mech Name:	
Planned Funding Amount:	
Agency:	USAID
Funding Source:	GAC (GHAI account)
Prime Partner ID:	194
Prime Partner Type:	NGO
Local:	No
New Partner:	No

Prime Partner: Pact, Inc.

Mech ID:	604
Mech Type:	Locally procured, country funded (Local)
Mech Name:	
Planned Funding Amount:	
Agency:	USAID
Funding Source:	GAC (GHAI account)

Prime Partner: Pact, Inc.
Prime Partner ID: 200
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: Ethiopia Muslim Development Agency
Sub Partner Type: FBO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 610
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: T1
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: N/A
Prime Partner ID: 200
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 1,239
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: *African Palliative Care Association*
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 200
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: African Palliative Care Association
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: Yes

Prime Partner: **Project Concern International**
Mech ID: 314
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: N/A
Prime Partner ID: 208
Prime Partner Type: NGO
Local: No
New Partner: Yes

Sub-Partner Name: Family Health International
Sub Partner Type: NGO
Planned Funding Amount: [ ]
Local: *No*
New Partner: No

Prime Partner: Project Concern International

Sub-Partner Name: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia
Sub Partner Type: NGO
Planned Funding Amount: [ ]
Local: Yes
New Partner: No

Sub-Partner Name: Pact, Inc.
Sub Partner Type: NGO
Planned Funding Amount: [ ]
Local: Yes
New Partner: No

Sub-Partner Name: The Futures Group International
Sub Partner Type: TBD
Planned Funding Amount: [ ]
Local: No
New Partner: No

Prime Partner: Relief Society of Tigray, Ethiopia
Mech ID: 310
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 289
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Samaritan's Purse
Mech ID: 1,531
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: N/A
Prime Partner ID: 934
Prime Partner Type: FBO
Local: No
New Partner: Yes

Prime Partner: Save the Children US
Mech ID: 298
Mech Type: Locally procured, country funded (Local)
Mech Name: *Positive Change: Communities and Care (PC3)
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 213
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount: [ ]
Local: No
New Partner: Yes

Prime Partner: *Save the Children US*

Sub-Partner Name: CARE International
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: Family Health International
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: World Learning
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: No

Sub-Partner Name: World Vision International
Sub Partner Type: FBO
Planned Funding Amount:
☑ *Funding To Be Determined*
Local: No
New Partner: No

Mech ID: 317
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Scale-Up HOPE
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: N/A
Prime Partner ID: 213
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Hope for African Children Initiative
Sub Partner Type: NGO
Planned Funding Amount: [ ]
Local: Yes
New Partner: No

Sub-Partner Name: *Save the Children US*
Sub Partner Type: NGO
Planned Funding Amount: [ ]
Local: No
New Partner: No

Mech ID: 621
Mech Type: Locally procured, country funded (Local)
Mech Name: *High Risk Corridor Initiative
Planned Funding Amount: [ ]
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 213
Prime Partner Type: NGO
Local: No

Prime Partner: Save the Children US
New Partner: No

Sub-Partner Name: Integrated Service for AIDS Prevention & Support Organization
Sub Partner Type: NGO
Planned Funding Amount:
☑ Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: International Organisation for Migration
Sub Partner Type: Multi-lateral Agency
Planned Funding Amount:
☑ Funding To Be Determined
Local: No
New Partner: No

Mech ID: 1,263
Mech Type: *Locally procured, country funded (Local)*
Mech Name: Deferred Positive Change: Communities and Care (PC3)
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 213
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Tulane University
Mech ID: 487
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 488
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of California at San Diego
Mech ID: 689
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 975
Prime Partner Type: University
Local: No
New Partner: Yes

Prime Partner: US Agency for International Development
Mech ID: 118
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No

Prime Partner: US Agency for International Development
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 1,261
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,269
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,444
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Sub-Partner Name: International Training and Education Center on HIV
Sub Partner Type: University
Planned Funding Amount:
Local: No
New Partner: No

Prime Partner: US Department of Defense
Mech ID: 119
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: Yes
New Partner: No

Prime Partner: US Department of State
Mech ID: 116
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)

Prime Partner:	***US Department of State***
Prime Partner ID:	531
Prime Partner Type:	Other USG Agency
Local:	No
New Partner:	No

Prime Partner:	**World Health Organization**
Mech ID:	1,264
Mech Type:	Locally procured, country funded (Local)
Mech Name:	
Planned Funding Amount:	
Agency:	USAID
Funding Source:	GAC (GHAI account)
Prime Partner ID:	523
Prime Partner Type:	Multi-lateral Agency
Local:	No
New Partner:	Yes

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

Result 1:	PMTCT services expanded to 55 ETAEP-assisted hospitals and 81 satellite health centers in the public, private and military sectors.
Result 2:	Quality of PMTCT services ensured through performance improvement and monitoring.
Result 3:	Uptake of PMTCT services by clients increased from <30% to 50%
Result 4:	Policy dialogue and advocacy for the delivery of neverapine to pregnant women delivering at home established.

Total Funding for Program Area ($):

Current Program Context:

ETAEP Activities in 2005 COP: During FY 2004, under the PMTCT Initiative and Emergency Plan funding, ETAEP partners provided training, site renovation, community mobilization, commodities and logistics, and IEC/BCC support for PMTCT services in 13 hospitals and 10 health centers in 6 regions. In April – September 2004, ETAEP-assisted facilities provided PMTCT services to approximately 7,000 women, of whom approximately 150 received ARV prophylaxis. In the 2005 COP, ETAEP will expand its assistance for PMTCT to health networks comprising 55 hospitals (those that are also receiving ETAEP assistance for ART and VCT) and at least 81 health centers in the public, private and military sector in all 11 regions, with a target of 15,000 women to receive PMTCT services. Building on Emergency Plan FY04 two primary implementing partners JHPIEGO and Intrahealth will scale-up PMTCT services with support from Rational Pharmaceutical Management-Plus (RPM-Plus) for essential commodity logistics and management. ETAEP-financed services through these partners will continue to follow the National PMTCT Guidelines (HIV counseling and testing; ARV prophylaxis to prevent MTCT; infant feeding counseling; and family planning counseling). Given the very low rates of antenatal clinic (ANC) use in Ethiopia (67% in urban areas, only 22% in rural areas) ETAEP will collaborate with MOH/UNICEF programs to identify appropriate and affordable areas for ETAEP assistance to improve the ANC/labor and delivery/post-partum continuum of care and methods to create greater ANC seeking demand from pregnant women. Given low rates of PMTCT uptake among those women who do access ANC, the ETAEP partners will build on initial investments in IEC/BCC to work on stigma reduction, male involvement, and other areas believed to influence women's decision-making. Given very low levels of facility-based deliveries (9%), the USG will advocate with the MOH to revise PMTCT policy and protocols to permit Traditional Birth Attendants (TBAs) to administer prophylaxis for at-home births. JHPIEGO will operate in ART hospitals and selected ART health centers under the GF. Intrahealth will operate in non-ART health centers and communities around selected facilities. RPM-Plus will collaborate with each PMTCT partner to ensure adequate training of pharmaceutical staffing, essential commodities provision and their secure storage and adequate dispensary at ETAEP-assisted activities. ETAEP PMTCT partners will further strengthen referral structures with home based care providers and ART facilities to ensure adequate linkages throughout the continuum of services for a client's care and treatment options.\n\nGovernment of Ethiopia programs: The Government issued National Guidelines for PMTCT in 2001, and by 2004 estimated that PMTCT services were provided in 70 hospitals and health centers nationwide. Nevirapine is provided free under the Government agreement with Axios, and this arrangement is expected to continue for the foreseeable future. Under the Global Fund Round Four, to improve uptake the Government foresees training midwives at ANC facilities on counseling and testing, and increasing linkages between ANC and ART-providing sites. As part of the collaboration between the USG and Global Fund for ART/VCT/PMTCT scale-up, at least 30 of these hospitals will receive ETAEP-funded technical assistance, training, laboratory and SI support and supportive supervision.\n\nOther Donors: ETAEP collaborates with UNICEF and the Global Fund. HIV test kits have been provided by Japan, although given vastly increased demand the Government foresees purchasing test kits with Global Fund. The USG will provide technical assistance to promote standard approaches to PMTCT and referral linkages to ART for women and their children.\n

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / IntraHealth
Planned Funds:

Activity Narrative:

Context to aid in understanding: As described in the ETAEP Five Year Strategy, the general ETAEP phasing for ART/VCT/OI/TB/PMTCT assistance is 25 hospitals in 2004 and 30 hospitals in 2005, complemented by a range of 1 – 10 health centers and communities (depending on the activity) in the networks associated with the hospitals. The plan is that ETAEP will remain the lead donor for the 25 "first cohort" hospitals but will collaborate with the Global Fund for the 30 "second cohort" hospitals, with ETAEP providing technical assistance, training, and supportive supervision and the Global Fund/MOH providing commodities, renovations, equipment, etc. Given expressed need, ETAEP expects to be supporting PMTCT services, including community mobilization, in 27 hospitals and 53 health centers and related communities by the end of the 2004 COP, or March 2005. By the end of the 2005 COP, or March 2006, ETAEP will be supporting PMTCT services in a total of 55 hospitals and at a minimum 81 health centers and related communities (1-2 health centers per hospital).

PMTCT Partners: Intrahealth has been a U.S. government partner for PMTCT since early 2003 and is one of the three ETAEP partners providing technical services in the 2005 COP. Intrahealth will implement activities at non-ART health centers and communities. JHPIEGO will implement activities at ART hospitals and ART health centers. Rational Pharmaceutical Management-Plus (RPM-Plus) will provide commodity logistics and management support for the supply and distribution of essential PMTCT commodities to hospitals and health centers with an emphasis on strengthening distribution and management structures at the regional level. RPM-Plus, Intrahealth and JHPIEGO will collaborate on training efforts, strengthening HMIS structures at the facility, Woreda, Zonal and Regional levels, and referral linkages at HC and Hospitals for ARV treatment are established. All activities will maintain substantial links to the MOH program in PMTCT.

In COP2005 Intrahealth will: undertake site assessments for PMTCT readiness in new USG-assisted non-ART health centers and communities; monitor the operational status of PMTCT services in existing USG-assisted health centers; provide de-centralized and on-the-job clinical training and skills development in PMTCT-related procedures in ETAEP-assisted health centers via sub-contractors; provide technical assistance in site-level organizational management capacity, maternal child health, safe motherhood, supportive supervision, quality assurance, and quality control at non-ART health centers and communities, as appropriate; provide media and equipment for IEC materials for ETAEP-assisted health networks; and undertake community mobilization at Regional, Woreda, and Kebele levels (e.g. anti-stigma, male involvement, TBA, referral linkages, ANC usage). Intrahealth will participate in dialogue at the MOH and with ETAEP and other external PMTCT partners to facilitate harmonization of PMTCT approaches and further policy dialogue on Traditional Birthing Attendants' administration of Nevirapine for at home births. Intrahealth will collaborate with the MOH/UNICEF on health center PMTCT services to ensure a standard approach to PMTCT and related services in all regions. Intrahealth shall sub-contract health care professionals from Betazata Medical Services to implement facility level "on-the-job" training in PMTCT, ANC, HMIS and Supportive Supervision at the non-ART health centers to strengthen overall PMTCT structures.

Intrahealth is in the process of developing new targets to respond to the new ETAEP scale-up plans. The targets in the current Intrahealth Cooperative Agreement will need to be amended in this regard. USAID will amend the September 2004 Cooperative Agreement with Intrahealth to: i) clarify roles and responsibilities between Intrahealth and JHPIEGO as lead implementing partners for ETAEP PMTCT; and ii) assure that scale up is carried out in concert with overall ETAEP scale-up to 55 health hospitals, including at a minimum 81 health centers (28 new USG-lead health centers in COP 05).

Activity Category	% of Funds
☑ Community Mobilization/Participation	15%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Human Resources	10%
☑ Information, Education and Communication	7%
☑ Infrastructure	10%
☑ Needs Assessment	5%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	10%
☑ Strategic Information (M&E, IT, Reporting)	7%
☑ Training	21%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	10,000	☐ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	79	☐ Not Applicable

Target Populations:

- ☑ *Women*
- ☑ *Health Care Workers*
  - ☑ *Medical/health service providers*
  - ☑ *Pharmacists*
  - ☑ *Traditional birth attendants*
- ☑ *HIV+ pregnant women*
- ☑ *Infants*
- ☑ *Military*
- ☑ *Pregnant women*

Key Legislative Issues:

- ☑ Gender
  - ☑ Addressing male norms and behaviors
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Afar	ISO Code: ET-AF
State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Sumale (Somali)	ISO Code: ET-SO
State Province: Tigray	ISO Code: ET-TI

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO

Planned Funds:

... to aid in understanding: As described in the ETAEP Five Year Strategy, the general ETAEP phasing for ART/VCT/OI/TB/PMTCT assistance is 25 hospitals in 2004 and 30 hospitals in 2005, complemented by a range of 1 – 10 health centers and communities (depending on the activity) in the networks associated with the hospitals. The plan is that ETAEP will remain the lead donor for the 25 "first cohort" hospitals but will collaborate with the Global Fund for the 30 "second cohort" hospitals, with ETAEP providing technical assistance, training, laboratory and SI TA support, supportive supervision and the Global Fund/MOH providing commodities, renovations, equipment, etc. Given expressed need, ETAEP expects to be supporting PMTCT services, including community mobilization, in 27 hospitals and 53 health centers and related communities by the end of the 2004 COP, or March 2005. By the end of the 2005 COP, or March 2006, ETAEP will be supporting PMTCT services in a total of 55 hospitals and 81 health centers and related communities (1-2 health centers per hospital).

PMTCT Partners: JHPIEGO has been a U.S. government partner for PMTCT since early CY 2003 and is one of the three ETAEP partners (JHPIEGO, RPM Plus and IntraHealth) that will continue to provide technical services in the 2005 COP. JHPIEGO will focus on hospital sites and Intrahealth will focus the health center and community levels, whereas RPM-Plus will provide commodity logistics and management support for both. JHPIEGO, RPM-Plus and Intrahealth will undertake collaborative efforts where indicated to ensure PMTCT service demand by the community, and referral linkages for ART are addressed appropriately.

In 2005 JHPIEGO will continue to provide technical assistance in developing standardized training materials and approaches, revision of guidelines, and train the trainers to strengthen the system for training providers from all hospitals.

PMTCT Activities: The generic PMTCT training package developed by CDC/WHO/JHPIEGO has been adapted for Ethiopia in collaboration with MOH and other partners (e.g. IntraHealth, Linkages, JHU/CCP and UNICEF) and will be finalized at the end of field-testing during CY 2004. During the remaining of FY2004 and FY2005 JHPIEGO will train total of 75 healthcare providers and provide refresher training for 75 healthcare providers from 25 "first cohort" sites and 150 new healthcare providers from 30 "second cohort" sites. Approximately 90 health providers will receive refresher training towards the end of FY2005 from the 30 "second cohort" sites.

During FY2004, a set of PMTCT performance standards were developed and field tested. These performance standards will be introduced in all "first cohort" sites by the end of FY2004 through a series of 3-day workshops followed by on-site supportive supervision to ensure appropriate implementation of standards at the facilities. The performance standards will be introduced at the 30 "second cohort" sites during FY2005. Moreover, in order to ensure transfer of knowledge and skills on the job, JHPIEGO will conduct a quarterly onsite supervision for healthcare providers trained in PMTCT at all 55 PMTCT hospitals. Monitoring and evaluation activities including PEPFAR reporting needs from the hospitals will be adderssed and referral linkages with health centers and community levels will also be strengthened.

For national capacity building JHPIEGO has been working to develop a team of 10 master trainers for PMTCT. In order to develop master trainers, JHPIEGO has trained 25 trainers capable of conducting competency-based PMTCT knowledge update courses. During FY2005 JHPIEGO will conduct an Advanced Training Skills course to prepare trainers capable of conducting Training of Trainers for PMTCT. These trainers will also be trained in conducting training needs assessment and developing high quality training materials for HIV/AIDS related topics through instruction design workshop. Approximately 10 master trainers will be developed as a result of these efforts.

CDC Ethiopia will collaborate with JHPIEGO in site assessment and monitoring activities, coordinate program implementation activities, provide program oversight to assure the quality and timeliness of the activities to be implemented. CDC-Ethiopia was key partner in developing the PMTCT performance standards for

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PMTCT at the site level and provides programmatic and administrative support to the national PMTCT program. CDC-Ethiopia will further ensure that all activities are implemented in timely manner by the partners and support implementation of PMTCT services through quarterly visits to all sites.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	5%
☑ Human Resources	10%
☑ Information, Education and Communication	10%
☑ Needs Assessment	5%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	15%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	45%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	5,000	☐ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	57	☐ Not Applicable

Target Populations:

- ☑ *Women*
- ☑ *Factory workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Private health care providers*
  - ☑ *Midwives*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Host country national counterparts*
- ☑ *Infants*
- ☑ *M&E specialist/staff*
- ☑ *Military*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*

Key Legislative Issues:

- ☑ Gender
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Management Sciences for Health
Planned Funds:

Activity Narrative:

Context to aid in understanding: As described in the ETAEP Five Year Strategy, the general ETAEP phasing for ART/VCT/OI/TB/PMTCT assistance is 25 hospitals in 2004 and 30 hospitals in 2005, complemented by a range of 1 – 10 health centers and communities (depending on the activity) in the networks associated with the hospitals. The plan is that ETAEP will remain the lead donor for the 25 "first cohort" hospitals but will collaborate with the Global Fund for the 30 "second cohort" hospitals, with ETAEP providing technical assistance, training, and supportive supervision and the Global Fund/MOH providing commodities, renovations, equipment, etc. Given expressed need, ETAEP expects to be supporting PMTCT services, including community mobilization, in 27 hospitals and 53 health centers and related communities by the end of the 2004 COP, or March 2005. By the end of the 2005 COP, or March 2006, ETAEOP will be supporting PMTCT services in a total of 55 hospitals and at a minimum 81 health centers and related communities (1-2 health centers per hospital).

PMTCT Partners: RPM-Plus has been a U.S. government partner for PMTCT since early 2003 and is one of the three ETAEP partners providing technical services in the 2005 COP. Intrahealth will implement activities at non-ART health centers and communities. JHPIEGO will implement activities at ART hospitals and ART health centers. Rational Pharmaceutical Management-Plus (RPM-Plus) will provide commodity logistics and management support for the supply and distribution of essential PMTCT commodities to hospitals and health centers with an emphasis on strengthening distribution and management structures at the regional level. RPM-Plus, Intrahealth and JHPIEGO will collaborate on training efforts, strengthening HMIS structures at the facility, Woreda, Zonal and Regional levels, and referral linkages at HC and Hospitals for ARV treatment are established. All activities will maintain substantial links to the MOH supported PMTCT program.

In FY 2005, RPM-Plus will provide technical assistance to the 55 ETAEP hospitals and 81 ETAEP PMTCT health centers in the stock, storage, distribution, logistics and overall management of essential drug commodities for PMTCT (e.g. Nevirapine, HIV test kits). RPM Plus will also provide financial and technical assistance to infrastructure improvements at the hospital and health center levels to ensure safe and adequate pharmacy supply and storage. RPM Plus will train at least 250 pharmacy/stock management personnel and regional managers in LMIS and Rational Pharmaceutical Management from ETAEP assisted hospitals (55) and health centers (81).

Essential PMTCT commodities are included in the Logistics Management Information Systems (LMIS) work of RPM-Plus at the federal, regional and facility level to ensure delivery and supply. RPM-Plus is providing oversight under ETAEP ARV supply and distribution and some cost efficiencies will be captured in trainings and infrastructure improvements at hospital level.

RPM-Plus, in collaboration with ETAEP PMTCT partners shall provide renovation of essential infrastructures at selected ETAEP hospitals and health centers for the secure storage and provision of adequate dispensing of essential commodities. RPM-Plus will collaborate closely in the planning of PMTCT trainings between PMTCT partners.

Activity Category	% of Funds
☑ Human Resources	10%
☑ Infrastructure	40%
☑ Needs Assessment	5%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	35%

Targets:

Target	Value	Not Applicable
		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	250	☐ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	1	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*

☑ *Pharmacists*

Key Legislative Issues:

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Afar	ISO Code: ET-AF
State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Sumale (Somali)	ISO Code: ET-SO
State Province: Tigray	ISO Code: ET-TI

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The represents the salary costs for CDC Ethopia technical staff and the cost of U.S.-based technical assistance travel.

Activity Category	% of Funds
☑ Local Organization Capacity Development	60%
☑ Quality Assurance and Supportive Supervision	20%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	☑ Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	☑ Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	☑ Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	☑ Not Applicable

Target Populations:

- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Private health care providers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *International counterpart organization*
- ☑ *M&E specialist/staff*
- ☑ *Military*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Policy makers*
- ☑ *Program managers*
- ☑ *Trainers*
- ☑ *USG in country staff*

Key Legislative Issues:

- ☑ Twinning
- ☑ Volunteers

Coverage Area: **National**

State Province: **ISO Code:**

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

Result 1:	A/B Prevention messages in faith-based and community networks strengthened.
Result 2:	*HIV preventive behaviors (A/B) among youth increased.*
Result 3:	Negative social norms in relation to high-risk behaviors reduced.

Total Funding for Program Area ($):

Current Program Context:
ETAEP Activities in FY 2005 COP: In FY 2005, AB activities will be carried out by 4 NGO Track 1 (3 faith-based) and 4 ETAEP (2 faith-based) partners, working with numerous Ethiopian FBOs and CBOs in 8 regions of Ethiopia. The primary target group for the partners is in-school and out-of-school youth aged 10-25, with their parents, teachers, and key religious and community leaders as secondary targets. The prime recipient NGOs will work with hundreds of Ethiopian NGOs, FBOs, and CBO, including Parent-Teacher Associations, Anti-AIDS Clubs, Sports Clubs, Sunday Schools, Madrassas, and other existing traditional and developmental organizations. Activities will include widespread dissemination and training in use of the Youth Action Toolkit developed by HCP in 2004, mass and mini-media messaging, peer education, and several approaches to modeling and behavior change. By the end of COP 2005, approximately 12,000 youth and 600 leaders will be trained and 750,000 youth reached through youth networks with AB messages, with emphasis on reduction of negative social norms. \n\nGovernment of Ethiopia Programs: The Government promotes Abstinence, Being faithful, and Correct and Consistent Condom use (ABC) as a comprehensive approach to HIV/AIDS prevention. The Government also actively promotes engagement of Ethiopia's faith-based leadership and organizations in the national response, and has representatives of the major faiths participate in the National Partnership Forum. Both the Ethiopian Orthodox Church and the national Muslim leadership promote AB in the absence of C, and receive Government and donor support for their programs. \n\nOther Donors: Numerous donors and international and national NGOs support media and messages to promote ABC. Some of the strongly faith-based international NGOs limit discussion of Condoms, but most provide information on the comprehensive ABC model. The Government's Global Fund Round Four proposal includes several specific activities most relevant to AB for Youth. For Youth Education, the Government plans to work with national and international NGOs, the European Union and the UNDP to scale-up a "community dialogue" approach that has proven effective in Southern Ethiopia in which community level workers in health, education and agriculture are trained to facilitate dialogue in the community. The purpose of such dialogue is to identify local risk factors and design coping strategies based on local traditions leading to community behavioral change. The Global Fund Round Four proposal also includes provision to reach 135,000 youth during CY 2005 through the "MOVE," or the Model for Risk Avoidance Behavior methodology that was successfully piloted and scaled up in the city of Addis Ababa by the German GTZ in collaboration with the City Government. In CY 2005, with GTZ assistance the program will scale up to 9 major towns in the country, namely: Awassa, Arba Minch, Mekelle, Dessie, Gonder/Bahrdar, Nazareth, Jimma, Nekemt and Harar. In CY 2006, the program will be adapted for application by the military. \n

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Addis Ababa University

Planned Funds:

Activity Narrative:

Youth 15-24, particularly women, have the highest HIV prevalence rates of any age cohort, and an estimated 15-20% of the 20,000 Ethiopian university students are HIV positive (based on data from the three large universities in Addis and two regions). In the 2005 COP, to achieve Results 2 and 3, CDC Ethiopia will work with Addis Ababa University to develop modeling and reinforcement activities to encourage the adoption of prevention behaviors, link students to counseling and testing services and to care and treatment services, and change social norms. If the activity demonstrates success, it could be rolled out to five additional universities: Mekele in Tigray, Jimma in Oromia, Gondor in Amhara, Alemaya in Harrar, and Dilla in SNNPR.

The modeling component would be directed by the students, and would include one or more fictional long serialized stories that run in campus newspapers or on campus radio stations. Each story would show role models confronting and overcoming barriers to change one or more key behaviors (e.g., abstaining, being faithful, getting counseled and tested), and being supported by others for changing. In addition to these main modeling stories, students may produce "companion" modeling activities such as dramas, testimonials, or poetry readings. For instance, a university drama group may script and act out one of the serialized stories. Although students from some departments (e.g., theater, mass communication) would be the primary participants, students from across the university would be encouraged to participate in the project and would be given behavior change and technical training. The participation of students from across the campus may help promote normative change as more students come to understand the role of norms on behavior, in addition to building capacity for such interventions.

The reinforcement component will consist of "peer led" outreach, discussion groups and other activities. Peer-led activities will build on existing structures within universities, such as dormitories, social organizations and university-wide activities. Peer leaders may conduct outreach to provide additional information, lead discussion groups for students to think about how the stories apply to their own lives and to identify and discuss the social norms that shape their behavior, or lead students in activities to advocate for changes in campus policies and campus norms. The program would begin in April 2005 when 2005 COP funds become available. By September 2005, 1000 university students will be trained as peer educators and development of initial modeling will be underway. By March 2006, a total of 1000 peer groups will actively participate in the national attempt to stop HIV. Furthermore, the ten campuses of Addis Ababa university will each organize ten events in which various Colleges, Departments, Units, faculty members and students will participate in line with the principles of MARCH (Modeling and Reinforcement).

CDC Ethiopia has been implementing the BCC strategy known as MARCH in Addis Ababa, W. Hararghe and among the military for the past three years. Materials necessary have been developed and the evaluation had shown success arguing for expansion of such strategy to other high risk groups including university students. Additional capacity building support will also be provided to the University including workplace policy development. The major inputs of the IE/BCC activities in university communities will target encouraging 'abstinence' and 'being faithful', however, owing to the fact that university students are young adults are in the process of developing sexual identity, thus liable to experiment with sexual relationships, the intervention will also include inputs that suggest condom use as a last resort. Approximately 10% of the activity funding will be used to support condom use.

Activity Category **% of Funds**

- ☑ Community Mobilization/Participation 7%
- ☑ Development of Network/Linkages/Referral Systems 8%
- ☑ Human Resources 9%
- ☑ Information, Education and Communication 31%
- ☑ Local Organization Capacity Development 5%
- ☑ Logistics 23%
- ☑ Policy and Guidelines 5%
- ☑ Training 10%
- ☑ Workplace Programs 2%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	20,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *University*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Reducing violence and coercion
  - ☑ Addressing male norms and behaviors
  - ☑ Increasing women's legal protection
- ☑ Twinning
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa) ISO Code: ET-AA

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / International Orthodox Christian Charities

Planned Funds:

Activity Narrative:

During FY2004, ETAEP supported International Orthodox Christian Charities (IOCC) to work in partnership with the development arm of the Ethiopian Orthodox Church, the Development Inter Church AID Commission (DICAC) to utilize and mobilize the strong Orthodox network towards reinforcing HIV A/B prevention messages. The IOCC-DICAC program will contribute to the achievement of Results 1, 2 and 3.

As of July 2004, IOCC-DICAC had established 20 branch offices to coordinate HIV/AIDS activities and to ensure consistency of programs through the intervention areas. Surveys of the knowledge and attitudes of community members and the clergy have been carried out as have pre-rally assessments in preparation for 85 public rallies. 2000 youth have been selected from 500 Sunday School groups for peer education training by the end of 2004. DICAC has established links with the Health Communications Partnership (HCP) to contribute to the development of the Youth Action Toolkit for adaptation of the kit to the Sunday School setting. Research and best practice guidelines have been completed for the making of a religious film addressing the issue of stigma and discrimination, to be completed and shown in church and community settings by the end of March 2005. IOCC-DICAC is in the final stages of production of musical cassette of religious songs to be played at church gatherings promoting A/B messages and non-stigmatizing behavior. 75 community committees have been established in the 20 dioceses and will soon begin community mobilization activities. To date 10,000 people have been reached with mass media messages and 600 clergy educators have been trained.

In 2005, IOCC-DICAC will focus on building its youth and general population risk reduction programs. 42 public rallies will be held, 400,000 IEC/BCC materials will be produced, and HIV/AIDS messages will be integrated into all Ethiopian Orthodox Church publications. 750 Sunday schools will reach 500,000 youth in the program areas and an additional 1000 peer educators will be trained. Refresher training will be given to the current 2000 peer educators. 100 clergy will be trained as trainers and will train 12,000 in-service clergy to integrate HIV/AIDS considerations (AB, care and compassion, how to discuss HIV/AIDS) into their services and parish work. HIV/AIDS courses will be integrated into the cucrriculum at 3 theological colleges and 8 clergy training institutes. The effectiveness of the AB prevention programs will be measured through a series of local assessments of peoples' knowledge, behavior and attitudes. In 2005, IOCC-DICAC will consolidate its program to work in 100 woredas (districts) in five regions, reaching an estimated 5 million people. The broader IEC/BCC messages, led by the Patriarch, will reach the approximately 40 million Ethiopian Orthodox faithful.

The program conforms with the ETAEP Five-Year Strategy of targeting high risk groups by focusing on promoting A/B behavior with the youth and through motivating commercial sex workers to develop alternative livelihood strategies. Additionally, the program utilizes existing EOC parish structures, churches and Sunday School/Youth Groups to promote A/B behavior and model positive, non-stigmatizing behaviors amongst the communities / general population.

Activity Category	% of Funds
☑ Community Mobilization/Participation	10%
☑ Information, Education and Communication	40%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	40%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	40,000,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	100	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	500,000	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	5,000,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable

Target Populations:

- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Religious/traditional leaders*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province	ISO Code
State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pact, Inc.

Planned Funds:

Activity Narrative:

In FY2004, ETAEP provided support to the Ethiopian Muslim Development Agency, a relatively new organization established in mid-2000, through the international NGO PACT, to develop its organizational and management capacity. This enhanced capacity will enable the organization's nascent HIV/AIDS prevention program to be strengthened to reach greater numbers of the estimated 30 million Ethiopian Muslims, building on the substantial Islamic networks in Ethiopia committed to addressing HIV/AIDS. Previously, EMDA has received some U.S. government support as a sub-grantee of Pathfinder International but this funding concluded as a result of the implementation of the ETAEP and the need to develop a coordinated, integrated U.S. government HIV/AIDS program. EMDA is currently operational in seven regions of the country, working in 83 urban and 132 rural locations. The PACT/EMDA program will contribute to the achievement of Results 1, 2 and 3.

The program agreement was only signed in September 2004, but it is expected that by March 2005, 41 EMDA staff will have received training or support in project management, financial management and monitoring and evaluation. By March 2005, EMDA will have conducted an assessment of needs and identified target communities for prevention programming targeting youth and the general population.

Given that the agreement was signed in September 2004, and that the needs assessment will be completed in March 2005, the following are intended as illustrative activities and targets only, based on the current program areas, generally identified needs in Ethiopia and the comparative advantage of the strong Muslim network. In COP 05, EMDA will produce mass media religious messages targeting the faithful, approximately 500 religious leaders will have received training in HIV/AIDS education and promoting non-stigmatising behavior, and IEC/BCC materials will be produced for distribution at religious and community gatherings. Approximately 1000 youth peer educators will be trained with the aim of reaching the youth in selected program intervention areas. Dependant on the outcome of the needs analysis, 50% of the program's communities will be selected for more targeted HIV/AIDS interventions.

EMDA will link with IOCC-DICAC through the National HAPCO' s Partnership Forum and through the Inter Faith Forum for Development and Dialogue for Action.

The program conforms with the ETAEP Five-Year Strategy of targeting high risk groups by focusing on promoting A/B behavior with the youth. Additionally, the program utilizes existing Islamic structures to promote A/B behavior and model positive, non-stigmatizing behaviors amongst the communities/ general population.

Activity Category	% of Funds
☑ Community Mobilization/Participation	10%
☑ Information, Education and Communication	40%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	40%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	28,000,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	108	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	108	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,500	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable

Target Populations:

☑ *Community leader*
☑ *Community members*
☑ *Religious/traditional leaders*
☑ *Youth*
- ☑ *Girls*
- ☑ *Boys*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa) ISO Code: ET-AA
State Province: Amhara ISO Code: ET-AM
State Province: Binshangul Gumuz ISO Code: ET-BE
State Province: Dire Dawa ISO Code: ET-DI
State Province: Hareri Hizb ISO Code: ET-HA
State Province: Oromiya ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples ISO Code: ET-SN

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Food for the Hungry

Planned Funds: [redacted]

Activity Narrative: Food for the Hungry (FH) will serve as the lead agency in Ethiopia to implement the Association of Evangelical Relief and Development Agencies (AERDO) Track 1 multi-country award for "Healthy Choices Leading to Life." FH will contribute about 50% of the level of effort to achieve results. Collaborating AERDO and local partners include the Nazarene Compassionate Ministries (20%), the Ethiopian Kale Hiwot Church (15%), Life in Abundance, Ethiopia (15%), and Save Lives Ethiopia (10%). This Track 1 award was approved in fourth quarter FY 2004. The information that follows is from the program application.

In Ethiopia, the project will: 1) scale-up skills-based HIV/education through 168 youth groups, including existing Anti-AIDS Clubs or other Youth Clubs, as well as to-be-formed youth-to-youth clubs; 2) stimulate broad community dialogue to inspire religious, local, women and other youth-supporting leaders to be advocates against HIV/AIDS and to reduce stigma; 3) reinforce the role of parents and other protective influences, particularly for at-risk girls, to educate and counsel their children on sex and to fight against cultural practices that increase girls vulnerability to HIV/AIDS (e.g. abduction, rape, circumcision); 4) address sexual coercion and unhealthy sexual behaviors through education in churches, communities, and workplaces.

In FY 2005 (year 1 of the project), the partners expect to expand their current work to reach 150 additional churches, mosques, and schools in ten districts and special zones located in three regions (Amhara, Oromia, and Addis Ababa) in order to reach over 70,000 youth and 5,000 influential adults. In addition, HIV awareness campaigns will be conducted in approximately 60,600 communities using youth clubs and community and religious leaders.

Given the common programmatic areas across Track One and In-country AB for Youth Activities, all partners programming in this area in Ethiopia will coordinate their programs and interventions through a USG youth sub-group to ensure maximum coverage and impact of the programs.

Activity Category	**% of Funds**

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)
Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: T1 / Catholic Relief Services

Planned Funds:

Activity Narrative: A Track 1 award to Catholic Relief Services (CRS) for a multi-country "Avoiding Risk, Affirming Life" program was approved in fourth quarter FY 2004 and project mobilization has not yet started in Ethiopia. The information that follows is from the CRS application.

CRS Ethiopia will partner directly with the Ethiopian Catholic Secretariat and 3 initial Diocese/Vicarates (Haraghe and Meki in Oromia Region, and Adigrat in Tigray Region) which have longstanding partner relationships with CRS. The program proposes the following strategic approaches: 1) training of church leaders in HIV/AIDS, counseling and message delivery through a series of 4 four-day workshops of 30-35 participants (religious leaders) each; 2) support to the church's social development offices to scale up support for in – and out-of-school youth and challenge social norms that contribute to HIV/AIDS spread; 3) addressing in- and out-of-school youth using the evidence-based "MOVE," or the Model for Risk Avoidance Behavior methodology, which involves an itinerant "fair" with 5 different "tents" covering different subject areas. Through drama, role-play, video, quizzes, and discussion MOVE assists youth to personalize risk and explore options for self-protection and risk avoidance. MOVE also assists teachers to develop their understanding of HIV/AIDS, examine their behaviors in relation to HIV/AIDS, and give them skills to establish and support anti-AIDS clubs and peer support systems. MOVE has been piloted in Ethiopia and shown to be culturally appropriate and effective.

The program plans to reach 21,900 youth and 5,690 influential adults in FY 2005 (year 1) in the 3 target Diocese/Vicarates.

Given the common programmatic areas across Track One and In-country AB for Youth Activities, all partners programming in this area in Ethiopia will coordinate their programs and interventions through a USG youth sub-group to ensure maximum coverage and impact of the programs.

Activity Category	**% of Funds**

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *T1 / Pact, Inc.*

Planned Funds:

Activity Narrative:

Pact, Inc. will serve as the lead agency in Ethiopia to implement a Track 1 multi-country award for "Youth and Children with Health Options Involving Community Engagement Strategies", or Y-CHOICE. This Track 1 award was approved in fourth quarter FY 2004. The information that follows is from the program application.

The specific objectives of the Y-CHOICE program are:

1. Promote decreased sexual activities among youth, families and communities through provision of skills-based knowledge and capacity for youth.
2. Scale up and expand community-focused programs for communication, education, behavior change and reduction of HIV transmission targeting youth.
3. Improve and strengthen the environment for family discourse on social issues critical to HIV prevention by youth and their communities.

Pact plans to work across all 11 regions of Ethiopia, with the following targets:

In School Youth: 700,000 secondary school youth (aged 15-18) in 450 schools, 40% girls; 460,000 primary school children (aged 10-14), 45% girls; 2,700 of the *secondary students trained as peer educators.*

Out-of-School Youth: 53,625 youth (aged 10-24), 40% girls, in 165 alternative education centers; 335,000 youth (aged 10-24), 45% girls, through 665 Idirs and Mahibers; 2000 of these youth trained as peer educators.

Parents; guardians; and adult mentors: 500 community-based youth mentors working through 165 Alternative Education Centers, Idirs, and Mhibers in Ethiopia.

General Population: 36 million people (60% of population) through traditional and alternative media-based education programs on A and B themes; and 190,000 community members mentored.

Given the common programmatic areas across Track One and In-country AB for Youth Activities, all partners programming in this area in Ethiopia will coordinate their programs and interventions through a USG youth sub-group to ensure maximum coverage and impact of the programs.

Activity Category	**% of Funds**

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: *ISO Code:*

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *High Risk Corridor Initiative / Save the Children US

Planned Funds:

Activity Narrative:

During FY2004, ETAEP supported Save the Children USA to work in 25 towns along the transport corridor from Addis Ababa to Djibouti to provide comprehensive HIV/AIDS prevention programs targeting transport workers, commercial sex workers and other vulnerable groups based in the communities such as out of school youth, who engage in high risk activities.

By March 2005, in the 24 towns along the corridor (reduced from 25 now that the program stops at the Djibouti border) it is anticipated that the prevention programs will have trained 478 community leaders in HIV/AIDS education and community mobilization; and that 18,713 high risk youth and 29, 992 mobile workers will have been reached through the programs. In addition, 3,952 highly vulnerable women will have been educated in risk reduction strategies and 1000 people with HIV and AIDS will have benefited from positive living programs in the communities.

In FY2005, Save the Children USA will focus on three main prevention strategies along the Addis – Djibouti corridor – the promotion of Abstinence and Faithfulness among the communities through education; reduction of stigma and discrimination and risk reduction programs for those who continue to engage in high risk behaviors. Community education programs will focus on promoting Abstinence and Faithfulness as the primary prevention methods for all target groups with the exception of commercial sex workers, and will be implemented through the training of community educators. These educators will include religious and community leaders, people living positively with HIV and AIDS and youth representatives. These community educators will also be central in the stigma reduction programs, which have the aim of increasing people's willingness to openly discuss HIV and AIDS, and increase their accurate knowledge of prevention and transmission methods, in addition to reducing the discrimination directed at people living with HIV and AIDS.

The community prevention education programs will include peer education specifically targeting out of school youth and transport workers; community outreach, referrals to prevention services and community "edutainment" programs in the 24 towns. Accurate and comprehensive knowledge will be developed and maintained through continued support to the 21 AIDS Information Centers along the corridor. 30,000 in-school youth will be targeted with Abstinence only programs through an education program called "Lessons for Life". The BCC programs aimed at mobile workers will continue to be supplemented by the HIV/AIDS IEC programs that have been integrated into the Oromiya and Addis Ababa Regional Transport Authorities Training Institutes curricula for new long distance drivers and mechanics.

By the end of COP05, 628 community leaders will have been trained and 50, 000 youth, 22,474 mobile workers, and 1,500 people with HIV/AIDS will have benefited from these prevention programs. For information relating to the third prevention strategy, please refer to table 3.5 – Other Prevention. The program conforms with the ETAEP Five-Year Strategy of targeting groups who engage in high risk behaviors in the sites in which they congregate. Additionally, the program utilizes existing community structures and leaders to promote safer sexual behaviors and to model positive, non-stigmatizing behaviors among communities / general population.

Activity Category | **% of Funds**

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Information, Education and Communication	40%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	20%

Targets:

☐ Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	240,800	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	30,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	21	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	75,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	☐ Not Applicable

Target Populations:

- ☑ *Clients of sex workers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Military*
- ☑ *Police*
  - ☑ *Truckers*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Afar ISO Code: ET-AF
State Province: Dire Dawa ISO Code: ET-DI
State Province: Oromiya ISO Code: ET-OR
State Province: Sumale (Somali) ISO Code: ET-SO

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Internews Network

Planned Funds:

Activity Narrative:

During FY2004, ETAEP provided support to Internews to begin a media program, called Local Voices, which aims to promote responsible coverage of the HIV/AIDS epidemic, with the aim of increasing accurate knowledge and reducing stigmatizing and discriminatory attitudes towards people affected by HIV and AIDS. The primary prevention messages promoted through the media are Abstinence and Faithfulness and this will continue to be the focus of the Internews program.

Internews mobilized in Ethiopia in 4th quarter FY 2004 to begin its Local Voices program. Between July 2004 and March 2005, the program will accomplish the following; project set-up, staff recruitment, and intensive follow-up training with local journalists: conducting and reporting on an assessment of print and radio media in Ethiopia; executive summit for sensitization of 20 print and radio media managers and decision makers; one training session of ten radio journalists and their managers; one training session of ten print journalists and their managers; one training session of eight DJs and their supervisors; one training session of five talk show hosts and their program directors; follow-up sessions with the 30 practicing media professionals who will attend Internews' practical training seminars, and outreach to their coworkers; travel grants awarded to 10 print and radio journalists; one two-day practical workshop for NGOs on accessing the media and ongoing support in liaising NGOs with the media; and evaluation of the program by independent auditor, including a baseline survey and six-month benchmark monitoring.

In FY2005, based on lessons learnt in 2004, Internews expects to be conducting similar activities to those described above but targeting regionally-based journalists in addition to some further training for selected Addis-based journalists. At the regional level, the program will train 10 radio journalists and their managers; 10 print journalists and their managers and seven radio talk show hosts and their managers. Two 2-day workshops will be held for Ethiopian NGOs, CBOs and FBOs working in HIV/AIDS on accessing the media and promoting their messages. Additional training for Addis-based journalists will include follow-up training sessions for six radio journalists on OVC issues and ART – with the journalists to be selected from 04 and 05 Introduction to HIV reporting courses and will result in six features aired on OVC and ART on radio stations inside and outside of Addis. There will be one 1-week training session on gender issues for 10 talk show hosts and producers, which will result in five talk shows on women and HIV. Finally, there will be a 1-week follow-up training session for six print journalists on discrimination and HIV issues, resulting in six features targeted at policy makers. As a conservative estimate, 4,000,000 people will be reached with the prevention messages through media outlets in the targeted urban settings.

The program conforms with the ETAEP Five-Year Strategy of preventing new infections through the promotion of responsible, accurate coverage of HIV/AIDS by the media, leading to increased, accurate knowledge of HIV/AIDS prevention methods among the general population and decreased stigma and discrimination. In addition to contributing to achieving the stated results, the Internews program will increase public knowledge with regards to the issues facing orphans and vulnerable children and treatment issues.

Activity Category	% of Funds
☑ Information, Education and Communication	35%
☑ Strategic Information (M&E, IT, Reporting)	15%
☑ Training	50%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,000,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	80	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable

Target Populations:

- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Religious/traditional leaders*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Sumale (Somali)	ISO Code: ET-SO
State Province: Tigray	ISO Code: ET-TI

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:	*Abt Private Sector Partnership / Abt Associates*
Planned Funds:	

Activity Narrative:

Activity Context: Building on FY04 activities, Abt Private Sector Partnership (PSP) will continue rapid assessment of very-large (1000+ employees) or large employers (500+ employees) workplace programs to determine their synergy with the ETAEP and MOH health network. Based on assessments reports, Abt PSP and its local partners will strengthen clinical care environments in workplaces and health network nodes for referral linkages in prevention, care and treatment in STIs, HIV/AIDS, OI and ART. Abt PSP will be involved in approximately 40 workplace programs at the beginning of FY05 and is anticipated to reach an additional 40 workplace programs to ensure a basic menu of workplace program elements.

Abt PSP (AB Prevention) will strengthen workplace structures to ensure the presence and/or improved access to HIV/AIDS AB prevention messages among professionals (including but not limited to males with disposable income), family fun days focusing on respect for family and community structures and fidelity based messaging. Options to improve employees and their dependents risk perception to exposure, stigma and discrimination, understanding of prevention through abstinence or fidelity while strengthening referral linkages between selected workplaces and communities of operation with health network nodes in workplaces and communities of operation in the areas of VCT and other services.

Abt PSP will build upon previous year activities to ensure broadly based leadership in peer education on HIV/AIDS, limited social marketing of AB approaches and partnerships within the private sector to cost-share for continued presence of AB prevention components in the workplace. The activities of Abt PSP will be focused on integrating into the ETAEP assisted community network and will collaborate with ETAEP prevention, care and treatment partners to further identify synergies to ensure maximum coverage of employees, their dependents and members of the community.

Abt PSP will replicate successful interventions in peer education and BCC/IEC activities to focus on reaching large numbers of continuing and new employers in FY05 for an expected coverage of 100,000 employees with access to prevention options and referral linkages to external care and treatment options (e.g. VCT, OI, TB and ARV treatment through public or private facilities). Peer education activities have been successfully implemented under previous USG support to workplace programs in Ethiopia under Pathfinder International. Emphasis will be placed on anti-stigma and discrimination structures in place with the support of management, labor and government policy-influencers. Abt PSP will target Men with Disposable Income with correct HIV/AIDS information and prevention messages during standard consensus building activities during implementation phase.

Activity Category	% of Funds
☑ Human Resources	20%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Needs Assessment	5%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	25%
☑ Workplace Programs	25%

Targets:

☐ Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	55	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	14,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	170	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Business community*
- ☑ *Community members*
- ☑ *Factory workers*
- ☑ *Health Care Workers*
  - ☑ *Medical/health service providers*
  - ☑ *Private health care providers*
- ☑ *HIV/AIDS-affected families*
  - ☑ *Truckers*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Addressing male norms and behaviors
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Afar	ISO Code: ET-AF
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *IMPACT / Family Health International

Planned Funds:

Activity Narrative:

During FY2004, ETAEP supported IMPACT to work in communities in four regions of Ethiopia (SNNPR, Amhara, Oromia and Addis Ababa) to implement a comprehensive prevention program and develop referral linkages to care and treatment programs. The prevention program focused on community mobilization activities, establishing and/or strengthening Anti-AIDS clubs, Behavior Change Programming targeting groups engaging in high risk behavior in those areas, capacity building of local Government and non-Government organizations and capacity building of associations of people with HIV/AIDS to implement risk reduction and community awareness programs.

In FY2005, in conformance with the ETAEP Five Year Strategy, IMPACT will focus its prevention activities on individuals who engage in high risk behaviors, and the utilization of existing community structures to reach medium and low risk populations to contribute to the achievement of prevention targets. IMPACT will continue to implement and strengthen behavior change programs targeting three specific groups; short distance mini-bus and taxi drivers and their assistants, commercial sex workers in Addis Ababa and the SNNPR Regional Police Force. The primary messages of the prevention programs is abstinence and faithfulness, with the exception of programs focused on commercial sex workers and their clients. Please see Table 3.5 for more information about this program.

The first round Behavioral Surveillance Survey (2002) and formative assessments carried out in Addis Ababa indicate that minibus/taxi drivers, their assistants and commercial sex workers are among the most at risk populations in terms of risk behavior in Addis Ababa. Behavior change communication programs incorporating peer education and counseling, role models and exploration of possible lifestyle changes will be employed with all three groups. 28,000 taxi drivers in Addis Ababa will be reached through IMPACT's local NGO partner, Save Your Generation Association. 2,800 drivers will receive peer education training; refresher training will be given to a further 1000. Formative assessments carried out in FY2004 in SNNPR indicate that the 5,000 strong, regional police force is a particularly high risk group in terms of unsafe sexual behavior. Including the new recruits, in year 2005 the number of the police force will increase to 6000. This assessment is supported by national data indicating HIV prevalence of 30% among the pregnant wives of policemen. IMPACT will continue to support its peer education and leadership program with the SNNPR police force and will share their experiences with the CDC Addis Ababa federal police program to ensure synergies in programming. The Addis-Ababa based Federal Police Force approached both IMPACT and CDC to support a Peer Leadership program, similar to the one in SNNPR. To avoid duplication, and to enable IMPACT to strengthen and expand its regional programming, it was agreed that CDC would give support to the Federal Police program, building on the experiences of IMPACT where appropriate and working together on the National BCC ad hoc task force.

FHI will work with existing community groups – Anti-AIDS Clubs, Sports Clubs, PTAs, Woreda and Kebele leadership, etc. – to maintain and intensify BCC campaigns, including material development, targeted at youth, teachers and community leaders in for Amhara, Oromia and SNNPR reaching a conservative estimate of 10,800,000 people, or 20% of the population, in the three regions.

The program conforms with the ETAEP Five-Year Strategy of targeting groups who engage in high risk behaviors in the sites in which they congregate. Additionally, the program utilizes existing social structures to target specific groups such as the police. The BCC campaigns will build on the experiences of the Addis Ababa BCC campaigns to promote safe sexual behaviors among the general population and to model positive, non-stigmatizing behaviors amongst the communities/ general population.

Activity Category	**% of Funds**
☑ Community Mobilization/Participation	15%

- ☑ Information, Education and Communication 30%
- ☑ Local Organization Capacity Development 15%
- ☑ Strategic Information (M&E, IT, Reporting) 20%
- ☑ Training 20%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,800,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	7	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	60,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	5,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Commercial sex industry*
  - ☑ *Clients of sex workers*
  - ☑ *Commercial sex workers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *M&E specialist/staff*
- ☑ *Media*
- ☑ *Police*
- ☑ *People living with HIV/AIDS*
- ☑ *Policy makers*
- ☑ *Religious/traditional leaders*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Addressing male norms and behaviors
- ☑ Reducing violence and coercion

☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Hareri Hizb	ISO Code: ET-HA
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)
Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCP / Johns Hopkins University Center for Communication Programs
Planned Funds: [ ]

Activity Narrative:

During FY2004, ETAEP provided support to the Health Communications Partnership (HCP) to develop HIV/AIDS behavior change programs targeting youth with A/B messages. The program focused on developing a Youth Action Toolkit for use by the range of youth groups in Ethiopia, and on building the capacity of youth groups to use the toolkit, and model positive behavior. The program also developed a similar program for youth sports clubs, called Sports for Life.

By March 2005, HCP expects to have completed (including field-testing) the Youth Action Toolkit and the Sports for Life program manual. 6540 peer educators and facilitators will have been trained to use the toolkit to model, and reinforce A/B behaviors for youth members, 1,635 youth clubs will be reached through this model, with an expected number of 40,800 youth club members directly benefiting. The number of indirect beneficiaries is far harder to quantify as many of the toolkit activities focus on peer discussions, family discussions and community 'edutainment'. The HCP program does not create new networks, but works through other U.S. government partners working directly with youth. These include IOCC, Save the Children USA, IMPACT, the Ethiopian National Youth Network and Pathfinder International. HCP is also coordinating the Youth Sub-Group of the Addis Ababa HAPCO 2004 World AIDS day committee, and expects to reach approximately one million youth with its AB messages through mass media campaigns, activities leading up to World AIDS Day and the events designed to celebrate the day.

In 2005, activities will focus on increasing the number of champion youth groups, and supervising and advancing those groups that have already reached champion status to the next level working through partner organizations. HCP will continue working with the Ministry of Youth, Sports and Culture to train 600 physical education teachers. It is not anticipated that there will be substantial changes to the materials. HCP will also work with partner organizations for World AIDS Day (WAD) to organize an event building on the international theme. HCP will provide technical advice and materials to the new Track One partners working in Youth Abstinence programs to ensure maximum impact and coverage of programs. By the end of COP05, 7,194 peer educators and facilitators will have been trained / received refresher training to use the toolkit to model and reinforce A/B behaviors for youth members, 1,800 youth clubs will be reached through this model, with an expected number of 44,880 youth club members directly benefiting.

The program conforms with the ETAEP Five-Year Strategy of targeting youth groups who engage in high risk behaviors. The program utilizes the existing Government and youth network structures to reach the youth groups. The program has been an excellent example of linkages with other USG programs; HCP has worked with a number of U.S. government-funded partners to develop the toolkit and to field test the kit with existing youth programs.

Activity Category **% of Funds**

- ☑ Information, Education and Communication 5%
- ☑ Local Organization Capacity Development 32%
- ☑ Quality Assurance and Supportive Supervision 25%
- ☑ Strategic Information (M&E, IT, Reporting) 5%
- ☑ Training 33%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000,000	☐ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,800	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	44,800	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	7,200	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *Implementing organization project staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *People living with HIV/AIDS*
- ☑ *Students*
  - ☑ *Secondary school*
  - ☑ *University*
- ☑ *Teachers*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Hareri Hizb	ISO Code: ET-HA
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds: [ ] B5

Activity Narrative: *ETAEP will undertake two AB activities with high-risk groups, the National Defense* Forces of Ethiopia (NDFE) and the Federal Police.

NDFE: The objective of the intervention is to strengthen and integrate NDFE's prevention, care, and treatment efforts for soldiers and their family members.

NDFE has already implemented a peer leadership strategy as one of its key prevention strategies for military members. Peer leaders have been trained and peer groups organized in the 103rd Corps (Harar), 107th Corps (Mekele) and 109th Corps (South Western - Awassa). Building on this peer leadership strategy, CDC Ethiopia is assisting NDFE to implement a MARCH (Modeling and Reinforcement to Combat HIV/AIDS) project. CDC has also provided tape players and cassettes for each peer group to use for the 100 episodes of a radio serial drama. Parallel to the radio serial drama, a print serial drama in the form of a comic strip is planned to be employed as a strategy to bring about change in behavior.

Peer leaders will share the comic strip with peer discussion groups and guide soldiers in applying the information to their own lives in order to reduce risk of HIV infection, encourage members of the army living with the virus to live positively, support others within their unit and community who are trying to adopt healthier behaviors, and reduce stigma suffered by those with HIV/AIDS. The print serial drama and peer discussion groups will also help link soldiers to services being offered. Data, collected from two cores (107th and 109th) among the six in the country, on the military show that approximately 46 per cent of the army members are married and about 19 per cent of them are living currently with their spouses, which show the need for messages encouraging faithfulness and / or abstinence.

Police: Because of their increased risk for HIV, their number (approximately 45,000), and their access to services at Police Hospital and clinics, a behavior change intervention that combines activities to encourage prevention behaviors and motivates use of services for police and their families can contribute to reaching ETAEP goals for Ethiopia. In coordination with available services, this behavior change intervention would combine modeling and reinforcement activities to encourage the adoption of prevention behaviors, and link police and their families to services. The modeling component will consist of "linked role model stories", with one story line for each outcome behavior (i.e., be faithful, abstain, get counseled and tested, use PMTCT services, and adhere to ARV regimens). Over time, as the role model stories are developed and expanded, the intervention may add a radio serial drama that draws attention to the role of police and their families in the wider community. In this regard, various radio programs and, the weekly police TV program (Sunday morning 10:00 – 11:00) will be used as additional outlets for the model stories. The intervention would begin at Federal level and includes Addis Ababa General Police Hospital, Police Garage, Police Engineering Department, Police College, Logistics, Crime Prevention, Individual police stations in Addis Ababa. Similarly, in subsequent years, the regional police force will be covered through continued scale up.

Activity Category	% of Funds
☑ Human Resources	7%
☑ Information, Education and Communication	46%
☑ Logistics	14%
☑ Training	33%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	16	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	39,300	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	6,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

☑ *Military*

☑ *Police*

Key Legislative Issues:

☑ Gender
- ☑ Addressing male norms and behaviors
- ☑ Reducing violence and coercion

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds: [ ]

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The [ ] represents the salary costs for CDC Ethopia technical staff and [ ] the cost of U.S.-based technical assistance travel.

Activity Category	% of Funds
☑ Local Organization Capacity Development	40%
☑ Quality Assurance and Supportive Supervision	20%
☑ Training	40%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *International counterpart organization*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Policy makers*
- ☑ *Program managers*
- ☑ *Religious/traditional leaders*
- ☑ *USG in country staff*

Key Legislative Issues:

- ☑ Twinning
- ☑ Volunteers

Coverage Area: **National**

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs
Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Samaritan's Purse

Planned Funds:

Activity Narrative: A Track 1 award to Samaritan's Purse (SP) for a multi-country "Mobilizing, Equipping, and Training," or MET, approach for primary behavior change in youth was approved in fourth quarter FY 2004 and project mobilization has not yet started in Ethiopia. The information that follows is from the SP application. SP registered as an NGO in Ethiopia in March 2004 and will work with a longtime partner, Ethiopian Kale Hiwot Church and other church and school groups in all programming. SP plans to work in SNNPR Region, with final district selection to be made in the first six months of the program. Activities will aim to: 1) mobilize churches and communities to action in their spheres of influence by utilizing moral instruction for primary behavior change, focusing on abstinence, delay of sexual debut among youth, and increasing secondary abstinence; and 2) build and expand the capacity of communities, schools, and churches to reduce the risks of HIV infection in youth through new and existing programs of education, prevention, basic care, de-stigmatization, mentoring, testing, and training about AIDS. The target is youth 10-24 years of age. No country-specific targets have been established. However, as Samaritan's Purse develops its program implementation plan, the USG will work with them to ensure that appropriate regional and numerical targets are set. Given the common programmatic areas across Track One and In-country AB for Youth Activities, all partners programming in this area in Ethiopia will coordinate their programs and interventions through a USG youth sub-group to ensure maximum coverage and impact of the programs.

Activity Category	% of Funds
☑ Community Mobilization/Participation	100%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

☑ *Youth*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Southern Nations, Nationalities and Peoples — ISO Code: ET-SN

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

Result 1:	Result Deleted\n
Result 2:	Result Deleted
Result 3:	Reliable and safe blood supply services established in four regions and in the military.
Result 4:	National blood transfution service strengthened
Result 5:	Standard operating procedures for the national blood transfusion service and the military developed and disseminated.

Total Funding for Program Area ($):

Current Program Context:
ETAEP program in 2005: OGAC provided to the MOH under Track 1 award for rapid strengthening of blood transfusion services in the country. Safe blood transfusion services will be available in four regional and four hospital-based blood banks by March 2005. This program is expected to continue at approximately the same level through FY2005 while establishing safe blood services at 9 military sites, achieving national military coverage. OGAC also awarded to the WHO Ethiopia country office to provide technical assistance to MOH in safe blood transfusion service. \n\nGovernment program: The Ministry of Health is the responsible body for national blood transfusion service in Ethiopia. The Ethiopian Red Cross Society (ERCS) is the main implementer of blood banking services in the country. Much of the blood bank and blood transfusion services in Ethiopia rely on family and replacement donors, and because of resource constraints and lack of financial and human capacity, the blood transfusion services in Ethiopia have a long way to go to reach an acceptable standard. By March 2005, national blood transfusion service will be strengthened through the Track 1 award. Currently, testing for all TTI is not universal except for HIV testing using rapid tests. Testing for syphilis is universal in the ERCS blood banks, but not in the government run hospital-based facilities. Testing for hepatitis B and hepatitis C and is not universal. \n\nOther donors: The Global Fund Round 4 award includes significant funding for the national blood safety and universal precautions program, and ERCS is also providing significant input through resources it mobilizes itself. WHO will continue providing technical assistance for safe blood transfusion service in Ethiopia.\n

Program Area: Medical Transmission/Blood Safety
Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

Activity Narrative:

The Ethiopian Defense Forces health services get safe blood services from the quality assurance system-equipped Ethiopian Red Cross Society's blood banks and blood distribution centers. The disparity of troops on deployment, the unique nature of military operations, and the over-stretched capacity of ECRS blood banks to provide sufficient blood needs even in Addis Ababa has always been a concern of the NDFE.

The NDFE has an obligation to meet MOH medical standards, but the MOH 's measures in collaboration with ETAEP to establish National mechanisms to ensure safe blood did address the Defense Forces blood safety issue in its National plan. The NDFE determined that there is a need to establish a blood program to support present ongoing NDFE blood transfusion requirements and future operational contingencies. EDF administers around 600 blood transfusions per month in peacetime (source: MOND) to patients with HIV and Leishmania calazer infections, elective surgery, and accidents. This does not include random life saving unscreened blood emergency transfusions done in combat environments.

The NDFE has the potential capacity to rapidly mobilize large numbers of blood donors to meet their blood needs. However, there are no standardized guidelines for blood transfusion practice within the NDFE. Implementation of standardized transfusion practice guidelines would further reduce potentially unnecessary transfusions and reduce the potential exposure to blood borne infectious diseases. An initial assessment for the blood program was undertaken at the Naval Medical Center in Portsmouth, Virginia in Sept 2004 to evaluate the requirements as set forth in the Preliminary NDFE Report "A Profile of Hospital-Based Blood Bank Establishment Project" of 27 April 2004.

The U.S. Military Blood Program consists of strategically located blood collection sites associated with large accessible donor populations, limited testing sites to reduce cost and regulatory oversight risks and a well defined blood distribution program. These components will serve as a model for the NDFE. The NDFE will:

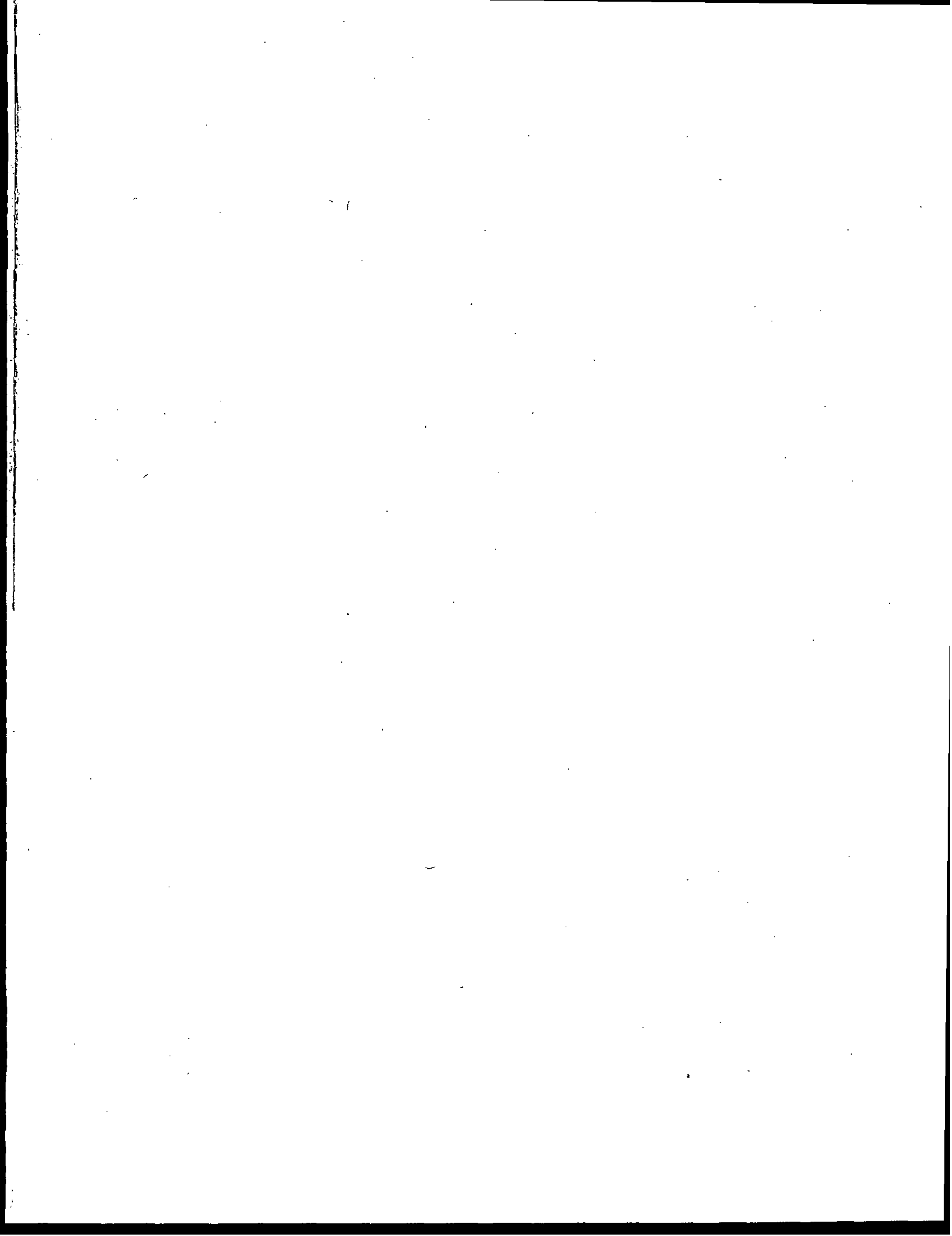
1. Build a blood program using a phased approach. Establish a central blood bank at the Armed Forces General Teaching Hospital (AFGTH) as a "center of excellence" for training and as a template for the establishment of additional blood banks at other Corps military hospitals throughout Ethiopia.
2. Perform mobile blood collections from newly accessioned recruits, potentially offering a safer donor pool since recruits are at lower risk of infection with transfusion transmissible agents upon entry into the NDFE. Alternatively, other military personnel may be considered as donors if their proximity to blood banks is optimal for their mobilization.
3. Define and establish a realistic blood distribution network based upon both peacetime and contingency blood needs.
4. Collaborate with the Ministries of Health and World Health Organization (WHO) to develop standard operating procedures and an ongoing training and Quality Assurance (QA) program to maintain safety for all aspects of the blood program.
5. Establish military testing laboratories to ensure infectious disease testing integrity or collaborate with the ERCS for testing support.
6. Implement WHO guidelines for blood administration and transfusion therapy.

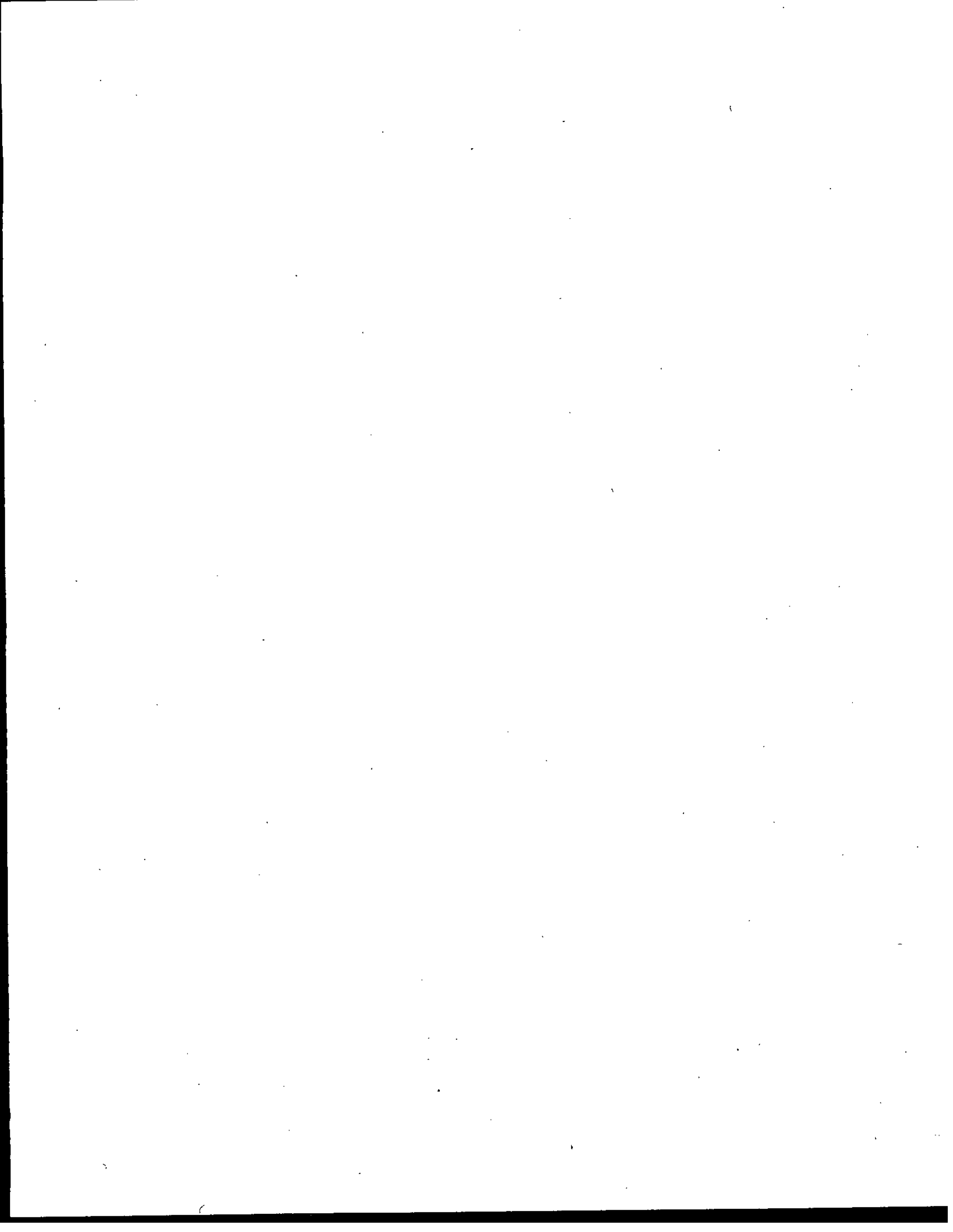
Estimating that the system will be established by May 2005, and not counting transfusion services which will be given to community health services and individuals within reach of any EDF hospital blood distribution facility; by the end of FY 2005 it is estimated that at least (600 x 12) ÷ 4 = 1,800 new infections will be averted through transfusion of safe blood.

FY04 funding has enabled the assessment and provision of most of the equipment and supplies. Additional funding is required for review of the National guideline for adaptation to military protocol and for training and supervision.

Activity Category
☑ Infrastructure

% of Funds
39%





- ☑ Policy and Guidelines 15%
- ☑ Training 46%

Targets:

		☐ Not Applicable
Number of individuals trained in blood safety	18	☐ Not Applicable
Number of service outlets/programs carrying out blood safety activities	9	☐ Not Applicable

Target Populations:

- ☑ *Military*
- ☑ *Military*

Key Legislative Issues:

- ☑ Stigma and discrimination

Coverage Area: **National**

Program Area: Medical Transmission/Blood Safety
Budget Code: (HMBL)
Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Federal Ministry of Health, Ethiopia
Planned Funds:

Activity Narrative:

The Ministry of Health is the responsible body within the ministry for blood safety and transfusions. The Ethiopian Red Cross Society (ERCS) is the main implementer of blood banking services in the country. Much of the blood bank and blood transfusion services in Ethiopia rely on family or replacement donors, and because of resource constraints and lack of financial and human capacity, the blood transfusion services in Ethiopia have a long way to go to reach an acceptable standard. By the end of FY04, national blood transfusion service would be strengthened and four regional and four hospital based blood banks would be operational. World Health Organization will be providing technical assistance for Ministry of Health through CDC's financial support for the rapid strengthening of blood transfusion service in the country.

In FY2005, the MOH will utilize Track 1 funds to strengthen the existing blood banks (i.e., 4 regional and 4 hospital-based established in 2004) through provision of supplies, supervision and refresher training. The target in FY05 is to establish additional 4 regional and 4 hospital based blood banks. Site assessment, renovation of infrastructure, training of 300 blood bank staffs, procurement of supplies and supportive supervision are the activities that will be undertaken to establish new blood banks. CDC Ethiopia will provide technical advice and assistance as the program moves ahead.

Activity Category	% of Funds
☑ Commodity Procurement	38%
☑ Human Resources	2%
☑ Infrastructure	35%
☑ Logistics	7%
☑ Needs Assessment	1%
☑ Policy and Guidelines	3%
☑ Quality Assurance and Supportive Supervision	2%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	7%

Targets:

		☐ Not Applicable
Number of individuals trained in blood safety	300	☐ Not Applicable
Number of service outlets/programs carrying out blood safety activities	8	☐ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
- ☑ *Infants*
- ☑ *Ministry of Health staff*
- ☑ *Pregnant women*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

Result 1:	*Result deleted*
Result 2:	Result deleted
Result 3:	\n\nNational injection safety plan developed, discussed among stakeholders, and under consideration for adoption by relevant Government officials.\n
Result 4:	Injection safety guidelines, norms and standards developed and tested in selected districts.
Result 5:	Behavior change communications messages and materials developed and disseminated to health professionals and managers.
Result 6:	Government and military health workers trained in injection safety and general infection prevention in selected districts.

Total Funding for Program Area ($): [ ]

Current Program Context:
ETAEP Activities in FY 2005 COP: In prior years, ETAEP supported the development of guidelines and training materials on infection prevention that incorporate safe medical injections as essentials for preventing medical-transmission of HIV. ETAEP-supported IP programs are operational in all USG PMTCT sites and core trainers have been developed from several regions. ETAEP is also working with the Ethiopian Military to train health care workers in infection prevention and safe blood practices at military hospitals and field clinics. In mid-FY 2004, OGAC provided a Track 1 award for a pilot injection safety training program in a limited number of districts. The program was launched in FY 2004 fourth quarter, and builds on USG experience to date. In FY 2005, this Track 1 award will form the primary activity to achieve ETEAP injection safety results. \n\nGovernment of Ethiopia Programs: The Government has developed and issued broad guidelines for infection prevention and universal precautions. Development of more specific "Policy and Guidelines on Universal Precautions and Post Exposure Prophalaxis" are foreseen under the new HIV/AIDS Strategic Plan for 2004-2008. Universal precautions are also foreseen as part of the "minimum service packages" for HIV/AIDS to be utilized by health posts, health centers, and hospitals in the new HIV/AIDS Strategic Plan for 2004-2008. \n\nOther Donors: Ethiopia's Round Two Global Fund Grant Agreement includes almost US$1 million/year for "improving safety of medical practices," to include distribution of universal precautions guidelines; training of health care practitioners; supply of protective materials, injection equipment and disinfectants; and initiating surveillance of accidental exposure to blood. The Round Four Global Fund Proposal includes establishment of infection control committees and establishment of universal precaution procedures in hospitals as one activity supporting its ARV objective, with a budget of about [ ] year for "universal precaution supplies, e.g. syringes." WHO provides technical assistance in implementation of Global Fund programs. UNICEF provides supplies and materials as part of its PMTCT, safe motherhood, and healthy newborn programs in UNICEF-supported sites. \n

Program Area: Medical Transmission/Injection Safety
Budget Code: (HMIN)
Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense
Planned Funds:

Activity Narrative: In 2003 with the full participation and technical support from DHAPP, infection prevention measures have been fully established within three military central referral hospitals (Armed Forces Teaching general Hospital, Bela Defense Referral Hospital, and Air force Hospital).

The activities already established are:
- Questionnaire on infection prevention prophylaxis.
- Contaminated waste and sharps collection & disposal units.
- Infection prevention equipment i.e. disposable surgical gloves, disposable syringes, respiratory masks, gowns.

In FY2005 this technical support will be expanded to the field referral (Corps) hospitals (103 'rd Corps hospital at Harar, 105'th Corps hospital at Kombolcha, 107'th Corps hospital at Mekele, 108 'th Corps hospital at Shire, 109 'th Corps hospital at Awassa, 110 'th Corps hospital at Gondar) with a total complement of 33 physicians, 35 Health Officers, 1402 nurses, 35 Health Officers, 515 Health Assistants, 626 technicians, 3,613 sanitarians and public health workers, i.e. by the end of FY' 05 we would avert 6,228 new infections and assure qualitative medical service in a minimal infection risk environment.

Activity Category	% of Funds
☑ Logistics	3%
☑ Quality Assurance and Supportive Supervision	97%

Targets:

		☐ Not Applicable
Number of individuals trained in injection safety	0	☑ Not Applicable

Target Populations:

- ☑ *Doctors*
- ☑ *Doctors*
- ☑ *Medical/health service providers*
- ☑ *Medical/health service providers*
- ☑ *Nurses*
- ☑ *Nurses*
- ☑ *Military*
- ☑ *Military*
- ☑ *Pregnant women*
- ☑ *Pregnant women*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Medical Transmission/Injection Safety
Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO
Planned Funds:

Activity Narrative: JHPIEGO is currently working with the Ministy of Health to finalize and print the National Infection Prevention Guidelines and implement the IP component of PMTCT performance standards in 25 hospitals included in the "first cohort" under ETAEP FY04 implementation.

In FY2005, JHPIEGO will provide technical assistance in strengthening the knowledge and skills of 150 providers from "second cohort" hospitals included in FY2005 and provide on site supportive supervision to ensure transfer of knowledge and skills. The National Infection Prevention Guidelines will be reviewed at the end of FY05 and necessary changes will be made as identified. JHPIEGO will also work with RPM-Plus to identify supplies necessary for providing quality infection prevention. JHPIEGO will also work with the Global Fund to identify the areas of technical assistance.

Activity Category	% of Funds
☑ Human Resources	10%
☑ Information, Education and Communication	10%
☑ Needs Assessment	15%
☑ Policy and Guidelines	10%
☑ Quality Assurance and Supportive Supervision	10%
☑ Training	45%

Targets:

		☐ Not Applicable
Number of individuals trained in injection safety	150	☐ Not Applicable

Target Populations:

☑ *Government workers*
☑ *Health Care Workers*
- ☑ *Community health workers*
- ☑ *Doctors*
- ☑ *Medical/health service providers*
- ☑ *Nurses*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Medical Transmission/Injection Safety
Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / John Snow Inc

Planned Funds:

Activity Narrative: *In mid-FY 2004, OGAC provided a Track 1 award to John Snow, Inc. (JSI) for a* pilot injection safety training program in a limited number of districts. JSI launched the program in Ethiopia in FY 2004 fourth quarter in 20 districts in Amhara, SNNPR, and Oromia regions. In FY2005, this Track 1 award will form the primary activity to achieve ETEAP injection safety results. Planned activities include: i) assessment of injection safety practices in the public and private sectors, from both client and provider perspectives; ii) development of a National Injection Safety Plan; iii) design and field testing of injection safety approaches in selected districts; iv) development of a behavior change communications strategy and materials, and training of health workers in infection prevention; and v) monitoring and evaluation. Specific targets for "number of outlets" and "number of persons trained" will be established during first quarter FY 2005.

Activity Category **% of Funds**

Targets:

		☐ Not Applicable
Number of individuals trained in injection safety	0	☑ Not Applicable

Target Populations:

- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Private health care providers*
- ☑ *Military*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

Result 1:	Condom usage by people engaging in high risk behavior increased to 100% in targeted areas (e.g. commercial sex workers and their clients, and the military).
Result 2:	Strengthened sexually transmitted infection diagnosis and treatment services for HIV positive and most at risk populations (MARPs) with strong links for HIV counseling and testing in 55 hospitals.
Result 3:	Increased access to HIV/AIDS prevention services for people engaging in high risk behavior.
Result 4:	Negative social norms in relation to high risk behaviors reduced.
Result 5:	Reduced levels of risk behavior amongst targeted groups. (e.g. Reductions in numbers of partners, reduction in number of concurrent partners). \n
Result 6:	Result deleted

Percent of Total Funding Planned for Condom Procurements: 4.8

Total Funding for Program Area ($):

Current Program Context:

ETAEP Activities in the 2005 COP: Other prevention activities will be carried out by 8 non-government and private sector organizations, working with many Ethiopian NGOs, CBOs and FBOs in all regions of Ethiopia. The OP programs will target individuals who engage in high risk behaviors with comprehensive ABC interventions. Primary target groups are the military, transport workers, commercial sex workers, the police and men with money. BCC programs will develop interventions targeted at the areas in which these groups congregate in order to ensure relevance of programs and to achieve maximum impact. In addition, communication activities will target negative social norms that if not support, implicitly condone, risky sexual behaviors. Finally, media will be trained to provide and promote responsible, factual and human interest coverage of the HIV/AIDS epidemic, with the aim of increasing accurate knowledge and reducing stigmatizing and discriminatory attitudes towards people affected by HIV and AIDS. Provision of comprehensive care to at risk populations and HIV+ persons, including STI services is one of the major HIV prevention strategies under ETAEP. Comprehensive services for most at risk populations - including management of STI in HIV+ persons, will be delivered in 25 ETAEP-supported sites in FY04. \n\nGovernment of Ethiopia Programs: The Government promotes Abstinence, Being faithful, and Correct and Consistent Condom use (ABC) as a comprehensive approach to HIV/AIDS prevention. With ETAEP, Global Fund, and other donors assistance HAPCO supports one national and several regional AIDS Resource Centers (ARCs) to provide information, education, and communication for the public. The Federal Ministry of Health of Ethiopia is working with ETAEP and other partners in strengthening comprehensive services including, STI prevention and control, in the country.\n\nOther Donors: Numerous donors and international and national NGOs support media and messages to promote ABC. Some of the strongly faith-based international NGOs limit discussion of Condoms, but most provide information on the comprehensive ABC model. The Government's Global Fund Round Four proposal includes several specific activities most relevant to AB for Youth. For Youth Education, the Government plans to work with national and international NGOs, the European Union and the UNDP to scale-up a "community dialogue" approach that has proven effective in Southern Ethiopia in which community level workers in health, education and agriculture are trained to facilitate dialogue in the community. The purpose of such dialogue is to identify local risk factors and design coping strategies based on local traditions leading to community behavioral change. The Global Fund Round Four proposal also includes provision to reach 135,000 youth during CY 2005 through the "MOVE," or the Model for Risk Avoidance Behavior methodology that was successfully piloted and scaled up in the city of Addis Ababa by the German GTZ in collaboration with the City Government. In CY 2005, with GTZ assistance the program will scale up to 9 major towns in the country, namely: Awassa, Arba Minch, Mekelle, Dessie, Gonder/Bahrdar, Nazareth, Jimma, Nekemt and Harar. In CY 2006, the program will be adapted for application by the military. The World Bank MAP also provides significant funding for ABC community outreach and mass media for AIDS prevention.\n\n

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *High Risk Corridor Initiative / Save the Children US

Planned Funds:

Activity Narrative:

During FY2004, ETAEP supported Save the Children USA to work in 25 towns along the transport corridor from Addis Ababa to Djibouti to provide comprehensive HIV/AIDS prevention programs targeting transport workers, commercial sex workers and other vulnerable groups based in the communities such as out of school youth, who engage in high risk activities.

By March 2005, in the 24 towns along the corridor (reduced from 25 now that the program stops at the Djibouti border) it is anticipated that the prevention programs will have trained 478 community leaders in HIV/AIDS education and community mobilization; and that 18,713 high risk youth and 29, 992 mobile workers will have been reached through the programs. In addition, 3,952 highly vulnerable women will have been educated in risk reduction strategies and 1000 people with HIV and AIDS will have benefited from positive living programs in the communities.

In FY2005, Save the Children USA will focus on three main prevention strategies along the Addis – Djibouti corridor – the promotion of Abstinence and Faithfulness among the communities through education; reduction of stigma and discrimination and risk reduction strategies for those who engage in high risk behavior. For more information regarding the first two prevention strategies, please refer to Table 3.2 – Abstinence and Faithfulness programs.

Risk reduction programs will be targeted at those people who engage in high risk behaviors. Target groups include commercial sex workers, the clients of commercial sex workers and people with multiple sexual partners. The key prevention messages for those who do not or cannot practice abstinence and faithfulness will include reduction of number of concurrent partners and correct and consistent condom use. Programming strategies will include peer education amongst commercial sex workers and out of school youth, community outreach, referral to prevention and health services for most at risk populations and "edutainment" programs in the 24 towns. Bars and hotel owners will be continue to be supported to promote and provide condoms for commercial sex workers and their clients. Additionally, accurate and comprehensive knowledge bases will be developed and maintained through continued support to the 21 AIDS Information Centers along the corridor. As a preventive measure for HIV transmission, high risk out-of-school youth and highly vulnerable women will be offered business, vocational, apprenticeship and other marketable skills to provide alternatives sources of income and hope for the future. Support for strengthened positive living activities and targeting PLWHA without stigma will be continued through the culturally appropriate monthly social gatherings around the "positive living" concept to be attended by both HIV positive and negative people, where prevention messages including practising safe sexual behaviors will be promoted.

By the end of COP05, 500 peer educators among commercial sex workers, transport workers and out of school youth will have been trained in risk reduction education. The primary messages for the transport workers and the youth will continue to be Abstinence and Faithfulness and these targets are captured under Table 3.2. Additionally, 4,807 commercial sex workers and 1,500 people with HIV/AIDS will have benefited from the other prevention programs.

The program conforms to the ETAEP Five-Year Strategy of targeting groups who engage in high risk behaviors in the sites in which they congregate. Additionally, the program utilizes existing community structures and leaders to promote safer sexual behaviors and to model positive, non-stigmatizing behaviors among communities / general population.

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Information, Education and Communication	40%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	20%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	21	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	70,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Commercial sex industry*
  - ☑ *Brothel owners*
  - ☑ *Clients of sex workers*
  - ☑ *Commercial sex workers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Military*
- ☑ *Police*
  - ☑ *Truckers*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Afar	ISO Code: ET-AF
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Oromiya	ISO Code: ET-OR
State Province: Sumale (Somali)	ISO Code: ET-SO

Program Area: Other Prevention Activities
Budget Code: (HVOP)
Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Abt Private Sector Partnership / Abt Associates
Planned Funds:

Activity Narrative:

Activity Context: Building on FY04 activities, Abt Private Sector Partnership (PSP) will continue rapid assessment of very-large (1000+ employees) or large employers (500+ employees) workplace programs to determine their synergy with the ETAEP and MOH health network. Based on assessments reports, Abt PSP and its local partners will strengthen clinical care environments in workplaces and health network nodes for referral linkages in prevention, care and treatment in STIs, HIV/AIDS, OI and ART. Abt PSP will be involved in approximately 40 workplace programs at the beginning of FY05 and is anticipated to reach an additional 40 workplace programs to ensure a basic menu of workplace program elements.

Abt PSP (OP Prevention) will strengthen workplace structures to ensure the presence and/or improved access to HIV/AIDS prevention messages among professionals (including but not limited to males with disposable income) that focus on prevention for USG clients who continue to engage in high risk behaviours within an AB programming environment. OP activities will reinforce AB messages with the inclusion of other prevention options including condoms for hisk risk encounters. Programming efforts will be directed at reducing exposure through OP options in parallel with AB. Options to improve delivery of OP options in the workplace will be highlighted and cost-sharing activities with private sector partners will be pursued while strengthening referral linkages between selected workplaces and communities of operation with health network nodes in workplaces and communities of operation in the areas of VCT and other services.

Abt PSP will build upon previous year activities to ensure broadly based leadership in peer education on HIV/AIDS, limited social marketing of OP options and partnerships within the private sector to cost-share for continued presence of OP options in the workplace in out-year programming. The activities of Abt PSP will be focused on integrating into the ETAEP assisted community network and will collaborate with ETAEP prevention, care and treatment partners to further identify synergies to ensure maximum coverage of employees, their dependents and members of the community.

Abt PSP will replicate successful interventions in peer education and BCC/IEC activities to focus on reaching large numbers of continuing and new employers in FY05 for an expected coverage of 100,000 employees with access to prevention options and referral linkages to external care and treatment options (e.g. VCT, OI, TB and ARV treatment through public or private facilities). Peer education activities have been successfully implemented under previous USG support to workplace programs in Ethiopia under Pathfinder International. Emphasis will be placed on anti-stigma and discrimination structures in place with the support of management, labor and government policy-influencers. Abt PSP will target Men with Disposable Income with correct HIV/AIDS information and prevention messages during standard consensus building activities during implementation phase.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	10%
☑ Human Resources	20%
☑ Needs Assessment	5%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	25%
☑ *Workplace Programs*	25%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being *faithful*	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	55	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS *prevention programs that are not focused on abstinence and/or being* faithful	3,500	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs *that are not focused on abstinence and/or being faithful*	170	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Business community*
- ☑ *Community members*
- ☑ *Factory workers*
- ☑ *Health Care Workers*
  - ☑ *Medical/health service providers*
  - ☑ *Private health care providers*
- ☑ *HIV/AIDS-affected families*
  - ☑ *Truckers*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ *Addressing male norms and behaviors*
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Afar	ISO Code: ET-AF
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	*ISO Code: ET-SN*

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *IMPACT / Family Health International

Planned Funds:

Activity Narrative:

During FY2004, ETAEP supported IMPACT to work in communities in four regions of Ethiopia (SNNPR, Amhara, Oromia and Addis Ababa) to implement a comprehensive prevention program and develop referral linkages to care and treatment programs. The prevention program focused on community mobilization activities, establishing and/or strengthening Anti-AIDS clubs, Behavior Change Programming targeting groups engaging in high risk behavior in those areas, capacity building of local Government and non-Government organizations and capacity building of associations of people with HIV/AIDS to implement risk reduction and community awareness programs.

In FY2005, in conformance with the ETAEP Five Year Strategy, IMPACT will focus its prevention activities on individuals who engage in high risk behaviors, and the utilization of existing community structures to reach medium and low risk populations to contribute to the achievement of prevention targets. IMPACT will continue to implement and strengthen behavior change programs targeting three specific groups; short distance mini-bus and taxi drivers and their assistants, commercial sex workers in Addis Ababa and the SNNPR Regional Police Force. Please refer to table 3.2 for a description of the prevention programs focusing primarily on abstinence and faithfulness.

Prevention programs focusing on risk-reduction for those who engage in high risk behaviors will target commercial sex workers, their clients and individuals with multiple sexual partners. Risk reduction messages will advocate partner reduction and correct and consistent condom use. One thousand commercial sex workers will receive training in negotiation skills (for condom use) with clients at bars, clubs, and other locales in which they congregate. In addition, peer support programs for the women will continue to be supported by sub-grantee and local NGO, ISAPSO, as will skills-training programs to provide the women with opportunities to leave sex work. Youth at high risk will be targeted through the Wereda 5 Youth Association program implemented in Addis Ababa

As described in Table 3.2, formative assessments conducted in 2004 reveal taxi drivers, their assistants and the police to be most at risk populations. Prevention programs will primarily promote Abstinence and Faithfulness messages among these groups. However, for those who do not adopt abstinence or faithfulness, peer education programs will encourage risk reduction through correct and consistent condom use and partner reduction.

The program conforms with the ETAEP Five-Year Strategy of targeting groups who engage in high risk behaviors in the sites in which they congregate. Additionally, the program utilizes existing social structures to target specific groups such as the police and taxi drivers, in order to encourage safe sexual behavior.

Activity Category	**% of Funds**
☑ *Community Mobilization/Participation*	15%

- ☑ Information, Education and Communication 30%
- ☑ Local Organization Capacity Development 15%
- ☑ Strategic Information (M&E, IT, Reporting) 20%
- ☑ Training 20%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	34,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Men*
  - ☑ *Women*
  - ☑ *Women*
- ☑ *Youth*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Girls*
  - ☑ *Boys*
  - ☑ *Boys*
- ☑ *Commercial sex industry*
- ☑ *Commercial sex industry*
  - ☑ *Clients of sex workers*
  - ☑ *Clients of sex workers*
  - ☑ *Commercial sex workers*
  - ☑ *Commercial sex workers*
- ☑ *Community leader*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Faith-based organizations*
- ☑ *M&E specialist/staff*
- ☑ *M&E specialist/staff*
- ☑ *Media*
- ☑ *Media*
- ☑ *Police*
- ☑ *Police*
- ☑ *People living with HIV/AIDS*
- ☑ *People living with HIV/AIDS*
- ☑ *Policy makers*
- ☑ *Policy makers*
- ☑ *Religious/traditional leaders*

Key Legislative Issues:

- ☑ Gender
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Hareri Hizb	ISO Code: ET-HA
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: */ To Be Determined

Planned Funds:

Activity Narrative:

The U.S. government had supported provision of condoms through USAID's *Central Commodity Fund (CCF) and operating costs for social marketing of the* Hiwot "Trust" condom for its first 10 years in Ethiopia. Ministry of Health figures for *the national program in 2003, indicate a total of* 66,296,491 condoms were distributed in Ethiopia, of which 61.5 million were provided through the U.S.government. The other major provider of condoms to the GoE is the UNFPA. As of FY 2004, the U.S. government successfully negotiated transfer of operating costs to other donors (Netherlands, United Kingdom) but had committed to provide 60 million condoms per year through FY 2005. New guidance now indicates that ETAEP will not be able to meet this commitment for FY 2005. Emergency Plan funds will thus need to be used for both procurement and distribution/social marketing of condoms to meet the needs of population groups at risk to HIV/AIDS.

Projections indicate that the country will need a total of over 100 million condoms to meet the needs of civilian and military populations in FY2005 and increasing numbers thereafter. The United Kingdom's Department for International Development (DfID) is supporting the launch of a new brand, Sensitive, in early FY 2005 that is expected to pick up some market share. The ETAEP team's analysis *indicates that 50 million condoms will be needed to address the needs of* populations most at-risk to HIV and AIDS in FY 2005, of which 30 million are targeted for the civilian population and 20 million for the military and surrounding communities.

The military has been at the forefront in the initiation of 100% condom use campaigns and has been a strong advocate of harm reduction and condom promotion for members of the military and for the sex worker communities at military units deployment areas. The overall program will follow this model with 100% condom use being promoted in targeted locations where the identified high risk groups congregate and will be supported by behavior change and social marketing campaigns. For example, high risk groups congregrate in bars and hotels *in urban settings, and urban and peri-urban areas along the Addis Ababa* – Djibouti corridor in addition to military camps and the communities around the camps. Condom supplies will be assured at health facilities in the USG health network-particularly at VCT/PMTCT centers and hospital settings – in support of the MoH supplies. Social marketing experience indicates that kiosks and shops in urban settings are popular sources of condoms, given the relative anonymity associated with purchasing condoms at these facilities, so kiosks and other marketing outlets in urban and peri-urban areas in the USG health networks will be supplied through the program.

This activity conforms to the ETAEP Five-Year Strategy of targeting individuals who engage in high risk behaviors with comprehensive ABC prevention programs to reduce risk behavior. It specifically targets these at risk individuals within the health network model, in areas where they congregate.

Activity Category	% of Funds
☑ Commodity Procurement	94%
☑ *Logistics*	6%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	520,000	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Commercial sex industry*
  - ☑ *Brothel owners*
  - ☑ *Clients of sex workers*
  - ☑ *Commercial sex workers*
  - ☑ *Discordant couples*
  - ☑ *Partners of sex workers*
  - ☑ *Street youth*
- ☑ *Military*
- ☑ *Police*
- ☑ *Mobile populations*
  - ☑ *Migrant workers*
  - ☑ *Truckers*

Key Legislative Issues:

- ☑ Gender
  - ☑ Addressing male norms and behaviors

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

ETAEP will undertake two OP activities with high-risk groups, the National Defense Forces of Ethiopia (NDFE) and the Federal Police.

NDFE: The objective of the intervention is to strengthen and integrate NDFE's prevention, care, and treatment efforts for soldiers and their family members.

NDFE has already implemented a peer leadership strategy as one of its key prevention strategies for military members. Peer leaders have been trained and peer groups organized in the 103rd Corps (Harar), 107th Corps (Mekele) and 100th Corps (South Western - Awassa). Building on this peer leadership strategy, CDC Ethiopia is assisting NDFE to implement a MARCH (Modeling and Reinforcement to Combat HIV/AIDS) project. CDC has also provided tape players and cassettes for each peer group to use for the 100 episodes of a radio serial drama. Parallel to the radio serial drama, a print serial drama in the form of a comic strip is planned to be employed as a strategy to bring about change in behavior.

Peer leaders will share the comic strip with peer discussion groups and guide soldiers in applying the information to their own lives in order to reduce risk of HIV infection, encourage members of the army living with the virus to live positively, support others within their unit and community who are trying to adopt healthier behaviors, and reduce stigma suffered by those with HIV/AIDS. The print serial drama and peer discussion groups will also help link soldiers to services being offered. Scale-up of the MARCH project within NDFE will reflect the scale-up of PMTCT and VCT services in the armed forces in an effort to integrate prevention, care, and treatment efforts. Data, collected from two cores among the six in the country, on the military show that 53.4 per cent of the army members are not married and more than 86.0% engage in sexual relationship in the last 12 months. This clearly shows the validity of IE/BCC activities promoting use of condoms.

Police: Because of their increased risk for HIV, their number (approximately 45,000), and their access to services at Police Hospital and clinics, a behavior change intervention that combines activities to encourage prevention behaviors and motivates use of services for police and their families can contribute to reaching ETAEP goals for Ethiopia. In coordination with available services, this behavior change intervention would combine modeling and reinforcement activities to encourage the adoption of prevention behaviors, and link police and their families to services.

The modeling component will consist of "linked role model stories", with one story line for each outcome behavior (i.e., be faithful, abstain, use condoms, get counseled and tested, use PMTCT services, and adhere to ARV regimens). Since information per se does not produce behavior change, each story line would provide role models confronting and overcoming barriers to change, and being 'reinforced' by others for changing. In some cases, the role model might be an individual (e.g., abstain) and in other cases the role model might be a couple to encourage male involvement in PMTCT, safer feeding practices, and family planning. The reinforcement component will consist of "peer led" outreach, discussion groups and other activities. For activities that focus on male involvement, the peer leaders may be couples (e.g., a police officer and his wife) who conduct outreach in clinics using the role model stories as the basis for discussions that help women and couples overcome barriers to accepting PMTCT services. In other cases, the peer leaders may be individual police officers who lead discussions within existing structures in a local police station when the police force gather before going out to their posts for the day. The discussions will draw on the role model stories to highlight barriers to change and allow police officers to discuss how they can overcome those same barriers to change their behavior.

Over time, as the role model stories are developed and expanded, the intervention may add a radio serial drama that draws attention to the role of police and their families in the wider community. In this regard, various radio programs and, the weekly police TV program (Sunday morning 10:00 – 11:00) will be used as additional outlets for the model stories. The intervention would begin at Federal level and includes Addis Ababa General Police Hospital, Police Garage, Police Engineering Department, Police College, Logistics, Crime Prevention, Individual

police stations in Addis Ababa. Similarly, in subsequent years, the regional police force will be covered through continued scale up.

Activity Category	% of Funds
☑ Human Resources	7%
☑ Information, Education and Communication	46%
☑ Logistics	14%
☑ Training	33%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	16	☐ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	91,700	☐ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6,000	☐ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

☑ *Military*

☑ *Police*

Key Legislative Issues:

☑ Gender

- ☑ Addressing male norms and behaviors
- ☑ Reducing violence and coercion

☑ Volunteers

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds: [ ]

B5

Activity Narrative:

Provision of comprehensive care to at risk populations and HIV+ persons, including STI services is one of the major HIV prevention strategies under the Emergency Plan. In FY2004, ETAEP supported the STI syndromic management algorithms validation in primary health care settings (general population), and conduct of multi-center gonococci sensitivity study and based on the results; the national STI treatment protocol and STI training materials are being revised and developed. ETAEP is also supporting management of STI in HIV+ persons as part of ETAEP's comprehensive services provision in the 25 ETAEP-supported sites in FY2004.

The Federal Ministry of Health of Ethiopia is working with ETAEP and other partners in strengthening comprehensive services including, STI prevention and control, in the country. National HAPCO also works in delivery of STI prevention and control services. In addition, as a component of HIV prevention, treatment and care package, the Global Fund will provide STI prevention and control services in selected health institutions in the country. This activity aims to provide STI management for 55,600 HIV+ persons and most at risk populations (MARPs) namely CSWs, their partners, and their clients including provision of STI drugs, condoms, and patient education materials in the 55 USG ETAEP-supported hospitals in FY2005. In addition, 400 health workers will be trained on syndromic management of STIs. Partner notification slips and patient education materials will be developed and distributed. All 55 ETAEP-supported hospital sites will be supervised regularly.

Global Fund Round Four proposal includes procurement of STI drugs that will be leveraged in the 55 ETAEP-supported hospitals. ETAEP will provide technical assistance including training and supportive supervision. Referral links between STI services and HIV counseling and testing and other services will be strengthened

Activity Category	% of Funds
☑ Information, Education and Communication	15%
☑ Needs Assessment	15%
☑ Quality Assurance and Supportive Supervision	20%
☑ Training	50%

Targets:

		☐ Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are *not focused on abstinence and/or being faithful*	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Commercial sex industry*
  - ☑ *Brothel owners*
  - ☑ *Clients of sex workers*
  - ☑ *Commercial sex workers*
- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Partners of sex workers*
- ☑ *Military*
- ☑ *Police*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other Prevention Activities
Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The [ ] represents the salary costs for CDC Ethiopia technical staff and [ ] *the cost of U.S.-based technical assistance travel.*

Activity Category	**% of Funds**
☑ Local Organization Capacity Development	40%
☑ Quality Assurance and Supportive Supervision	20%
☑ Training	40%

Targets:

☐ Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	☑ Not Applicable

Target Populations:

☑ *Business community*
☑ *Community-based organizations*
☑ *Faith-based organizations*
☑ *Health Care Workers*
☑ *Host country national counterparts*
☑ *Implementing organization project staff*
☑ *International counterpart organization*
☑ *Ministry of Health staff*
☑ *National AIDS control program staff*
☑ *Nongovernmental organizations/private voluntary organizations*
☑ *Policy makers*
☑ *Program managers*
☑ *USG in country staff*

Key Legislative Issues:

☑ Twinning
☑ Volunteers

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

Result 1:	Provide sustainable operational support (provision of HIV Test Kits) for DOD established 11 VCT sites in the Ethiopian Ministry of National Defense health services at 3 Central Referral Hospitals, 6 Field referral Hospitals, and 2 Mobile VCT facilities.
Result 2:	Provide HIV Test Kits, standard VCT laboratory equipment, and furniture, to 4 new sites that will be established in FY 2005.
Result 3:	Enhance quality of counseling and testing services including adaption of VCT training materials and standardized counseling and testing training program.
Result 4:	Increase use of voluntary and routine counseling and testing services.
Result 5:	Expand linkages between CT services and care and treatment services.

Total Funding for Program Area ($):

Current Program Context:
As a key entry point to the health network, VCT is critical to the ETAEP program. The U.S. government has been the lead donor in establishment and expansion of VCT in the country beginning in 2001, with two national model VCT sites that have provided practical training for over 700 professionals. Following the model, by the end of FY2004 there will be approximately 300 USG-assisted sites out of about 450 total VCT sites in Ethiopia. The ETAEP-assisted sites cover the 25 ETAEP "first cohort" hospitals, more intensive clusters of sites in Addis Ababa and along the Addis-Djibouti corridor, and highly populated districts in SNNPR, Oromiya, and Amhara regions. The rapid scale up through numerous funding sources has led to concern regarding uneven quality. In early 2005, the ETAEP team plans to sponsor a major formative evaluation of USG experience in Ethiopia with CT to date, to identify best practices and lessons learned for the future. Expanding effective quality assurance systems is critical (of which one element is laboratory improvement, which is addressed in section 3.3.12.).\n\nImproving quality of HIV counselling and post-test support tailored to three key audiences is needed: infected individuals ("prevention for positives"), healthy individuals and couples, and discordant couples. In 2005 ETAEP will pursue such modes of assistance as quality assurance, periodic monitoring, accreditation, activities to reduce stigma, and post-test clubs to reach these target groups and to improve VCT overall. ETAEP will also foster increased collaboration between the Emergency Plan partners and U.S. government Family Planning/Reproductive Health (FP/RH) partners to ensure integration of FP into the standard counseling package. \n\nGovernment of Ethiopia Programs: The Global Fund Round 4 proposal includes several strategies to increase RCT/VCT. ETAEP will support these and several others during FY2005, including: work with the MOH and partners to revise counseling and testing policies and protocols, and training in the revised protocols, to support routine testing ("opt-out") of high-incidence populations (TB and STI patients, military, police); train counselors to undertake testing, so that laboratory technicians can focus on quality assurance; introduce use of lay counselors both at health facilities and satellite sites such as Anti-AIDS Clubs, to decrease pressure on health facilities; utilize mobile VCT – vans, tents, traveling teams – to reach high-risk populations at sites where they tend to congregate; and following on community-based and mass media BCC efforts launched in FY2004, continue BCC/IEC aimed at knowing your status and acting responsibly, targeted particularly to high-risk populations.\n\nOther Donors: In addition to intensified, better coordinated and more effective national and community level responses for HIV/AIDS through HAPCO, DfID supports HIV/AIDS/STI health care and Kala Azar diagnosis and treatment in the Kafta Humera woreda; and includes education and the first free ART program in Ethiopia implemented by Medecins San Frontiere Holland (MSF). DCI will continue with VCT as a strategic area of engagement for the coming three years, specifically in Tigray and SNNPR; their focus will be expanded to include quality as a critical component of VCT. Through the World Bank MSAP funds for the public sector 170 existing VCT centers will be strengthened and 47 new VCT centers established; 1,496 counselors and lab technicians trained; 11 new centers will be established with youth friendly VCT services; 5 health centers will be renovated to provide VCT services; 11 sites will be established to provide community-based care and support service with 60 TOT care givers. For civil society: 101 VCT centers will be supported; 1736 counselors and lab technicians trained; 15,766 PLWHA will be given psychosocial support; 25,849 OVCs will be given psychosocial support; 5314 persons will receive vocational training.

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

Activity Narrative:

In the Ethiopian National Defense Health Services, the Defense HIV/AIDS Prevention Program (DHAPP) established the first VCT services at Armed Forces Teaching General Hospital, Bella Defense Referral Hospital, and Air Force Hospital, in 2002. The need to expand the services was realized due to the huge demand of these services within the military, and the disparity of Military Units through wide deployment areas in and around all of the political regions throughout the country.

In 2003 and 2004, 6 additional Sites also were established, reinforcing existing capacities and providing accessibility for this service to larger numbers of defense civilian employees, active duty and retired servicemen, and their dependants. The general standard set-up of a site is made up of 1 site coordinator nurse, 2 counselors, and 1 laboratory technician. In the year after 2003 the provision of counseling and testing services and availability of ARVs for individual service members who could cover the ARV costs made it possible to reorganize the VCT sites to integrate ARV therapy. The site at the Armed Forces Teaching Hospital is established as one of the models to other VCT services in the country with integrated STI & TB clinics, and ART. The classroom and conferencing facility within this VCT site also has made it the focal place for training of military physicians, nurses, and Community Health Workers on counseling, testing and ART management.

In FY'04 the Ethiopian Ministry of National Defense has allocated a small amount of budget for purchase of ARVs, and treatment programs have been launched at AFTGH, BDRH, AND AFH. With the exception of budget constraints for the purchase of ARVs, which has not made the service available to retirees, and dependants, the inclusion of VCT integrated treatment services expansion to the Corps hospitals is shortly envisaged.

The issue of provision of HIV Test Kits, standard VCT laboratory equipment and furniture, for the military VCTs had, since 2001 been resolved through DOD programming. The same has been true in FY'04, i.e. planning, procuring, and delivery of the three items for all 11 military VCT sites was done through the DOD mechanism, the only to date existing sourceto date, for the military program.

The same holds true for FY'05, since in the planning consideration for infrastructure renovations and training have only been considered and provision of HIV Test Kits for 15 sites (11 existing and, 4 new ones under FY '05 COP) and standard VCT laboratory equipment and furniture (for only the newly planned 4 under FY' 05 COP) are not covered. NB: military VCT is not GF supported activity. In addition to DHAPP and the technical support planned by CDC for the overall MOND VCT under this FY'05 plan 5,760 clients per site at 15 sites, and a total of 86,400 persons reached with VCT services.

Activity Category	% of Funds
☑ Commodity Procurement	57%
☑ Infrastructure	43%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	0	☑ Not Applicable
Number of individuals who received counseling and testing	86,400	☐ Not Applicable
Number of service outlets providing counseling and testing	15	☐ Not Applicable

Target Populations:

☑ *Military*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Counseling and Testing
Budget Code: (HVCT)
Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ** / To Be Determined

Planned Funds:

Activity Narrative: Expansion and strengthening of VCT services in existing and new sites in FY 04 through USG assistance has increased access for counseling and testing. The very rapid scale up of VCT services through numerous funding sources has led to concerns regrading uneven quality across sites. In early 2005, the ETAEP plans to sponsor a formative evaluation of the VCT experience in Ethiopia with counseling and testing to date, to identify best practices and lessons learned for future programming. Of particular importance in the formative evaluation and 2005 programming will be expanding effective quality assurance systems. This comprehensive assessment will address quality of services, and its utilization and acceptability by the community and clients.

Activity Category	**% of Funds**
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	0	☑ Not Applicable
Number of individuals who received counseling and testing	0	☑ Not Applicable
Number of service outlets providing counseling and testing	0	☑ Not Applicable

Target Populations:

- ☑ *Country coordinating mechanisms*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *International counterpart organization*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Program managers*
- ☑ *Religious/traditional leaders*
- ☑ *Trainers*
- ☑ *USG in country staff*
- ☑ *USG Headquarters staff*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: National

State Province: **ISO Code:**

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: *PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM*

Mechanism/Prime Partner: / JHPIEGO
Planned Funds:

Activity Narrative:

ETAEP has two primary partners for VCT. JHPIEGO, which focuses on the hospital level and the military, and FHI/IMPACT, which focuses on health centers and communities. In collaboration with other ETAEP partners, JHPIEGO will roll-out integrated counseling and testing as part of an ART/VCT/PMTCT and the comprehensive care package at the 25 ETAEP "first cohort" hospitals and the communities they serve. In FY2005, as part of the ETAEP strategy of only modest VCT scale-up while quality issues are explored and addressed, JHPIEGO will expand its work into the 30 "second cohort" ETAEP-GF hospitals, and will assist the MOND to expand VCT to at least 4 additional Army Corps Hospitals. JHPIEGO will provide technical assistance in training, supportive supervision, data management and development of VCT promotional materials. The support also includes commodities and modest site renovation. By September, 2005, the JHPIEGO-assisted civil and military facilities will have tested an estimated 132,000 persons.

In FY05, TB and STI services will be integrated to HIV counseling and testing in order to deliver counseling and testing services to TB and STI patients in the 55 ETAEP - *assisted sites. Quality assurance will continue to be ensured in the new* and existing ETAEP sites as an integral part of counseling and testing service delivery though training, supportive supervision, and external quality assurance system.

Activity Category	**% of Funds**
☑ Commodity Procurement	15%
☑ Human Resources	15%
☑ Infrastructure	20%
☑ Needs Assessment	15%
☑ Quality Assurance and Supportive Supervision	15%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	15%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	181	☐ Not Applicable
Number of individuals who received counseling and testing	132,000	☐ Not Applicable
Number of service outlets providing counseling and testing	55	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Business community*
- ☑ *Commercial sex industry*
- ☑ *Health Care Workers*
- ☑ *High-risk population*
  - ☑ *Discordant couples*
  - ☑ *Partners of sex workers*
  - ☑ *Street youth*

Key Legislative Issues:

Coverage Area: National

State Province: **ISO Code:**

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *IMPACT / Family Health International

Planned Funds:

Activity Narrative:

ETAEP has two primary partners for VCT: JHPIEGO, which focuses on the hospital level and the military, and FHI/IMPACT, which focuses on health centers and communities.

FHI/IMPACT works with partners including the MOH and Regional Health Bureaus to train the health personnel in the health facilities: VCT counselors: 3 per health facility; lab technicians: 2 per health facility; zonal health desk supervisors: 2 per zone; regional health bureau supervisors: 5 per region. Training is performance oriented and immediately followed up by site supervision in VCT sites, feedback is provided to the service providers on capacity gained through the training and put into practice on the job.

Human capacity development for VCT scale up and strengthening is primarily accomplished through trainings and supportive supervision with additional work with counselor's for their stress and burn out issues. Training of trainers in VCT counseling and in lab technician training occurs at the regional level with regional health bureau and zonal health desk staff trained to become VCT trainers; trainers of trainers is the methodology strongly supported by the MOH and the Regional Health Bureaus. The regional trainers then provide the training to VCT counselors and lab technicians who are staff of health facilities in the region and occurs under close supervision by FHI/IMPACT. VCT counseling training includes a two-week class room training and one week practical attachment where the trainees apply VCT counseling with supervision and mentoring by experienced regional TOTs and FHI/IMPACT.

FHI/IMPACT also provides VCT M&E, quality control & supervisory training for regional health bureau and zonal health desk staff; 2 one-week refresher trainings for VCT counselors per year; one VCT M&E, quality control & supervision training for regional health bureau and zonal health desk staff per year. After a year and a half of intensive human capacity development it is expected that the regional health bureaus will be able to lead their own capacity building efforts with FHI/IMPACT taking on a more distant supervision role, but with continued involvement in quality monitoring and data management.

FHI supported quality assurance includes the following: peer supervision with checklist, use of counselor reflection form, site supervision with checklist, use of laboratory supply summary form, QC of HIV testing, and use of client intake records collected from VCT sites on regular basis and entered into EPI Info.

FHI/IMPACT will continue to use ETAEP funds for human capacity development activities and supervision, quality control, M&E and data management activities. The Regional Health Bureaus use their operational funds to cover human resource related costs. The pooling/leveraging of complementary resources includes: GFATM funding for all HIV test kits and supplies in VCT services in Amhara and SNNPR; JICA funding covering HIV test kits in Addis Ababa; a combination of JICA and GFATM funding covering all HIV test kits and supplies in VCT services in Oromia.

Referral systems include referral from VCT services to other services within the health facility including TB, family planning and ANC, and from other services within the health facility to level including positive living support groups for VCT clients who are found to be HIV +. Referral support also includes referral to support services in the community. At VCT sites where there is a home and community-based care program in the area, one staff member of the health facility is trained to function as a focal person and facilitate referral from the home and/or community care services to the health facility, and from the health facility to the community services.

The program conforms with the USG ETAEP Five-Year Strategy of promoting VCT as the key point of entry to the health network for both treatment and care. The FHI/IMPACT program will contribute to the achievement of results 1 – 3.

Activity Category	% of Funds
☑ Community Mobilization/Participation	10%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Information, Education and Communication	10%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Quality Assurance and Supportive Supervision	25%
☑ Strategic Information (M&E, IT, Reporting)	15%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	1,170	☐ Not Applicable
Number of individuals who received counseling and testing	216,000	☐ Not Applicable
Number of service outlets providing counseling and testing	223	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Family planning clients*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
- ☑ *High-risk population*
  - ☑ *Discordant couples*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Pregnant women*
- ☑ *Students*
  - ☑ *University*
- ☑ *Sex partners*
- ☑ *Teachers*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Hareri Hizb	ISO Code: ET-HA
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Counseling and Testing
Budget Code: (HVCT)
Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Rescue Committee
Planned Funds:

Activity Narrative: This activity supports ETAEP's focus, through the Department of State's, Bureau of Population, Refugee and Migration, on providing VCT services evenly across different groups living within Ethiopia's borders. The IRC Sherkole Refugee Camp in the Benishangul-Gumuz Region, is home to approximately 16,000 Sudanese refugees who have been displaced due to internal conflict across the border. The Sherkole Camp was establish in 1997, and approximately 150 new arrivals have registered monthly since its inception.

This activity, now its second year, continues to conduct training for focus groups including refugee leaders, agency staff, IRC HIV/AIDS refugee social workers, and community health workers in Sherkole. Over 100 information sessions have taken place, with approximately 7,000 attendees, and IRC HIV/AIDS social workers have visited over 500 family compounds to facilitate informal discussions on awareness.

ETAEP seeks to continue its focus, not only on the indigenous populations of Ethiopia, but to also provide the necessary VCT to those displaced by regional conflicts. At the USG Emergency Plan Meeting in Johannesburg, ETAEP was acknowledge as one of the few Emergency Plan countries with an active focus on refugees.

Activity Category	% of Funds
☑ Information, Education and Communication	100%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	50	☐ Not Applicable
Number of individuals who received counseling and testing	7,000	☐ Not Applicable
Number of service outlets providing counseling and testing	1	☐ Not Applicable

Target Populations:

☑ *Refugees/internally displaced persons*

Key Legislative Issues:

Coverage Area:

State Province: Binshangul Gumuz ISO Code: ET-BE

Program Area: Counseling and Testing
Budget Code: (HVCT)
Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Addis Ababa HIV/AIDS Prevention and Control Office
Planned Funds:

Activity Narrative: In FY04, 2 model VCT sites, four satellites VCT and one mobile are established by Addis Ababa HIV/AIDS Prevention and Control office and OSSA. Counseling and testing service in the existing 2 model VCT sites in Addis Ababa will be strengthened through provision of supplies, training and supportive supervision. In addition to providing quality services to clients, the model sites will continue to be used as training centers for VCT. Due to increased demand for counseling and testing, the four satellite VCT sites under Zewditu hospital will be strengthened through training, supplies, and human power to provide quality service to clients. In addition, the mobile VCT service under OSSA will provide services to those population groups that do not have access to counseling and testing services and hard-to-reach populations.

Activity Category	% of Funds
☑ Commodity Procurement	30%
☑ Development of Network/Linkages/Referral Systems	3%
☑ Human Resources	15%
☑ Information, Education and Communication	5%
☑ Infrastructure	20%
☑ Local Organization Capacity Development	5%
☑ Needs Assessment	1%
☑ Quality Assurance and Supportive Supervision	5%
☑ Strategic Information (M&E, IT, Reporting)	8%
☑ Training	8%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	50	☐ Not Applicable
Number of individuals who received counseling and testing	30,000	☐ Not Applicable
Number of service outlets providing counseling and testing	7	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Business community*
- ☑ *Commercial sex industry*
- ☑ *Community members*
- ☑ *Government workers*
- ☑ *Health Care Workers*
- ☑ *High-risk population*
  - ☑ *Discordant couples*
  - ☑ *Partners of sex workers*
  - ☑ *Street youth*

Key Legislative Issues:

Coverage Area:

State Province: Adis Abeba (Addis Ababa) ISO Code: ET-AA

Program Area: Counseling and Testing
Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The represents the salary costs for CDC Ethopia technical staff and the cost of U.S.-based technical assistance travel

Activity Category	% of Funds
☑ Local Organization Capacity Development	40%
☑ Policy and Guidelines	20%
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	10%

Targets:

		☐ Not Applicable
Number of individuals trained in counseling and testing	0	☑ Not Applicable
Number of individuals who received counseling and testing	0	☑ Not Applicable
Number of service outlets providing counseling and testing	0	☑ Not Applicable

Target Populations:

- ☑ *Business community*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *International counterpart organization*
- ☑ *Military*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Policy makers*
- ☑ *Program managers*
- ☑ *USG in country staff*

Key Legislative Issues:

- ☑ Twinning
- ☑ Volunteers

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

Result 1: TB and HIV diagnosis, prophylaxis, treatment and care included in basic care package at facility level in all ETAEP-assisted networks.

Result 2: TB/HIV cross-referral system between TB and HIV programs established in all ETAEP-assisted networks

Total Funding for Program Area ($):

Current Program Context:
ETAEP Program 2005: In FY 2005 ETAEP will begin to more explicitly link the community/home, health center, and hospital palliative care programs in provision of a "preventive care package." The preventive care package is presented in matrix format in Annex 3 of the ETAEP Five Year Strategy and comprises a set of interventions to be delivered by the different actors in the health network at different stages of the disease: asymptomatic ("healthy positives"), symptomatic, and end-of-life. It includes integration of TB and HIV diagnosis and care at all levels of the network. In FY 2005 an increasing number of the ETAEP-assisted health networks will provide i) a more complete basic care package, including TB and HIV integration; ii) a preventive care package that has increased explicit linkages between/among the different network actors. In this Palliative Care section 3.3.6 and for TB/HIV 3.3.7, in FY 2005 ETAEP will expand to the 30 new hospitals and associated health networks in partnership with the Global Fund. Given the very rapid scale-up for VCT and non-ART clinical care during FY 2004, however, ETAEP implementing partners are already providing assistance to health centers in most of the "second cohort" health networks, so only modest expansion to new communities and health centers is envisioned to fill critical gaps. The discussion of scale up assumes that TA, training, supportive supervision, and commodities, materials, and equipment will be provided as follows: the 25 "first cohort" ETAEP hospitals will receive full assistance for 12 months; assuming about 3 months for site assessments and readiness, the 30 new "second cohort" ETAEP/GF-assisted hospitals will receive ETAEP assistance for 9 months, and the cost of ETAEP assistance will be about ½ that of the ETAEP-lead hospitals; 220 "first cohort" health centers will receive ETAEP assistance for 12 months; again assuming about 3 months of site assessments and readiness, 40 new "second cohort" health centers, including up to 10 military corps hospitals, will receive ETAEP assistance for 9 months. For FY 2005, an estimated 150,000 PLWHA (tested and presumed) will be provided, at a minimum, non-ART clinical care including TB/HIV diagnosis, prophylaxis and treatment at ETAEP supported facilities in 11 regions.\n\nGovernment programs: A TB/HIV Advisory Committee (later renamed TB/HIV Technical Working Group) was established in January 2002 to coordinate and spearhead the fight against the dual epidemics. The TWG consists of members from the FMOH, USG, WHO, UNADIS and others. Since its establishment, the TWG has been active, albeit painfully slowly, in the preparation of the TB/HIV Implementation Guidelines, designing protocols and formats for patient referral and flow, training materials for TOT courses, including isoniazid and cotrimoxazole preventive therapy (IPT and CPT). A National TB/HIV Coordinator was hired through WHO after a protracted recruitment process. WHO and UNAIDS have allocated [ ] respectively for the initiative. However, the utilization of the fund is below expected. The initial plan was to pilot the project in nine government hospitals and health centers and gradually scale-up the initiative based on lessons learned and experiences gained from the pilot project. But, the latest thinking at the MOH and WHO is to implement the project in all health facilities where ART is provided as there is enough experience gained elsewhere on the feasibility and cost-effectiveness of the intervention.An international TB/HIV Working Group Meeting held in September, 2004, in Addis Ababa is believed to have provided renewed impetus for progress. To that end, the FMOH has summoned members of the TWG after being inactive for nearly a year. \n\nOther Donors: None to report.

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)
Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative:

Within the ETAEP and GF scale-up plan for ART and VCT, CDC will collaborate with the MOH and decentralized health networks to scale up an integrated TB/HIV program nationwide in the 55 health networks. In FY05, optimal methods for TB screening in HIV patients will be explored and implemented. TB diagnostic capabilities of health providers and laboratory facilities that serve HIV-infected persons at all levels of the health care delivery system will be improved. Adherence to HIV testing and counseling services will be expanded to allow for testing of all TB patients. Referral mechanisms between TB and HIV/AIDS programs will be strengthened to improve patient care and exchange of clinical information for care providers.

TB treatment by TB-HIV co-infected persons will be improved by strengthening of the referral linkages. TB registers and reporting forms will be modified to include HIV-related data fields, including whether an HIV test was offered, results of HIV testing, and CD4 count if available or WHO clinical staging. The National Treatment Protocol (NTP) manual will be revised to reflect inclusion of HIV counseling, testing, reporting, recording, and referral. TB care providers will be trained once these changes have been made to the forms and the manual.

The private sector will be involved in providing critical support and infrastructure assistance. TB/HIV integration will also require mobilization of communities of both HIV-infected and TB patients and this will be done in partnership with others based on the ProTEST model. Close collaboration of TB/HIV activities will be fostered and the surveillance system for TB/HIV will be strengthened.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	20%
☑ Information, Education and Communication	25%
☑ Local Organization Capacity Development	20%
☑ Policy and Guidelines	10%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	27,500	☐ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	350	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	55	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Private health care providers*
- ☑ *Host country national counterparts*
- ☑ *Infants*
- ☑ *Media*
- ☑ *Military*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *Program managers*
- ☑ *Trainers*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Abt Private Sector Partnership / Abt Associates

Planned Funds:

Activity Narrative:

Activity Context:
Building on FY04 activities, Abt Private Sector Partnership (PSP) will continue rapid assessment of very-large (1000+ employees) or large employers (500+ employees) workplace programs to determine their synergy with the ETAEP and MOH health network. Based on assessment reports, Abt PSP and its local partners will emphasize prevention, care and treatment in STIs, HIV/AIDS and TB. Abt PSP will be involved in approximately 40 workplace programs at the beginning of FY05 and is anticipated to reach an additional 40 workplace programs by March 2006 to ensure a basic menu of workplace program elements.

Abt PSP will strengthen health seeking behavior of employees and their dependents and in parallel strengthen clinical staff and services through performance improvement methods and referral linkages between selected workplaces and communities of operation with health network nodes in workplaces and communities of operation in the areas of VCT, STI, OI, TB, and ART. Abt PSP will build upon previous year activities to expand TB DOTS activities in workplace clinics and health network nodes. The activities of Abt PSP will be focused on integrating into the ETAEP assisted health network and will collaborate with ETAEP prevention, care and treatment partners to further identify synergies to ensure maximum coverage of employees, their dependents and members of the community.

Abt PSP will replicate successful interventions in performance improvement of clinical staff to focus on reaching large numbers of continuing and new employee/dependents in FY05 for an expected coverage of 100,000 employees with access to care seeking messages, care options and referral linkages to external care and treatment options (e.g. VCT, OI, TB and ARV treatment through public or private facilities).

The program conforms with the USG ETAEP Five-Year Strategy of promoting a set of palliative care interventions that are appropriate to specific actors in the health network and fostering linkages between treatment, high quality clinical and community/home-based care, where the workplace forms a specific community. The Abt PSP Palliative Care: TB/HIV program will contribute to the achievement of results 1 – 3.

Government of Ethiopia:
The Federal Ministry of Labour and Social Affairs maintains activities to prevent and mitigate the impact of HIV/AIDS on the workplace. HAPCO supports the Confederation of Ethiopian Trade Unions in care and treatment services in organized labor environments. Recently, the Ministry of Trade and Industry has been identified in the HAPCO's Strategic Framework to provide technical assistance to business to provide information and assistance to the private sector.

Other Donors:
The World Bank Institute (WBI) with the financial assistance of the World Bank/Ethiopia and the Royal Netherlands Embassy is implementing a short-term technical assistance project to various cross business organizations including the Ethiopian Employers Federation, the Ethiopian Business Coalition on HIV/AIDS and the Confederation of Ethiopian Trade Unions to strengthen their capacity to mitigate the impact of HIV/AIDS on employees. The International Labor Organization (ILO) is assisting the Italian Embassy and the U.S. Department of Labor to implement activities related to HIV/AIDS prevention in the "World of Work". Local implementing agencies including the three noted above have initiated activities in collaboration with the Ministry of Labour and Social Affairs. The Addis Ababa Chamber of Commerce maintains an HIV/AIDS Secretariat supported by various donors (formerly supported by USG through Pathfinder International) to sensitize chamber members to the impact of HIV/AIDS.

Activity Category	% of Funds
☑ Community Mobilization/Participation	20%
☑ Development of Network/Linkages/Referral Systems	5%
☑ Human Resources	20%
☑ Needs Assessment	5%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	10%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	30%

Targets:

		☐ Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	6,400	☐ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	80	☐ Not Applicable

Target Populations:

- ☑ *Business community*
- ☑ *Community members*
- ☑ *Factory workers*
- ☑ *Health Care Workers*
  - ☑ *Medical/health service providers*
  - ☑ *Private health care providers*
- ☑ *HIV/AIDS-affected families*
  - ☑ *Truckers*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Addressing male norms and behaviors
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Afar	ISO Code: ET-AF
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN

Program Area: Palliative Care: TB/HIV
Budget Code: (HVTB)
Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *IMPACT / Family Health International

Planned Funds:

Activity Narrative:

The FHI/Impact TB/HIV integration intervention is a key component of the basic care package described in 3.3.6 above. In FY 2005, in conformance with evolving MOH and TB/HIV Technical Working Group guidance, norms, and standards, FHI/Impact will continue to strengthen provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care (e.g. "opt out" testing); screening of all HIV-infected persons for active TB disease as part of routine quality clinical care of PLWHA: establish an improved patient referral system between TB and HIV programs; improve TB diagnostic capabilities of health providers that service HIV-infected persons; improve adherence to TB treatment by TB-HIV co-infected persons through strengthening the referral linkages; and incorporate TB preventive treatment as part of the preventive care package.

FHI/IMPACT will continue to work with partners to strengthen access to TB treatment and treatment adherence for clients reached through home- and community-based care programs established in 14 main cities during FY2004. This includes referring clients and their family members who have been coughing for several days to health centers for TB testing and diagnosis, and following up on people diagnosed with TB in home- and community-based care project areas to ensure TB treatment adherence. FHI/IMPACT will also continue to work with the MOH and other partners to improve care for persons with smear negative TB reached through home- and community-based care programs and to improve efficacy of treatment provision to people on TB treatment. Also, through VCT services active referral to TB services is strengthened.

The TB/HIV integration activities will be a key component of the preventive care package described in 3.3.6. The FY 2005 budget will enable FHI/IMPACT and its Ethiopian partners to provide basic care to an estimated 25,652 PLWHA. Of these 25,652 PLWHA, 18,900 will be served through OI care services in facility-based services at 203 "first cohort" and 20 new "second cohort" health centers in Addis Ababa, Amhara, Oromia and SNNPR, 6450 will be served through home- & community-based care services in 14 project sites, and 302 will be served through VCT services.

The program conforms with the ETAEP Five-Year Strategy of building on existing community- and faith-based organizations as key actors in the health network for care, promoting a set of palliative care interventions that are appropriate to specific actors in the health network, easing the pain of the most destitute at the end of their lives, and fostering linkages between treatment, high quality clinical and community/home-based care, and prevention for positives and family members. The FHI Palliative Care: TB/HIV program will contribute to the achievement of results 1 and 2.

Activity Category	% of Funds
☑ Community Mobilization/Participation	15%
☑ Development of Network/Linkages/Referral Systems	15%
☑ Information, Education and Communication	15%
☑ Linkages with Other Sectors and Initiatives	15%
☑ Local Organization Capacity Development	15%
☑ Strategic Information (M&E, IT, Reporting)	15%
☑ Training	10%

Targets:

☐ Not Applicable

Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	25,652	☐ Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	452	☐ Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	237	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Boys*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Implementing organization project staff*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*
- ☑ *Program managers*
- ☑ *Religious/traditional leaders*
- ☑ *Volunteers*
- ☑ *Widows*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

Result 1:	Community and Home based care activities linked to health center facilities and expanded to ETAEP-assisted networks.
Result 2:	Preventive Care package full and open competition solicitation awarded for five regions.
Result 3:	*Result Deleted*
Result 4:	Spiritual providers identified, mobilized, and providing spiritual care at community, health center and hospital levels.

Total Funding for Program Area ($):

Current Program Context:

ETAEP program 2005: ETAEP Palliative Care programs in FY 2004 largely remain separated as "home-based care" or "facility-based care," with uneven establishment of referral linkages between the two. With some impressive exceptions there is inadequate interaction between facilities and home-based programs with the exception of PLWHA visits to the facility to obtain prescriptions. \n\nIn FY 2005 ETAEP will begin to more explicitly link the community/home, health center, and hospital palliative care programs in provision of a "preventive care package." The preventive care package is presented in matrix format in Table 1. \n\nAs a major move toward the comprehensive continuum of care that follows the vision for Palliative Care outlined in the Five Year Strategy, ETAEP will issue a full and open competition to award approximately five agreements or contracts that are regionally based. Following the Government's decentralization to the regions, at the time of the FY 05 COP Submission, the focus areas would be Amhara, Oromia, SSNPR, Addis Ababa and Tigray. The program and results for each region would follow the preventive care package but build on the existing capacity and cultures for each of the five regions. This approach will also build on the SI effort described in Activity 3.3.13 – patient ID numbers and cards, data entry, storage and retrieval systems, etc. – to enable patients and providers to better manage treatment and care. The network model is essential to strengthening the nascent health network systems in Ethiopia. \n\nTo inform the design of the Networks, ETAEP will support a formative review of USG-assisted palliative care to date. Data from this evaluation will be incorporated into the design of the new Network Model for Palliative Care as well to strengthen policy dialogue. Building on the strong spiritual foundations of Ethiopia, interdenominational leaders will become more aware of their essential role in providing spiritual care and will be provided with specific opportunities for active involvement and counseling for people living with HIV and AIDS. \n \nGovernment program: Palliative care is an almost nonexistent concept in Ethiopia. The focus is primarily on clinic and hospital based treatment, with little appreciation for "positive living" before symptoms arise. Stigma presents a particular obstacle to care; resources are so scare for medical and health care that many care providers view AIDS clients as low triage. \n\nAs stated in Ethiopia's Global Fund proposal, palliative care is a "very important approach of care that is applicable at all stages of the symptomatic HIV patient. It has not been given enough attention in the patient care system both at facility level or in Home Based Care. Introducing palliative care is not only complementary but also synergistic to other treatment and care interventions. Palliative care in HIV patients increases the acceptance of other treatment modalities such as ARV therapy and treatment of OI infections and HIV related non-infectious conditions." (GFATM 4, section 4.3.14.5). \n\nThe context of Ethiopia presents a significant food insecurity challenge for almost all populations through the country with ensuing high malnutrition rates. Although an area of major concern, it is largely ignored by the Ministry of Health, including the HIV/AIDS Team, as throughout the government nutrition is regarded as much more of a food aid issue. Additional dialogue will occur with the World Food Program and Title II to address this fundamentally important issue in Ethiopia and identify sites with food supplementation from these sources and their own funding can occur in conjunction with the basic care package. \n\nOther donors: Very limited funding is provided for community based organizations and clinical care; little coordination exists and there is no unified approach. \n

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / International Orthodox Christian Charities
Planned Funds:

Activity Narrative:

During FY2004, the ETAEP supported International Orthodox Christian Charities (IOCC) to work in partnership with the development arm of the Ethiopian Orthodox Church, the Development Inter Church AID Commission (DICAC) to utilize and mobilize the strong Orthodox network to provide care and support to PLWHA. In FY 2005, ETAEP will continue this support. The IOCC-DICAC program will contribute to the achievement of Results 1 and 4.

As of July 2004, IOCC-DICAC had established 20 branch offices to coordinate HIV/AIDS activities and to ensure consistency of approaches through the intervention areas. Surveys of the knowledge and attitudes of community members and the clergy have been carried out in three urban communities.. 75 community committees ("Hope Centers") in 20 urban sites in five regions – Tigray, Amhara, Beneshangul, SNNPR, and Oromiya – have been established and will soon begin community mobilization activities. To date, 40 home-based care volunteers have been trained, and 1,875 PLWHA are being supported. 760 community advocates have been trained to reduce stigma and discrimination against PLWHA. 200 self awareness workshops for PLWHA will have been completed in 2004, and 275 PLWHA will have received skills training.

In FY2005, IOCC-DICAC will focus on a limited expansion of its community- and home-based care program. 40 additional home-based care volunteers will be trained, and 5,000 PLWHA will be provided physical, spiritual, psychosocial, and basic health care, as needed. 760 additional community advocates will be trained to reduce stigma and discrimination against PLWHA. 200 self awareness workshops for PLWHA will be conducted in FY05, and 275 PLWHA will receive skills training. Most of the Care programs are within USG-assisted health networks and are co-located and linked with IOCC/DICAC programs in prevention, care, and treatment.

The program conforms with the ETAEP Five-Year Strategy of building on existing community- and faith-based organizations as key actors in the health network for care, promoting a set of palliative care interventions that are appropriate to participating communities, and easing the pain of the most destitute at the end of their lives. In 2005, IOCC/DICAC will strengthen its collaboration with other ETAEP partners to assure appropriate linkages for treatment, high quality clinical care, and prevention for positives and family members. The IOCC/DICAC Palliative Care program will contribute to the achievement of results 1, 4, and 5.

Activity Category	% of Funds
☑ Community Mobilization/Participation	50%
☑ Information, Education and Communication	20%
☑ Local Organization Capacity Development	10%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	6,875	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	80	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	20	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

☑ *Community leader*
☑ *Community members*
☑ *Community-based organizations*
☑ *Faith-based organizations*
☑ *Community health workers*
☑ *HIV/AIDS-affected families*
☑ *Orphans and other vulnerable children*
☑ *People living with HIV/AIDS*
☑ *Religious/traditional leaders*
☑ *Trainers*
☑ *Volunteers*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *High Risk Corridor Initiative / Save the Children US
Planned Funds:

Activity Narrative:

ETAEP supports Save the Children/ USA (SC/US) to work in 18 towns along the transport corridor from Addis Ababa to the Ethiopia-Djibouti border to provide comprehensive HIV/AIDS care programs targeting transport workers, commercial sex workers and other vulnerable groups based in the communities along the corridor.

In each town, SC-US works with Community HIV/AIDS Committees that comprise a cross-section of political, social, religious, economic, and demographic leaders and common citizens. The Committees are often based on, and overlap considerably with, traditional community welfare organizations (idirs). With SC/US assistance, each Committee has developed an AIDS Action Plan that includes provision of care and support for PLWHA. SC/US has also successfully leveraged World Food Program food commodities for 4 of the communities to supplement ETAEP, SC/US, and community resources. SC/US has established relationships with 4 hospitals and 15 health centers along the corridor (through its VCT component) and has identified "focal nurses" at each facility. The "focal nurse" provides the primary linkage between the communities and the health facilities.

By March 2005, in the 18 towns along the corridor it is anticipated that SC/US will be assisting the 18 Community HIV/AIDS Committees to undertake community-based care and support of approximately 1,000 PLWHA receiving a fully "community care package." The SC-US assistance will have: provided home-based care kits to each HIV/AIDS Committee, according to need; trained 36 home-based care counselors (minimum two per town) to provide psychosocial support to PLWHA; trained 160 home-based care providers and volunteers; continued support to 18 post-test clubs, each serving between 25-30 clients; and established functional referral mechanisms to health facilities for clinical care and OI treatment.

In FY2005, Save the Children USA will continue to strengthen the HIV/AIDS Committees to undertake a broader "community care package," with an increasing emphasis on identifying strategies for sustainability.

The program conforms with the ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a set of palliative care interventions that are appropriate to participating communities. In 2005, SC-US will increase its collaboration with other partners in ETAEP health networks (e.g. FHI, ITECH) to improve linkages for treatment, high quality clinical care, and prevention for positives and family members.

Activity Category	% of Funds
☑ Community Mobilization/Participation	40%
☑ Development of Network/Linkages/Referral Systems	40%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Local Organization Capacity Development	10%

Targets:

		Not Applicable
Number of individuals provided with general HIV-related palliative care	1,000	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	196	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	18	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Business community*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Private health care providers*
  - ☑ *Midwives*
  - ☑ *Discordant couples*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Religious/traditional leaders*
- ☑ *Trainers*
- ☑ *Volunteers*
- ☑ *Women of reproductive age*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Afar	ISO Code: ET-AF
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Oromiya	ISO Code: ET-OR
State Province: Sumale (Somali)	ISO Code: ET-SO

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)
Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Catholic Relief Services
Planned Funds:

Activity Narrative:

The faith-based Catholic Relief Services (CRS) combines P.L. 480 Title II and Emergency Plan resources for care and support of OVCs. In FY 2004, CRS worked with 2 FBOs: the Medical Missions of Mary and Missionaries of Charity to provide support to approximately 35,000 PLWHA in 20 urban and peri-urban communities in ETAEP health networks in 8 regions: Addis Ababa, Amhara, Tigray, SNNPR, Oromia, Gambella, Somali, and Dire Dawa. CRS and its partners also provide training for caregivers and counselors for both home-based care and 15 CRS-assisted hospices* that serve the most destitute for end-of-life needs.

In FY 2005, CRS will continue to work through these two local partners to provide basic subsistence and support needs to 35,000 PLWHA in 20 urban and peri-urban communities, including the 15 hospices. CRS will continue to work with these organizations to provide P.L. 480 Title II to needy PLWHA, and will complement these resources with Emergency Plan financial support for living costs (shelter) and medical care, on an as-needed basis. The two organizations will provide home- and hospice-based physical, psychosocial, spiritual, and health care at differing levels, on an as needed basis to destitute PLWHA in their homes, and a similar very basic package of support in the hospices. Both local partners also undertake stigma reduction interventions (information, education, and communications) within host communities and provide counseling, health care, and psychosocial support to asymptomatic and symptomatic PLWHA. The provision of spiritual care is a particularly strong area within their provision of services.

The program conforms with the ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care, promoting a set of palliative care interventions that are appropriate to participating communities, and easing the pain of the most destitute at the end of their lives. In 2005, CRS will strengthen its collaboration with other ETAEP partners to assure appropriate linkages for treatment, high quality clinical care, and prevention for positives and family members.

*The hospices are located in the following regions and towns:

Addis Ababa - Asco, Sidist Kilo Homes

Tigray- Mekelle, Alamata, Adwa

Oromia- Bale, Jimma, Kibre Mengist

SNNPR- Awassa, Sodo

Somali- Jijiga

Amhara- Debre Markos, Gonder

Dire Dawa Council- Dire Dawa

Gambella- Gambella

Activity Category	% of Funds
☑ Community Mobilization/Participation	80%

☑ Linkages with Other Sectors and Initiatives 20%

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	35,000	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	15	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community members*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
- ☑ *High-risk population*
- ☑ *HIV/AIDS-affected families*
- ☑ *Infants*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Religious/traditional leaders*

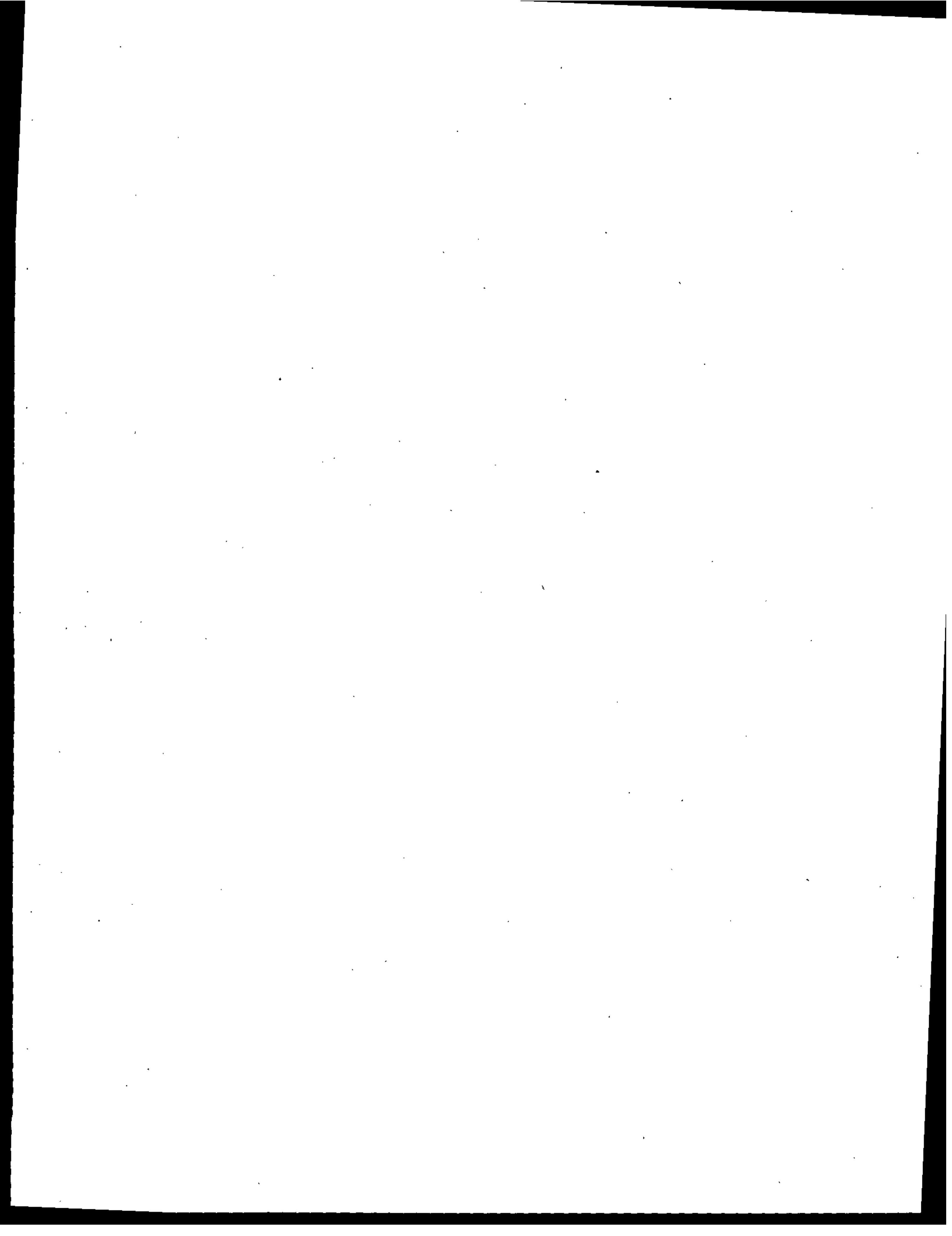
Key Legislative Issues:

☑ Volunteers

☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Gambela Hizboch	ISO Code: ET-GA
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Sumale (Somali)	ISO Code: ET-SO
State Province: Tigray	ISO Code: ET-TI



Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: */ International Training and Education Center on HIV*

Planned Funds:

Activity Narrative:

I-TECH provides technical assistance, training, supportive supervision, and basic commodities (office, clinical, home-based care kits) in urban and rural health networks, with a focus on the hospital level. By December 2004, ITECH will be providing facility based non-ART care training, technical assistance, supportive supervision, and modest equipment, materials and supplies to the 25 "first cohort" hospitals in 11 regions of the country.

In FY 2004, along with undertaking site assessments and site readiness as part of VCT scale up (ref. Table 3.3.9) I-TECH developed curricula and trained 25 master trainers at Ethiopia's university medical centers for non-ART/OI prevention, prophylaxis and treatment, and subsequent provided OI and TB prophylaxis and treatment training, technical assistance, and supportive supervision for 200 health center staff in the 25 hospitals. I-TECH collaborates closely with FHI/IMPACT (for ART and VCT) and JHPIEGO (for PMTCT at hospitals) and Intrahealth (for PMTCT at health clinics and in communities) to ensure that training efforts are synchronized and mutually reinforcing.

In FY 2005, following the ETAEP Five Year Strategy, in close consultation with these (and other) ETAEP partners, I-TECH will bring its ART and non-ART clinical treatment and care approaches together, offering a more complete palliative care package at the levels within ETAEP health networks, and establishing more explicit linkages with ETAEP network health centers and communities for stable patient monitoring, more basic OI diagnosis, prophylaxis, and treatment, and community-/home-based care programs. With reference to the "Care Matrix" at Annex 3 of the ETAEP Five Year Plan, I-TECH will work with implementing partner hospitals, the MOND, and Regional Health Bureaus, partner NGOs, CBOs, public and private sector health providers, and other Government, civil society, and religious leaders to further develop and deliver the ETAEP "basic care package" -- including explicit referral linkages to and form health centers and communities -- at the hospital level.

The FY 2005 budget will enable I-TECH to support care to an estimated 30,000 PLWHA through hospital-based (55 ETAEP hospitals plus up to 10 military corps hospitals) services in the 55 health networks. The program conforms with the ETAEP Five-Year Strategy of promoting a set of palliative care interventions that are appropriate to specific actors in the health network and fostering linkages between treatment, high quality clinical and community/home-based care, and prevention for positives and family members.

Activity Category	% of Funds
☑ Commodity Procurement	2%
☑ Community Mobilization/Participation	13%
☑ Human Resources	7%
☑ Information, Education and Communication	6%
☑ Local Organization Capacity Development	5%
☑ Policy and Guidelines	5%
☑ Quality Assurance and Supportive Supervision	13%
☑ Training	47%
☑ Workplace Programs	2%

Targets:

☐ Not Applicable

Target	Value	Not Applicable
Number of individuals provided with general HIV-related palliative care	55,000	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	350	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	55	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	3	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Private health care providers*
  - ☑ *Discordant couples*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *Media*
- ☑ *Military*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *People living with HIV/AIDS*
- ☑ *Program managers*
- ☑ *Trainers*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *IMPACT / Family Health International
Planned Funds:

Activity Narrative:

FHI/Impact provides technical assistance, training, supportive supervision, and basic commodities (protection materials, stationary for offices) in high-density population urban/semi-urban communities in Addis Ababa, SNNPR, Amhara, and Oromiya. In FY 2004, FHI/IMPACT is providing facility based non-ART care training, technical assistance, supportive supervision, and modest equipment such as the tables and chairs, a bed to be used during trainings, a computer for data entry for the HBC Centers (the physical premises and HBC kits are provided by the Regional Government), basic materials and supplies (table and chair when necessary, paint, shelves for materials) to 250 health centers in the four regions and is supporting home-based care by Ethiopian NGOs and CBOs in 14 communities in Addis Ababa, SNNPR, Amhara, and Oromiya regions.

The FHI/IMPACT model for home-based care is centered on mobilization of traditional by social welfare organizations (idirs) with oversight and linkages provided through four larger Ethiopia "mentor" NGOs: Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO), the Organization for Social Services for AIDS (OSSA) in Amhara, the Family Guidance Association of Ethiopia (FGAE) in Oromiya, and Medan Acts (Kale Hiwot Church) in SNNPR. By March 2005, FHI and its partners expect to have trained 4,300 home-based care volunteers and be providing community- and home-based care to 21,500 PLWHA in 14 sites in the four regions.

In FY 2004, along with undertaking site assessments and site readiness as part of VCT scale up (ref. Table 3.3.9) FHI/IMPACT is also providing OI and TB prophylaxis and treatment training, technical assistance, and supportive supervision for 452 health center staff in 203 health centers in the four regions: 25 in Addis Ababa, 40 in Amhara, 66 in SNNPR, and 72 in Oromia. Human capacity development is a particular area of emphasis through the training of trainers at regional level; support to these TOTs to manage training in health facilities and in H&CBC sites (under close supervision and mentoring); and, training for regional supervisors in supervision, quality control and M&E, and related data management. FHI/IMPACT collaborates closely with I-TECH (for ART/VCT at hospitals) and JHPIEGO (for PMTCT at hospitals) and Intrahealth (for PMTCT at health clinics and in communities) to ensure that training efforts are synchronized and mutually reinforcing.

In FY 2005, following the ETAEP Five Year Strategy, in close consultation with these (and other) ETAEP partners, FHI/Impact will bring its clinical and community- and home-based approaches together, offering both a more complete palliative care package at the community/home and health center levels within ETAEP health networks as well as positive living support for HIV + asymptomatic and symptomatic persons through the establishment of support groups at community level. FHI/Impact will build upon and further strengthen the referral systems and care networks they have established with local partners between services at community level, between community- and health center-level services, between different services within health centers, and between health center- and hospital-level services. This includes establishing explicit linkages with ETAEP network ART-providing hospitals for treatment and more specialized medical care. With reference to the "Preventive Care Package" Annex 3 of the ETAEP Five Year Plan, FHI/IMPACT will work with partner NGOs, CBOs, public and private sector health providers, and other Government, civil society, and religious leaders to deliver the ETAEP "preventive care package" at the 203 health centers and their communities.

The FY 2005 budget will enable FHI/IMPACT and its Ethiopian partners to provide basic care to an estimated 102,000 PLWHA through clinic-based services of which 95,000 will receive services at the 203 "first cohort" facilities and an additional estimated 7,200 PLWHA at the 20 new "second cohort" health centers in the same three regions. In addition to the clients receiving facility-based care, an estimated additional 10,000 ill and bed-ridden persons will receive community and home-based care and support. 60,000 more persons affected by AIDS including HIV+ asymptomatic and symptomatic clients and their families will receive additinal support such as communication on HIV prevention, positive living, and self care.

The program conforms with the USG ETAEP Five-Year Strategy of building on

existing community- and faith-based organizations as key actors in the health network for care, promoting a set of palliative care interventions that are appropriate to specific actors in the health network, easing the pain of the most destitute at the end of their lives, and fostering linkages between treatment, high quality clinical and community/home-based care, and prevention for positives and family members.

Activity Category	% of Funds
☑ Community Mobilization/Participation	10%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Human Resources	20%
☑ Information, Education and Communication	10%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Local Organization Capacity Development	10%
☑ Strategic Information (M&E, IT, Reporting)	20%
☑ Training	10%

Targets:

☐ Not Applicable

Number of individuals provided with general HIV-related palliative care	172,700	☐ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	4,752	☐ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	240	☐ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Implementing organization project staff*
- ☑ *Infants*
- ☑ *M&E specialist/staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*
- ☑ *Religious/traditional leaders*
- ☑ *Volunteers*
- ☑ *Widows*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / To Be Determined

Planned Funds:

Activity Narrative:

ETAEP plans to develop a Comprehensive Care program description that would form the basis of a full and open competitive Request for Applications (RFA) or Request for Proposals (RFP) for one or more Awards for the CY 2006 – 2008 period. The purpose of the program would be to contribute to achievement of common USG and Ethiopian Comprehensive Care objectives and targets as summarized in the ETAEP Care Strategy in the Five Year Plan, and serve to provide an opportunity for new partners. The program would draw from experience to date in Ethiopia and other countries and from the results of a planned FY 2005 Palliative Care assessment. The program description would be designed to foster stronger linkages between non-clinical community- and home-based and facility-based care and treatment programs and utilize a case manager at the health center level.

Approximately five agreements or contracts that are regionally based are expected to be awarded. Following the Government's decentralization to the regions, at the time of the FY 05 COP Submission, the focus areas would be Amhara, Oromia, SSNPR, Addis Ababa and Tigray. The program and results for each region would follow the preventive care package but build on the existing capacity and cultures for each of the five regions. This approach will also build on the SI effort described in Program area 3.3.13 – patient ID numbers and cards, data entry, storage and retrieval systems, etc. – to enable patients and providers to better manage treatment and care. The network model is essential to strengthening the nascent health network systems in Ethiopia and because it cross-cuts Treatment, Care, Prevention, and SI, it is presented in the "Policy/Systems" section in 3.3.13 as a "Network Model" activity.

FY 2005 funding will enable the USG to commence the competitive process and issue the awards(s) so that mobilization can take place during first and second quarters 2006, to expand ETAEP capacity for scale-up of care and provide for overlap as the FHI/IMPACT program closes out at the end of the FY 05 COP. The CA(s) would receive significant FY 2006 and FY 2007 funding.

While many of the design elements would be based on the lessons learned and findings of the Network Model activity and the Palliative Care review/assessment conducted by the African Palliative Care Association, at the time of the COP 05 submission, it is anticipated that the focus of the five regional RFAs would be on the provision of the preventive care package at two levels:

Level 1 community and first-level non-health professionals and health professionals and
Level 2 health centers, which provide care to the majority of people in Ethiopia.

At Level 1, several critical elements would be highlighted: care would be provided through home and community-based activities; referral facilitated to health clinics; care and monitoring services provided to those not yet eligible for ART; secondary prevention services based on the ABC strategy; medical and other records maintained, including tracking patient referrals to health centers at the district and home/community levels; work integrated with spiritual care providers, a particular asset of Ethiopia; and strong linkages to higher levels of the network when needed. End-of-life care would primarily occur at this level as most AIDS deaths do not occur in facilities, such care would contain pain and symptom management, life closure, bereavement counseling, succession planning, legal aid, and strong integration with OVC programs.

Level 2 would be based on the case manager approach with an interdisciplinary team to provide VCT; basic clinical diagnosis of TB, HIV, malaria and OI chemotherapy; pain and symptom management, including diagnosis and treatment of other common OIs; monitoring for adverse events of chemotherapy; monitoring of patient response to therapy; referral to clients for home and community based care services for monitoring and follow up; referral to other members of the interdisciplinary team; and referral of complex cases to a higher level medical facility. When the current policy of Ethiopia changes to permit ART at this level, initiate simple ART.

Activity Category	% of Funds
☑ Community Mobilization/Participation	25%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Human Resources	10%
☑ Information, Education and Communication	10%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Local Organization Capacity Development	20%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	10%

Targets:

☐ Not Applicable

Number of individuals provided with general HIV-related palliative care	0	☑ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Business community*
- ☑ *Caregivers*
- ☑ *Commercial sex industry*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Family planning clients*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Traditional birth attendants*
  - ☑ *Traditional healers*
  - ☑ *Private health care providers*
  - ☑ *Midwives*
  - ☑ *Discordant couples*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *Infants*
- ☑ *M&E specialist/staff*
- ☑ *Media*
- ☑ *Military*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Policy makers*
- ☑ *Pregnant women*
- ☑ *Program managers*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Secondary school*
  - ☑ *University*
- ☑ *Teachers*
- ☑ *Trainers*
- ☑ *Volunteers*
- ☑ *Widows*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Increasing women's access to income and productive resources
  - ☑ Increasing women's legal protection
- ☑ Twinning
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)
Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCP / Johns Hopkins University Center for Communication Programs
Planned Funds:

Activity Narrative:

In FY 2005, ETAEP proposes to work with the Health Communication Partnership to bring together religious groups and the organizations that have been working with them e.g. the Ethiopian Inter-Faith Forum for Development Dialog for Action, to expand and unify the faith based response and involvement in care and support. HCP will work through existing religious and organizational structures, building the capacity of FBOs and religious communities to provide care and support to PLWHA. A specific area of focus would be on message development and spiritual counseling that addresses quality of life measures: a person's existence is meaningful; there has been fulfillment in achieving life goals; and, life has been meaningful.

HCP would create a working group with the goal of developing harmonized and consistent messages, and providing information and materials to assist FBOs in their communication work at national, regional and local levels. Other activities would be determined by the working group but with a focus on: building on existing programs; facilitating strategic planning; developing training tools; forging linkages and strengthening referral mechanisms; promoting small doable actions (rather than general awareness-raising or stigma reduction); and using effective monitoring and evaluation approaches.

Activities could include:
- Work with FBOs to harmonize BCC messages around community care and support, with a focus on religious communities.
- Work with FBOs to develop a packet of materials (e.g. a kit) on stigma reduction and community care and support for use with religious leaders, communities, and congregations. FBOs would be responsible for training and dissemination of the kit.
- Assist FBOs in coordinating "town meetings" (with mass media coverage) to discuss community care and support, with a view to creating linkages and developing action plans.
- Work with religious groups to develop a national strategic plan around community care and support for FBOs, producing a program development guide for use by regional and local congregations and FBOs wishing to start their own community care and support activities.
- Support FBOs in providing interpersonal communication and counseling training to religious leaders by developing training materials (curriculum, training protocol, job aids, supervision structure, etc.).
- Develop a tool to link PLWHA, caregivers, and support services providers.
- Help FBOs to train and supervise youth clubs in community care and support, simultaneously providing services to PLWHA and promoting accurate risk perception among young people.

The program conforms with the ETAEP Five-Year Strategy of building on existing community- and faith-based organizations as key actors in the health network for care and promoting a set of palliative care interventions that are appropriate to participating communities.

Activity Category	% of Funds
☑ Community Mobilization/Participation	20%
☑ Information, Education and Communication	20%
☑ Local Organization Capacity Development	20%
☑ Policy and Guidelines	20%
☑ Training	20%

Targets:

☐ Not Applicable

Number of individuals provided with general HIV-related palliative care	0	☑ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

☑ *Faith-based organizations*

☑ *Religious/traditional leaders*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)
Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: African Palliative Care Association / Pact, Inc.

Planned Funds:

Activity Narrative: To inform the design and gain lessons learned for the new Basic Care Package, ETAEP will conduct a review/assessment of palliative care activities by The African Palliative Care Association, through PACT. APCA's ability to draw on its member hospices and palliative care organizations, e.g. Hospice Uganda, South Africa, Zimbabwe, Nairobi Hospice, provides the opportunity for Ethiopia to learn from the rich experience base gained elsewhere on the continent. The review will include an assessment of on-going activities in supportive care, supervision, network linkages and pain and symptom control. Current policies and guidelines will also be reviewed.

It is anticipated that the scope of work will be drafted with strong O/GAC involvement, as well as O/GAC membership on the review team.

Activity Category	% of Funds
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

☐ Not Applicable

Number of individuals provided with general HIV-related palliative care	0	☑ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	☑ Not Applicable

Target Populations:

- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Country coordinating mechanisms*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Traditional birth attendants*
  - ☑ *Traditional healers*
  - ☑ *Private health care providers*
  - ☑ *Midwives*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *International counterpart organization*
- ☑ *Media*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *People living with HIV/AIDS*
- ☑ *Policy makers*
- ☑ *Program managers*
- ☑ *Religious/traditional leaders*
- ☑ *Trainers*
- ☑ *USG in country staff*
- ☑ *USG Headquarters staff*
- ☑ *Volunteers*

Key Legislative Issues:

☑ Gender
  ☑ Increasing gender equity in HIV/AIDS programs
  ☑ Increasing women's access to income and productive resources
☑ Volunteers
☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)
Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred Preventive Care Package RFA / To Be Determined
Planned Funds:
Activity Narrative: PLEASE SEE DESCRIPTION OF ACTIVITY UNDER RFA IN PROGRAM AREA 3.3.6

Activity Category **% of Funds**

Targets:

		☐ Not Applicable
Number of individuals provided with general HIV-related palliative care	0	☑ Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	☑ Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care.	0	☑ Not Applicable

Target Populations:
Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

Result 1:	Private sector engagement with OVCs increased.\n
Result 2:	Number of OVCs receiving care and support increased.
Result 3:	Number of Ethiopian civil society organizations (FBOs, NGOs, CBOs, etc) providing OVC care and support increased.
Result 4:	Ethiopian guidelines, norms, and standards for OVC care and support codified and disseminated.

Total Funding for Program Area ($):

Current Program Context:
ETAEP Activities in 2005 COP: The ETAEP vision is to strengthen the capacities of families and communities to meet the needs of OVC and to link them with prevention, care, and treatment efforts within health networks. In 2004, ETAEP will reach over 10,000 OVC with care and support, and in 2005 will scale up to reach at least 70,000 OVC. In 2005, ETAEP will continue to leverage use of P.L. 480 Title II resources to provide care and support to OVC in high-prevalence areas within ETAEP-assisted health networks, and to provide non-food subsistence, psychosocial, spiritual, and education/skills development support to OVCs nationwide through FBOs and NGOs in ETAEP-assisted health networks. The ETAEP Team and key partners will continue to provide advocacy and education to the nascent OVC Task Force to promote development of guidelines, norms, and standards for OVC care and support in Ethiopia. This work will be enhanced through conduct of a collaborative OVC assessment that will serve as a national baseline for future OVC programming. Activities launched under two Track 1 awards launched in 2004 are expected to complement these ETAEP efforts. \n\nGovernment of Ethiopia Programs: ETAEP has been a leading participant in the nascent OVC Task Force led by the Ministry of Labor and Social Affairs (MOLSA) that undertook the July 2004 "Rapid Assessment, Analysis and Action Planning (RAAAP) Report." The RAAAP process is expected to lead to formalization of the OVC Task Force and to creation of guidelines, norms and standards for OVC care and support during FY 2005. UNICEF and the new Track 1-funded SAVE Alliance initiative are working with MOLSA and HAPCO to develop a comprehensive OVC policy, but much more remains to be done if the needs of OVC and the families or communities that are fostering them are to be taken into account in national programs. \n\nOther Donors: Ethiopia's Round Two Global Fund award includes funding to reach 50,000 OVCs over three years; no Round Four OVC funding was requested. The United Kingdom has announced its intent to become involved in these programs although the timeframe, funding, and mechanisms are still under development. UNICEF provides considerable support to OVCs affected by HIV and AIDS as part of its overall focus on Ethiopian children. A significant number of the 170 NGOs/FBOs working in Ethiopia support OVC programs, although the national monitoring and evaluation system does not yet provide data on coverage.

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *Positive Change: Communities and Care (PC3) / Save the Children US
Planned Funds:

Activity Narrative:

The "umbrella Cooperative Agreement" called Positive Change: Communities & Care (PC3) was awarded September 30, 2004 to Save the Children – US as prime recipient, with key sub-recipients including CARE, World Learning, FHI, and World Vision. The PC3 team brings significant experience and existing geographic coverage and relationships in 9 regions to addressing the needs of OVCs in Ethiopia. The strategy is two-pronged: to provide community-based care and support to orphans, other vulnerable children, and persons living with AIDS (PLWHA) and, while so doing, to increase the capacity of Ethiopian NGOs, CSOs, CBOs and FBOs to provide such care and support over time. Not less than 75% of funding will be provided as sub-grants to Ethiopian NGOs and CSOs (including CBOs and FBOs) to achieve common results.

During the 2005 COP period, the PC3 consortium will collaborate with 20 experienced Ethiopian NGOs that will in turn "mentor" an estimated 200 CBOs/FBOs to reach 50,000 OVCs in 200 communities in 9 regions with care and support.

Most of the OVC programs to be assisted will be within U.S. government assisted health networks and will be linked to U.S. government-assisted programs in prevention, care, and treatment. OVC support interventions are expected to include, but not be limited to: provision of "school kits," including uniforms, book packs, and school supplies, for OVCs in a community to enable them to go to and stay in school; provision of skills training to out-of-school OVC; possible corollary provision of financial assistance to start a micro- or small enterprise (e.g. hair salon, soap making, etc.); provision of psychosocial counseling to OVCs in groups and individually, and provision of community-based counseling in areas with very high HIV prevalence rates; assuring that OVCs and the communities that host them are well served by health facilities and are assisted in referrals for VCT and PMTCT; provision of legal aid to protect property rights and protection from abuse; ensuring the sexual safety of young girls; training of caregivers of PLWA, including training older children to care for their ill parents, relatives, or friends; and collaboration with and training of existing idirs and other traditional benevolent associations in managing care in their communities. During the 2005 COP the PC3 consortium will also: i) provide technical TA and training to CSOs already working in OVC programs, to assure that they are providing a uniform quality of care and support; ii) provide organizational and administrative management TA and training to established CSOs, to help them expand their coverage as well as diversify their resource base for a future "non-project" situation; and iii) provide "readiness" TA and training to interested new partner CSOs, to help them develop capacity to undertake OVC programs themselves. PC3 will build on a relationship established with Coca Cola during 2004 and encourage other large businesses to expand support for OVC, through scholarships, internships, and other means. Finally, PC3 consortium representatives will be active members of the National OVC Task Force and will provide technical assistance and related support to assure that national OVC care and support guidelines, norms, and standards are codified and disseminated.The program conforms with the USG ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a holistic set of interventions that are appropriate to needs of OVCs in participating communities. In 2005, SC-US will increase its collaboration with other partners in ETAEP health networks, particularly those partners working on prevention targeted at Youth (e.g. IOCC/DICAC, EMDA, CRS) to improve linkages for prevention, as well as linkages for palliative care and treatment, if indicated.

Activity Category	% of Funds
☑ Community Mobilization/Participation	50%
☑ Information, Education and Communication	5%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Local Organization Capacity Development	20%
☑ Strategic Information (M&E, IT, Reporting)	5%

☑ Training 10%

Targets:

		☐ Not Applicable
Number of OVC programs	200	☐ Not Applicable
Number of OVC served by OVC programs	50,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
  - ☑ *Community health workers*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

☑ Gender

☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Relief Society of Tigray, Ethiopia
Planned Funds: [ ]

Activity Narrative:

The Relief Society of Tigray (REST) is an Ethiopian NGO that combines P.L. 480 Title II and Emergency Plan resources for care and support of OVCs. In FY 2005, it will to provide support to 375 OVCs in 10 communities. Given the high prevalence and concentration of high-risk populations, ETAEP is including three health networks related to hospitals in Tigray in 2004 (one Ministry of Health, one Ministry of National Defense, and one Ministry of Education teaching hospital) and one additional network in 2005 for targeted Emergency Plan assistance. The June 2004 "AIDS in Ethiopia – Fifth Edition" reports 2003 HIV prevalence in the Tigray region of 4.4%, with urban prevalence at 12.5% and rural prevalence at 2.6%. The analysis notes: "The urban as well as rural prevalence and incidence rates are comparable to those of the national levels. There is a rapid rise in the number of newly infected AIDS cases and AIDS deaths. The rising rural prevalence rates are striking to note. The incidence rate seems increasing in the urban areas whereas relatively stable among the rural populations. Thus the higher numbers may be attributed to rapid population growth in the region." (AIDS in Ethiopia – Fifth Edition, p. 29). Observers note that the "rapid population growth" may be a function of a number of factors besides fertility. Three years after the end of active conflict with Eritrea, the front-line region of Tigray continues to host a large military presence, with Ethiopia's 107th corps and the United Nations Mission for Ethiopia and Eritrea (UNMEE). This high-risk group (the HIV infection rate for Ethiopian military personnel is estimated at about 15% in frontline positions) and the by-product of commercial sex workers who co-locate with them serve as "drivers" for the Tigrayan epidemic. There are also 8,100 Eritrean refugees in the region, and a significant number of demobilized and/or resettled men separated from their families, comprising additional high risk and mobile groups. The new data estimates that as of 2003 Tigray had a total of 22,192 maternal AIDS orphans, 19,743 paternal AIDS orphans, and 10,552 dual AIDS orphans. There also are a large number of vulnerable children affected by AIDS due to the high urban rates, in particular. The program conforms with the USG ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a holistic set of interventions that are appropriate to needs of OVCs in participating communities. In 2005, REST will increase its collaboration with other ETAEP partners working in Tigray (i.e. JHPIEGO for VCT, I-TECH and FHI for palliative care), particularly those partners working on prevention targeted at Youth (e.g. JHU/HCP, CRS) to improve linkages for prevention, as well as linkages for palliative care and treatment, if indicated.

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Information, Education and Communication	10%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Local Organization Capacity Development	40%
☑ Strategic Information (M&E, IT, Reporting)	10%

☑ Training 5%

Targets:

		☐ Not Applicable
Number of OVC programs	10	☐ Not Applicable
Number of OVC served by OVC programs	375	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
  - ☑ *Community health workers*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

☑ Gender

☑ Stigma and discrimination

Coverage Area:

State Province: Tigray ISO Code: ET-TI

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Project Concern International

Planned Funds: [ ]

Activity Narrative: Project Concern International (PCI) is a new partner in Ethiopia, with a late September 2004 Track 1 notification. PCI has not yet mobilized in Ethiopia and is not on a "fast track" for award. PCI's Concept Paper outlines a program with four objectives: Objective 1: To increase access for OVC to critical support services, including formal or informal education, literacy/numeracy training and life skills education, medical care, nutrition support, and psychosocial support. PCI's Concept Paper states that it plans to work with the Ethiopian NGO Hiwot HIV/AIDS Prevention Care & Support Organization (HAPCSO), which is receiving modest 2004 COP support for OVC and more substantial 2004 COP support for home-based care programming from FHI/IMPACT. The Concept Paper states that with PCI support through this grant HAPSCO will increase from 100 OVC in 2004 to at least 8,000 OVC over the three-year life of the project. Interventions would include nutrition support, life skills training, including HIV/AIDS and other health education; livelihood support (e.g. initiation of school gardens or other income-generating activities), and psychosocial support. Additional partners that are expected to provide important input include: Pact, for capacity building, and The Futures Group, for development of improved monitoring and evaluation systems for OVCs.In addition to direct OVC support through HAPSCO, the PCI Concept Paper includes the following objectives:~Objective 2:~To strengthen the capacity of older OVC and of households providing care for OVC to support themselves and their children through economic empowerment activities. Objective 3: To build the capacity of local non-governmental, community-based and/or faith-based organizations in the three target countries to provide services to OVC. Objective 4: To build the capacity of selected local NGOs, CBOs, and FBOs to serve as "centers of learning" in order to facilitate rapid scale-up of services. The ETAEP Team will meet with PCI representatives when they mobilize in Ethiopia to assure that all activities are harmonized within the evolving guidelines, norms, and standards of the National OVC Task Force and the ETAEP Care/OVC working group. The program conforms with the USG ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a holistic set of interventions that are appropriate to needs of OVCs in participating communities. In 2005, PCI will increase its collaboration with other partners in ETAEP health networks, particularly those partners working on prevention targeted at Youth (e.g. JHU/HCP, IOCC/DICAC, CRS, EMDA) to improve linkages for prevention, as well as linkages for palliative care and treatment, if indicated.

Activity Category	% of Funds
☑ Community Mobilization/Participation	20%
☑ Development of Network/Linkages/Referral Systems	15%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Local Organization Capacity Development	40%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	15%

Targets:

		☐ Not Applicable
Number of OVC programs	0	☑ Not Applicable
Number of OVC served by OVC programs	6,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Caregivers*
- ☑ *Community-based organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *Youth*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa) ISO Code: ET-AA

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)
Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Scale-Up HOPE / Save the Children US
Planned Funds:

Activity Narrative: The International Save the Children Alliance (SC Alliance) and the Hope for African Children Initiative (HACI) received a Track 1 award for the three-year "SCALE-UP HOPE" program. The objective of the program is to provide adequate care, support and protection for children made vulnerable by HIV/AIDS, as well as their families and communities in Ethiopia and Mozambique, by strengthening local community-based organizations and programs. The SC Alliance/HACI team will undertake community needs assessments to target the most vulnerable OVC in target areas. Selection of "the most vulnerable" will be based on parameters related to "type of OVC" (child heads of households, street children, children living in institutions, children without adequate adult care, child laborers) and "households with ..." (OVCs, chronically ill adult, single – usually female – widowed head of household, elderly head off household, head of household/caregiver with a disability). The team will work in 4 of Ethiopia's 11 regions in a range of urban, peri-urban, and rural communities: Addis Ababa (Lideta Kefleketama woreda), Amhara (Alefa Takusa and Chilga woredas), Oromia (Debrezeit woreda and Negelle woreda), and Somali (Jijiga woreda), with a target population of about 40,000 OVCs to be reached over 3 years. Interventions are expected to include: educational support, livelihood and skills development, and psychosocial support, including stigma reduction activities. These interventions will be carried out in close collaboration with local HAPCOs, Health Bureaus, regional Bureaus of Labor and Social Affairs (BOLSAs), and regional and local HIV/AIDS committees. The program includes a strong monitoring and evaluation element, including: community participatory needs assessments; community-based management information systems; and baseline, annual, and program evaluation surveys. This information should provide valuable input into Ethiopia's evolving National OVC M&E system. Representatives of the SC Alliance are active members of the National OVC Task Force, and are expected to bring this and other information to bear in assisting in the codification and dissemination of National OVC guidelines, norms, and standards.The program conforms with the USG ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a holistic set of interventions that are appropriate to needs of OVCs in participating communities. In 2005, the Save Alliance will assure coordination of this Track 1 award with the new SC-US PC3 "umbrella" OVC activity and the SC-US High Risk Corridor Initiative to maximize coverage and avoid redundancies. It will also assure that the SCALE-UP HOPE team will maintain collaboration with other partners in ETAEP health networks, particularly those partners working on prevention targeted at Youth (e.g. JHU/HCP, IOCC/DICAC, EMDA, CRS, REST) to improve linkages for prevention, as well as linkages for palliative care and treatment, if indicated.

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Information, Education and Communication	10%

- ☑ Linkages with Other Sectors and Initiatives 10%
- ☑ Local Organization Capacity Development 30%
- ☑ Strategic Information (M&E, IT, Reporting) 10%
- ☑ Training 10%

Targets:

☐ Not Applicable

Number of OVC programs	8	☐ Not Applicable
Number of OVC served by OVC programs	20,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Disabled populations*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Teachers*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Sumale (Somali)	ISO Code: ET-SO

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)
Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / International Orthodox Christian Charities
Planned Funds:

Activity Narrative: The faith-based International Orthodox Christian Charities/Development Inter-Church Aid Commission (IOCC/DICAC) launched its program in early 2004, and by September 2004 had identified and organized community-based support to 1,875 (940 males, 935 females) OVCs in 75 parish communities in five regions: Tigray, Amhara, Beneshangul, SNNPR, and Oromiya. Training for 360 paraprofessional counselors will be undertaken in first quarter FY 2005. The community-based support is provided through Hope Centers organized by each parish to serve as a focal point for HIV/AIDS programs. Most of the OVC programs will be within USG-assisted health networks and will be co-located and linked with IOCC/DICAC programs in prevention, care, and treatment. Interventions to be funded under the 2005 COP will follow-on those initiated in 2004 and will include: capacity development for 100 community support groups to sponsor 75 established and 25 new Hope Centers to manage community support for OVCs; training to paraprofessional counselors and/or community members in HIV/AIDS awareness, childcare and counseling, and other topics necessary to the care of orphans; provision of economic livelihood support (e.g. food, clothes, shelter, school fees, materials) for 2,500 orphans; and maintenance of OVC trust funds in 75 parishes. The program conforms with the USG ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a holistic set of interventions that are appropriate to needs of OVCs in participating communities. In 2005, IOCC/DICC will assure an integrated approach to prevention and care for OVCs in the 75 parish communities in which it is undertaking both AB and OVC care activities, and will maintain its membership in the ETAEP Partners Youth Forum to assure harmonization of approach for prevention among youth.

Activity Category	% of Funds
☑ Community Mobilization/Participation	55%
☑ Information, Education and Communication	5%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Local Organization Capacity Development	20%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	10%

Targets:

		☐ Not Applicable
Number of OVC programs	100	☐ Not Applicable
Number of OVC served by OVC programs	2,500	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	360	☐ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
  - ☑ *Community health workers*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *Orphans and other vulnerable children*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
- ☑ Stigma and discrimination

Coverage Area:

State Province: Amhara	ISO Code: ET-AM
State Province: Binshangul Gumuz	ISO Code: ET-BE
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Catholic Relief Services

Planned Funds:

Activity Narrative: The faith-based Catholic Relief Services (CRS) combines P.L. 480 Title II and Emergency Plan resources for care and support of OVCs. In FY 2004, CRS worked with 2 FBOs, Medical Missions of Mary and Missionaries of Charity to provide support to 9,204 OVCs (4914 males, 4290 females) in 16 urban communities in 8 regions: Addis Ababa, Amhara, Tigray, SNNPR, Oromia, Gambella, Somali, and Dire Dawa. Training was provided for counselors who give psychosocial support for OVC. In FY 2005, CRS will continue to work through these 3 local partners to provide basic subsistence and support needs to 10,000 OVCS in 15 urban communities in 8 regions in Ethiopia. CRS will continue to work with these organizations to provide P.L. 480 Title II to needy OVCs, and will complement the food resources with Emergency Plan financial support for living costs (shelter), school fees and supplies, and medical care, on an as-needed basis. All three local partners also undertake stigma reduction interventions (information, education, and communications) within host communities and provide counseling, health care, and psychosocial support to OVCs. The program conforms with the ETAEP Five-Year Strategy of focusing on the community as the key actor in the health network for care and on promoting a holistic set of interventions that are appropriate to needs of OVCs in participating communities. In 2005, CRS will ensure that its new Track 1 AB/Y activity is addressing the needs of OVCs in the three regions where they are co-located (Tigray, Oromia, Addis Ababa) and will increase its collaboration with other partners in ETAEP health networks, particularly those partners working on prevention targeted at Youth (e.g. JHU/HCP, IOCC/DICAC, REST) to improve linkages for prevention, as well as linkages for palliative care and treatment, if indicated.

Activity Category	% of Funds
☑ *Community Mobilization/Participation*	50%
☑ Information, Education and Communication	5%
☑ Linkages with Other Sectors and Initiatives	5%
☑ Local Organization Capacity Development	30%
☑ Strategic Information (M&E, IT, Reporting)	5%
☑ Training	5%

Targets:

		☐ Not Applicable
Number of OVC programs	15	☐ Not Applicable
Number of OVC served by OVC programs	10,000	☐ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ Caregivers
- ☑ Community leader
- ☑ *Community members*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Street youth*
  - ☑ *Street youth*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV/AIDS-affected families*
- ☑ *Infants*
- ☑ *Orphans and other vulnerable children*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Religious/traditional leaders*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Primary school*
  - ☑ *Secondary school*
- ☑ Volunteers
- ☑ Youth
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Girls*
  - ☑ *Boys*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Dire Dawa	ISO Code: ET-DI
State Province: Gambela Hizboch	ISO Code: ET-GA
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Sumale (Somali)	ISO Code: ET-SO
State Province: Tigray	ISO Code: ET-TI

Program Area: Orphans and Vulnerable Children
Budget Code: (HKID)
Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred Positive Change: Communities and Care (PC3) / Save the Children US
Planned Funds:

Activity Narrative: PLEASE SEE ACTIVITY DESCRIPTION FOR PC3 UNDER SECTION 3.3.8

Activity Category	**% of Funds**
☑ Community Mobilization/Participation	50%
☑ *Information, Education and Communication*	10%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Local Organization Capacity Development	15%
☑ *Strategic Information (M&E, IT, Reporting)*	5%
☑ Training	10%

Targets:

		☐ Not Applicable
Number of OVC programs	0	☑ Not Applicable
Number of OVC served by OVC programs	0	☑ Not Applicable
Number of providers/caretakers trained in caring for OVC	0	☑ Not Applicable

Target Populations:

☑ *Adults*
☑ *Caregivers*
☑ *Community leader*
☑ *Community members*
☑ *Community-based organizations*
☑ *Faith-based organizations*
☑ *Health Care Workers*
☑ *HIV/AIDS-affected families*
☑ *Orphans and other vulnerable children*
☑ *Religious/traditional leaders*
☑ *Students*
- ☑ *Primary school*
- ☑ *Secondary school*

☑ *Youth*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: National

State Province: **ISO Code:**

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

Result 1:	Effective procurement, management and distribution system for ARV drugs and other key commodities established for additional 30 hospitals supported by ETAEP.
Result 2:	Procurement, management and distribution system for ARV drugs and other key commodities strengthened in the 25 hospitals supported by ETAEP beginning FY04.
Result 3:	Uninterrupted supply of ARVs ensured for 25,000 patients, who have started receiving treatment at the 25 hospitals supported by ETAEP beginning FY04.

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+	0
Percent of Total Funding Planned for Drug Procurement	81

Total Funding for Program Area ($):

Current Program Context:
ETAEP program:–Arrangements have been finalized with PHARMID (a parastatal drug procuring agency) and the Ministry of Health for in-land distribution of ARV drugs to the 25 ETAEP supported hospitals that have started implementing ART services in FY04. Regional Health Bureaus will collaborate by providing administrative support in the distribution and delivery of ARV drugs to ETAEP hospitals in each of the 11 Regions. ETAEP partners have initiated local capacity building by training personnel from Pharmaceutical Administration and Supply Services (PASS) of the Ministry of Health and Drug Administration and Control Authority (DACA). The training focused on the clinical pharmacy of ARVs, drug supplies management, MIS, M&E, planning, and management for delivery of efficient ARV services. \n\nIn FY 2005 ETAEP will expand to 30 new hospitals and associated health networks in partnership with the Global Fund. The discussion of scale up assumes that TA, training, supportive supervision, and commodities, materials, and equipment will be provided as follows: the 25 "first cohort" ETAEP hospitals will receive full assistance for 12 months; assuming about 3 months for site assessments and readiness, the 30 new "second cohort" ETAEP/GF-assisted hospitals will receive ETAEP assistance in the form of TA, training, supportive supervision and M&E for 9 months. ETAEP-procured ARV drugs will be provided to the first 25 sites. GF-funded drugs will be provided at the second 30 sites.\n\nGovernment programs: Some 9,500 patients are currently receiving generic ARV drugs through a government scheme that has been running since July 2003. ARV drugs registered in the National Drug List for Ethiopia are procured through local private companies. They are being distributed (sold out) by the agents and dispensed through Kenema (Municipality) and Ethiopian Red Cross Pharmacies. Only pharmacies with personnel trained and certified to delivery ARV drugs are allowed to dispense the drugs. Patients cover cost of drugs out of pocket. Site assessment for the 25 ETAEP hospitals has been done. Based on the assessment findings, ETAEP supported hospitals have organized facilities for safe ARVs storage and dispensing. Standard Operating Procedures (SOPs) for management and distribution of ARV drugs and other supplies have been developed. ARV drugs have been selected, requirements for FY04 quantified, and purchase order completed through RPM Plus/MSH. The first consignment of ARV drugs for ETAEP supported hospitals will be reaching the country by mid-November 2004.\n\nOther Donors: The government is planning to expand ARV program to 30 hospitals through Global Fund support which will cover some 15,000 patients. Ethiopian North American Health Professionals Association in collaboration with Christian Children's Fund-Canada will be providing ART for 600 patients this year and will be providing ART for an estimated 10,000 patients over five years.

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Management Sciences for Health
Planned Funds:

Activity Narrative:

Drug and key commodity procurement, management, storage and distribution systems will be strengthened in the 25 ETAEP supported hospitals. Improved systems for forecasting, procurement, storage, distribution, and performance monitoring of ARVs and key commodities will be designed and implemented in the additional 30 hospitals. Pharmacy infrastructure will be strengthened in the selected facilities. Quality assurance of ARV drugs and other key commodities will be improved. National management information system for ARVs and other key commodities will be strengthened at all selected hospitals. Cross fertilization through collaborative links with programs, the public and private sector and educational institutions will be promoted to improve quality of and access to ART services. Support will be provided to MOH, RHBs, and the selected facilities to strengthen ART supplies management and coordination. Training will be provided to strengthen the capacity of pharmaceutical and associated professionals to manage ART products.

In FY05 ETAEP will provide U.S. government-procured drugs for 25,000 clients in the 25 ETAEP sites. The selection and procurement of first-line and second line ARV drugs will be done as per the National ARV Treatment Guidelines (October 2004). RPM Plus will coordinate the process of selection and quantification of ARVs and other commodities to assure that the list of products reflects national treatment guidelines, program priorities and available funding. Key partners will be involved in determining types of drugs for the various levels (i.e. first line, second line, pediatric), quantities, specifications, packing and shipment. PHARMID will store and distribute/redistribute commodities provided under the Emergency Plan, and will maintain adequate stock-levels at its' branches and exchange commodities between the branches as required.

RPM Plus will provide technical and material assistance to further strengthen the capacity of PHARMID to ensure safe handling and efficient distribution of commodities. RPM Plus will provide short-term TA to DACA and the School of Pharmacy in pharmaceutical analysis and QA of pharmaceuticals, especially ARVs, malaria and TB drugs. Adequate inventory management procedures will be defined in standard operating procedures and training will be provided to pharmacy and related staff. Tools will be developed and implemented as required for ordering and receiving ARV drugs, monitoring of consumption and expiry, patient tracking etc. RPM Plus will provide TA to the efforts of DACA and PASS to establish drug therapeutic committees (DTCs) to promote rational drug use and monitor adverse drug reactions. TA will be provided to DACA to set up and operate a drug information center.

Activity Category	% of Funds
☑ Commodity Procurement	62%
☑ Development of Network/Linkages/Referral Systems	1%
☑ Human Resources	2%
☑ Information, Education and Communication	2%
☑ Infrastructure	4%
☑ Linkages with Other Sectors and Initiatives	3%
☑ Local Organization Capacity Development	3%
☑ Logistics	9%
☑ Needs Assessment	2%
☑ Policy and Guidelines	2%
☑ Quality Assurance and Supportive Supervision	2%
☑ Strategic Information (M&E, IT, Reporting)	6%
☑ Training	2%

Targets:

☐ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Faith-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
- ☑ *Health Care Workers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
- ☑ *Host country national counterparts*
- ☑ *Host country national counterparts*
- ☑ *M&E specialist/staff*
- ☑ *Military*
- ☑ *Military*
- ☑ *Police*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Policy makers*
- ☑ *Policy makers*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1:	Result deleted
Result 2:	National ART Technical Working Group supported to implement the rapid scaling-up of the National ART program\n
Result 3:	Additional 30 hospitals supported by ETAEP to provide ARV services.
Result 4:	ARV services strengthened in the 25 Hospitals providing ART services through the support of ETAEP beginning FY04.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+ | 0

Total Funding for Program Area ($):

Current Program Context:
ETAEP program 2005: Site assessment of the 25 ETAEP hospitals has been completed. Based on assessment findings, ETAEP supported hospitals are being upgraded to meet the minimum package criteria for accreditation. Standard operating procedures for provision of quality ARV services have been developed. A series of training for teams of health professionals consisting of physician, nurse, pharmacy personnel and laboratory technician drawn from the 25 ETAEP supported hospitals has been conducted. So far five rounds of training of trainers (TOT) courses for physicians (2), nurses (2) and pharmacy personnel (1) have been conducted.\n\nCurrent activities under ETAEP are focusing on establishing provision of quality ART services at the 25 ETAEP supported hospitals and provision of technical support for delivery of ART services at additional 30 Hospitals financially supported by Global Fund. Expansion of these services will greatly contribute towards achieving one of the emergency plan targets, which is total number of HIV positive persons receiving ARV. The service will be integrated with VCT, PMTCT, prevention and treatment of STI, TB, and other OIs.\n\nIn FY 2005 ETAEP will expand to the 30 new hospitals and associated health networks in partnership with the Global Fund. The discussion of scale up assumes that TA, training, supportive supervision, and commodities, materials, and equipment will be provided as follows: the 25 "first cohort" ETAEP hospitals will receive full assistance for 12 months; assuming about 3 months for site assessments and readiness, the 30 new "second cohort" ETAEP/GF-assisted hospitals will receive ETAEP technical assistance (i.e. training, supportive supervision, support on M & E) for 9 months. ETAEP-procured ARV drugs will be provided to the first 25 sites. GF-funded drugs will be provided at the second 30 sites.\n\nGovernment program: A national policy for ARV drug supplies and use was approved by the Council of Ministers in July 2002. The policy provides tax exemption for ARVs and related supplies and defines the modalities of ARV delivery in the country. National clinical guidelines for use of ARV drugs in Ethiopia were developed in February 2003 and the Ethiopian ART program launched in July 2003. The current ARV delivery model is physician-based and limited at the level of hospitals. Health Centers can provide ARVs for PMTCT program only. Licensed pharmacists at authorized outlets dispense ARVs. The service is provided only for those who can afford to pay for the drugs. At present some 9,500 PLWHA receive ART at 35 hospitals in 7 of the 11 regions in the country. \n\nSo far thirteen rounds of training have been conducted and around 800 physicians, nurses and pharmacy personnel from 58 hospitals and 22 drug retail outlets have been trained. Training has consisted of a five-day course common to all health workers involved in ART delivery. Neither a structured approach nor specific materials have been developed for the training. National ART Implementation Guidelines have been developed. A National ART Technical Working Group is operational.

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

Result 1:	Result deleted
Result 2:	National ART Technical Working Group supported to implement the rapid scaling-up of the National ART program\n.
Result 3:	Additional 30 hospitals supported by ETAEP to provide ARV services.
Result 4:	ARV services strengthened in the 25 Hospitals providing ART services through the support of ETAEP beginning FY04.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+ 0

Total Funding for Program Area ($):

Current Program Context:
ETAEP program 2005: Site assessment of the 25 ETAEP hospitals has been completed. Based on assessment findings, ETAEP supported hospitals are being upgraded to meet the minimum package criteria for accreditation. Standard operating procedures for provision of quality ARV services have been developed. A series of training for teams of health professionals consisting of physician, nurse, pharmacy personnel and laboratory technician drawn from the 25 ETAEP supported hospitals has been conducted. So far five rounds of training of trainers (TOT) courses for physicians (2), nurses (2) and pharmacy personnel (1) have been conducted.\n\nCurrent activities under ETAEP are focusing on establishing provision of quality ART services at the 25 ETAEP supported hospitals and provision of technical support for delivery of ART services at additional 30 Hospitals financially supported by Global Fund. Expansion of these services will greatly contribute towards achieving one of the emergency plan targets, which is total number of HIV positive persons receiving ARV. The service will be integrated with VCT, PMTCT, prevention and treatment of STI, TB, and other OIs.\n\nIn FY 2005 ETAEP will expand to the 30 new hospitals and associated health networks in partnership with the Global Fund. The discussion of scale up assumes that TA, training, supportive supervision, and commodities, materials, and equipment will be provided as follows: the 25 "first cohort" ETAEP hospitals will receive full assistance for 12 months; assuming about 3 months for site assessments and readiness, the 30 new "second cohort" ETAEP/GF-assisted hospitals will receive ETAEP technical assistance (i.e. training, supportive supervision, support on M & E) for 9 months. ETAEP-procured ARV drugs will be provided to the first 25 sites. GF-funded drugs will be provided at the second 30 sites.\n\nGovernment program: A national policy for ARV drug supplies and use was approved by the Council of Ministers in July 2002. The policy provides tax exemption for ARVs and related supplies and defines the modalities of ARV delivery in the country. National clinical guidelines for use of ARV drugs in Ethiopia were developed in February 2003 and the Ethiopian ART program launched in July 2003. The current ARV delivery model is physician-based and limited at the level of hospitals. Health Centers can provide ARVs for PMTCT program only. Licensed pharmacists at authorized outlets dispense ARVs. The service is provided only for those who can afford to pay for the drugs. At present some 9,500 PLWHA receive ART at 35 hospitals in 7 of the 11 regions in the country. \n\nSo far thirteen rounds of training have been conducted and around 800 physicians, nurses and pharmacy personnel from 58 hospitals and 22 drug retail outlets have been trained. Training has consisted of a five-day course common to all health workers involved in ART delivery. Neither a structured approach nor specific materials have been developed for the training. National ART Implementation Guidelines have been developed. A National ART Technical Working Group is operational.

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds:

Activity Narrative: The U.S. Mission has drafted an HIV/AIDS Workplace Policy with three general objectives: 1) build technical and administrative capacity of US Mission to cater to the health needs of employees' living with HIV and their fundamental workplace legal rights; 2) provision of IEC / BCC services to employees and / or their family members; and 3) provision of treatment, care and support services to employees and their family members. There are an estimated 800 employees Mission employees and at least 1200 eligible family members, so the policy, when enacted, will provide an impressive level of benefits.

The Embassy/HR would hire a Focal Person to make sure the policy is implemented. The implementation plan for the policy includes provision of BCC on "know your status" and periodic orientation to US Mission employees about the benefits of the plan. CDC would provide technical assistance, both for the BCC and for other outreach activities. The program would provide VCT, treatment, care and support services for Mission employees. Such services would be contracted out to a local provider and would be operated as managed care, with employees sent to the provider and the Embassy billed directly for services.

The policy includes strong emphasis on maintaining non-disclosure and confidentiality of status. Employees and dependents will have unique ID numbers that will be used for billing purposes. Only one employee in the Financial Management Office will have access to the numbers. The US Mission has formed a committee to move the draft plan ahead, with the next meeting November 4, 2004. It is hoped that the policy will be up and running by early CY 2005.

Activity Category	% of Funds
☑ Workplace Programs	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	1	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	30	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *USG in country staff*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa) ISO Code: ET-AA

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: Training of Ethiopian physicians in ART that had been planned for delivery over 2 years will continue in FY2005. Four courses of 4 weeks duration will be given in FY2005. Sixty physicians will have received advanced and comprehensive training in ART. The trainees will benefit from lessons learned and the experience of senior Israeli clinicians who took care of 3000 Ethiopian Jews in Israel. Training will range from classroom lectures to hands on care and preceptorship.

Appropriate transfer of knowledge will be monitored through pre and post-tests and formal trainer and trainee evaluations. There will also be on site follow up that will be conducted by the Israeli faculty to reinforce skills on the ground. As part of follow up service, hotline and Internet connection will be established with the Israeli faculty to support continued education and technical support on ART.

Activity Category	% of Funds
☑ Local Organization Capacity Development	10%
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	60%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	60	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers* ☑ *Nurses* ☑ *Pharmacists*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative:

I-TECH will organize a twinning initiative that will include inventory of needs and opportunities. A visit to the selected sister universities in the United States will be made by senior management the five medical faculties constituting the initial/model network systems. This will initiate the process which will be consolidated over subsequent program period.

Faculty and staff from the five university hospitals will be identified for twinning exchanges. The exchange program will be organized to adequately expose faculty and staff from Ethiopia to the broad resources of universities in US, simultaneously allowing faculty staff from Ethiopia to interact with their counterparts in the US universities.

Faculty and staff of the selected universities will be attached to various programs at the universities, including the field research and services, and other international programs for specific training and mentoring experiences pertaining to clinical management of HIV/AIDS. The twinning program will take advantage of current technology, including the Internet to establish real-time modes of information exchange, training and mentoring. The inventory of opportunities will determine potential areas of collaboration using virtual links.

Activity Category	% of Funds
☑ Local Organization Capacity Development	60%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	40	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*

- ☑ *Doctors*
- ☑ *Nurses*
- ☑ *Pharmacists*

☑ *Host country national counterparts*

Key Legislative Issues:

☑ Twinning

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV

Planned Funds:

Activity Narrative:

I-Tech will provide TA, training, supportive supervision, quality assurance, and modest equipment, supplies and materials to the 55 ETAEP supported hospitals. Technical and financial assistance will be given to the National ART Technical Working group to enable it to provide leadership for implementation of the National ART Guidelines. Training will be provided to 200 staff members, including program mangers, coordinators, supervisors, and data mangers that are involved in ART Program at national, regional and facility levels. Assistance will be provided to support implementation of standard operating procedures (SOP) and development of clinical tools for implementation of standard ART services in the 55 hospitals supported by ETAEP.

Clinical training of 20 additional teams of trainers, involves classroom based TOT training, observation of TOT classroom based training, preceptor training or on-site coaching/assessment of TOT, and observation of TOT conducting preceptor or on-site training. Training will be conducted on a multidisciplinary team approach for delivery of ART, and program management for at least 2 ART teams (6 professionals consisting of physicians, nurse counselors, and pharmacy personnel) from the selected hospitals. The trained ART team will have supportive supervision provided within 6 weeks after training and to be continued periodically.

Materials development, testing, printing: I-TECH retains direct-hire staff in addition to sub-contractors with the Health Education Center. Materials to be used include documentation forms, pocket guides, wall charts, patient education materials, and leaflets. To further facilitate target success, I-TECH will conduct curricula breakdown and translation of materials into local languages to facilitate training of colleauges, druggists, and other health staff. I-TECH will involve local and international consultants for direct translation, back translation, and field test. These field tests will be conducted as part of ongoing training.

Coordination and oversight of personnel occur at three different levels: Ministry of Health, Eleven Regional health Bureaus and fifty-five hospitals, including 5 military hospitals. Technical support will be provided for the hospitals to conduct supervision of program mangers, coordinators, and data mangers at national, regional and facility levels. Staff will be recruited, trained and will coordinate with FHI and other stakeholders to ensure provider practices are congruent with vertical and horizontal linkages and coordination of patients as they negotiate the health care system.

Activity Category	% of Funds
☑ Commodity Procurement	2%
☑ Human Resources	6%
☑ Local Organization Capacity Development	5%

- ☑ Policy and Guidelines 5%
- ☑ Quality Assurance and Supportive Supervision 14%
- ☑ Training 68%
- ☑ Workplace Programs 2%

Targets:

☐ Not Applicable

Number of ART service outlets providing treatment	55	☐ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	350	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	40,000	☐ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Faith-based organizations*
- ☑ *Health Care Workers*
  - ☑ *Doctors*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Private health care providers*
- ☑ *Host country national counterparts*
- ☑ *Infants*
- ☑ *Media*
- ☑ *Military*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *Program managers*
- ☑ *Trainers*

Key Legislative Issues:

- ☑ Gender
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative: In FY05, I-TECH will train and support community leaders and persons living with HIV/AIDS (PLWHA) in the catchments areas of the selected hospitals to enlist their participation in community mobilization and participation in promotion of treatment adherence. It will organize and support establishment of community groups that will collaborate and work with facility staff to support treatment literacy and link patients with prevention and care services in the community. ITECH will facilitate, train and support case managers at the 55 hospitals selected for ART Implementation by FY05. The case managers will serve as focal staff coordinating treatment services at the facilities and organize linkages with community treatment support groups and other health facilities. The case manager in collaboration with the community support groups will assist in facilitating provision of drugs and follow-up of patients.

Activity Category	% of Funds
☑ Community Mobilization/Participation	40%
☑ Development of Network/Linkages/Referral Systems	20%
☑ Linkages with Other Sectors and Initiatives	20%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	55	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
  - ☑ *Traditional healers*
- ☑ *Media*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

- ☑ Gender
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *IMPACT / Family Health International
Planned Funds:

Activity Narrative:

FHI/IMPACT will continue to work on the ARV adherence and BBC work they initiated in FY2004 with other ETAEP partners such as I-TECH, the MOH, and other Ethiopian home and community-based care partners, to develop communication tools to promote positive living for HIV+ asymptomatic and symptomatic persons, to inform PLWHA about the normal side effects of ART and when they should seek medical care when side effects are excessive, and to establish support groups among HIV+ asymptomatic and symptomatic persons at the community level to provide ongoing emotional and psychosocial support to those receiving treatment. FHI/IMPACT will build upon the "positive living" communication tools initiated by the AIDS resource center.

The FY 2005 budget will enable FHI/IMPACT and its partners to provide ARV adherence communication and BCC support to an estimated 800 PLWHA to community-level support groups (200 in Addis Ababa, 180 in Amhara, 280 in Oromia, and 140 in SNNPR) and 16,000 PABA in the targeted communities (4,000 in Addis Ababa, 3,600 in Amhara, 5,600 in Oromia, and 2,800 in SNNPR).

Activity Category	% of Funds
☑ Community Mobilization/Participation	30%
☑ Development of Network/Linkages/Referral Systems	10%
☑ Information, Education and Communication	30%
☑ Local Organization Capacity Development	10%
☑ Strategic Information (M&E, IT, Reporting)	10%
☑ Training	10%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Caregivers*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Doctors*
  - ☑ *Medical/health service providers*
  - ☑ *Nurses*
  - ☑ *Pharmacists*
  - ☑ *Midwives*
- ☑ *High-risk population*
- ☑ *HIV/AIDS-affected families*
- ☑ *HIV+ pregnant women*
- ☑ *Implementing organization project staff*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Pregnant women*
- ☑ *Religious/traditional leaders*
- ☑ *Students*
  - ☑ *Secondary school*
  - ☑ *University*
- ☑ *Teachers*
- ☑ *Volunteers*
- ☑ *Widows*
- ☑ *Women of reproductive age*
- ☑ *Youth*
  - ☑ *Girls*
  - ☑ *Boys*

Key Legislative Issues:

- ☑ Gender
  - ☑ Increasing gender equity in HIV/AIDS programs
  - ☑ Addressing male norms and behaviors
  - ☑ Reducing violence and coercion
  - ☑ Increasing women's legal protection
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative: JHU/CCP will support HIV/AIDS Treatment/ARV services in Ethiopia by providing a range of strategically designed IE/BCC materials to both clients and service providers in all ETAEP ART sites. Multilingual patient education materials will be developed to increase patients' knowledge of ART, help guide them through the complex drug regiment, assist them in dealing with side effects and subsequently improve adherence to treatment.

JHU/CCP will produce job aids for service providers to ensure that patients receive consistent messages on ART across all ETAEP sites. To supplement these materials JHU/CCP will utilize its toll-free national hotline service in the provision of multilingual information dissemination, referral, psychosocial and adherence counseling to PLWHA and the public at large. Furthermore the JHU/CCP will design a page on positive living and coping with ARV treatment on AIDS Resource Center (ARC) website to ensure that PLWHA and service provider have easy access to up-to-date and accurate information.

Support will be provided to media programs for patient education through TV/radio at national, regional and site levels. This will mainly be on ART, adherence requirements and consequences of non-adherence to patients as well as to the community and the nation. A more targeted approach will be used to reach patients receiving ARV and their families.

Activity Category	% of Funds
☑ Information, Education and Communication	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Adults*
  - ☑ *Men*
  - ☑ *Women*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
  - ☑ *Traditional birth attendants*
- ☑ *Media*
- ☑ *People living with HIV/AIDS*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of California at San Diego
Planned Funds:

Activity Narrative:

UCSD, as one of the leading academic institutions worldwide working in the area of HIV have made a large number of primary, and often seminal, observations in the areas of basic virology, clinical virology and pathogenesis, experimental therapeutics, neurobehavioral and health services research. The UCSD Owen's Clinicis is the home of the San Diego AIDS Education and Training Center (AETC) which provides clinical training through a "mini-residency" program for physicians, nurse practitioners, pharmacy personnel.

IN FY2004 UCSD have started providing technical assistance for the 5 Military hospital implementing ETAEP activities in the following areas. In the implementation of Infection Prevention program, it has assessed actual infection prevention practices and determined appropriate interventions (e.g., provider training, equipment, and facility support). In conjunction with the infection control committees of the five selected hospitals, it has initiated educational program designed to teach basic infection control practices.

UCSD has conducted technical updates on clinical management of HIV including ART for staff at these sites and program managers, started providing follow-up training, support and technical guidance to clinical staff in the selected hospitals. It has conducted quarterly supportive supervisory site visits to the selected hospitals to ensure transfer of knowledge and skills to practice. All activities initiated by UCSD in FY04 will continue and strengthened to established services across the 5 military hospital network systems.

Activity Category	% of Funds
☑ Local Organization Capacity Development	10%
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	60%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	60	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*

- ☑ *Doctors*
- ☑ *Nurses*
- ☑ *Pharmacists*

☑ *Military*

Key Legislative Issues:

☑ Twinning

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds: [ ]

Activity Narrative: *Site readiness assessment will be conducted for 30 "second cohort" sites* implementing ART using financial support from the Global Fund. Guided by the results, development of site-level plans for implementation of ART program in the 30 hospitals will be supported.

Priority activities will be implemented, including human capacity building, infrastructure upgrading and systems development to fill the gaps at the hospitals to enable them meet the *minimum* package criteria for accreditation.

Activity Category	**% of Funds**
☑ Needs Assessment	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	30	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 *months at ART sites*	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or *international standards, in the provision of treatment* at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving *treatment at ART sites*	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: *ISO Code:*

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

HIV/AIDS community planning has brought together community members at different levels, like the woreda (district) and kebele (sub-district) levels, to identify local HIV/AIDS prevention, care and treatment needs and also available resources, and to plan for interventions with which to fill identified gaps in services. The Community Planning tools help the community to make evidence-based decisions. The process helps the community members learn about the facts of HIV/AIDS, ways in which to prevent and treat the disease, its impact on the community, and resources and services available to support care, treatment and prevention interventions.

The community planning process will be used as an entry point to reach the community and make them aware on treatment and adherence issues. The community planning process will be utilized to enable and motivate the community to seek care and treatment, and support adherences to ARVs. The community planning process will be used as an instrument to provide the right information to make the community aware of the available services and the right use of these services.

CDC Ethiopia, through Community planning processes, will build the capacity of the community, CBOs and leadership at various levels of the health system to bring about sustainable community mobilization for prevention, care and treatment of HIV/AIDS. It will foster partnership among different stakeholders working in the area and support provision of basic information on ARV treatment to enhance the knowledge at leadership level through training and workshops. Program officers of HAPCO at National and regional levels will be trained as trainers (TOTs).

Activity Category	% of Funds
☑ Local Organization Capacity Development	50%
☑ Training	50%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Community leader*

☑ *Community members*

☑ *Community-based organizations*

Key Legislative Issues:

☑ Stigma and discrimination

Coverage Area: National

State Province: *ISO Code:*

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds: [ ]

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The [ ] represents the salary costs for CDC Ethopia technical staff and [ ] the cost of U.S.-based technical assistance travel.

Activity Category	% of Funds
☑ Local Organization Capacity Development	40%
☑ Quality Assurance and Supportive Supervision	20%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
  - ☑ *Community health workers*
  - ☑ *Medical/health service providers*
  - ☑ *Private health care providers*
- ☑ *Host country national counterparts*
- ☑ *International counterpart organization*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Policy makers*
- ☑ *USG in country staff*

Key Legislative Issues:

- ☑ Twinning
- ☑ Volunteers

Coverage Area: **National**

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: This is deferred FY2004 monies.

I-Tech will conduct training at ETAEP supported sites for ART team professionals including physicians, nurses, pharmacists, case managers, and data managers on a multidisciplinary approach to delivery of ART services and program management. On-site follow-up and supportive supervision for those trained will also be provided.

Activity Category	% of Funds
☑ Training	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	300	☐ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☐ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: (HTXS)
Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV
Planned Funds:

Activity Narrative: This is deferred FY2004 funding.

I-Tech will contract with private labs to provide ART related laboratory services to patients begun on ART during FY2004 while strengthening of public sector laboratories is completed. This activity would provide:

- CD4 counts for the 15,000 patients on ART during FY2004
- Viral load measurements for 1,500 patients on ART (10% of the target 15,000)
- Development of a data management system for data compilation and analysis on a quarterly basis
- Laboratory support to multi-site HIV comprehensive care sites
- Support for targeted monitoring and evaluation on use of ARV drugs

Activity Category	% of Funds
☑ Infrastructure	100%

Targets:

		☐ Not Applicable
Number of ART service outlets providing treatment	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	☑ Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	☑ Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	☑ Not Applicable
Number of individuals receiving treatment at ART sites	0	☑ Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	☑ Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	☑ Not Applicable
Number of PMTCT+ service outlets providing treatment	0	☑ Not Applicable

Target Populations:

☑ *People living with HIV/AIDS*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

Result 1:	Expanded use of strategic information for policy development and program management through strengthening of SI focus within Ministry of Health and HAPCO.
Result 2:	Improved human resource capacity for strategic information through development of SI curricula and training for health care students (pre-service) and practicing health care professionals (in-service).
Result 3:	Improved national HIV/AIDS/STI/TB surveillance systems and increased use of resulting data for strategic program planning/implementation/M&E and policy development.
Result 4:	Local health management information systems strengthened to include HIV/AIDS patient monitoring and integration of facility and community service data and use of resulting data for program improvement.
Result 5:	Operationalization, improved quality, and enhanced use of national and ETAEP monitoring and evaluation systems.

Total Funding for Program Area ($):

Current Program Context:

While the term "strategic information" is not widely understood in Ethiopia, the country, with ETAEP support in collaboration with several other major donors (e.g., Global Fund and World Bank) has begun several activities which address important elements in a comprehensive SI approach. As part of the revised National Strategic Plan Management document HAPCO is placed more directly under the leadership of the MOH. Several technical working groups (TWG) have been established under the leadership of the MOH. The Surveillance TWG, initiated by CDC-Ethiopia, is well established and has been very successful at fostering collaboration and consensus on data collection methods. The other, the HMIS and M&E Advisory Committee, is more recent and is still defining its scope. The TWGs are made up of various organizations including GOE agencies and multilateral and bilateral organizations (including USG). While these TWGs are proving valuable in developing consensus and leveraging resources effectively, there is still a need for more strategic information leadership from the MOH.\n\nProgress also has been made in implementing a coherent National M&E system supporting the "Three Ones" principle. There is a national coordinating organization, HAPCO, as well as functioning regional coordinating offices and district (woreda) organizations. The revision of the National M&E Framework was completed in December 2003, and implementation plans (to all levels, including communities) have been developed. Progress has been made in the development of the regional operations manuals and the hiring of regional M&E information officers. ETAEP is working closely with HAPCO (the Global Fund PR) to effectively leverage Global Fund monies to support this regional implementation in FY05 and to begin implementation at all levels.\n\nETAEP has assisted the MOH and RHB in bringing about significant improvements in the quality and rural representativeness of the HIV sentinel surveillance system in Ethiopia. The 03 round yielded national as well as regional HIV estimates and much required data for HIV/AIDS care/treatment/prevention/control program planning, monitoring and evaluation. Though there are apparent improvements much still needs to be done to improve rural representation and quality of data generated through such surveillance.\n\nThe historical focus on episodic care in health care facilities has resulted in limited attention to effective medical records management. With the advent of treatment for HIV/AIDS, the country is ill-prepared to monitor patients suffering from a complex chronic disease. Without appropriate patient monitoring systems in place, assuring adequate quality of care will be difficult and could result in such negative outcomes as rise of drug resistance. While there have been efforts to develop standardized monthly reporting forms, the level of datal needed for day-to-day patient monitoring still needs to be worked on and effective medical records implemented at treatment sites.\n \nOne of the weakest areas for SI in Ethiopia is the lack of trained individuals at all levels. Of the three sub-areas (surveillance, M&E, informatics), the strongest in terms of both numbers and training programs is surveillance, with several MPH programs offered regionally. Recently the Addis Ababa University, has initiated a post-graduate course of study in informatics. There is currently no formal course of study in monitoring and program evaluation. ETAEP is proposing the development of a SI certificate and post-graduate level program that would involve the five regional medical schools and international partners as required. \n\nThe GOE has recently begun installation of a high-speed communications network (funded by World Bank) which is anticipated to reach every district (woreda) and which is designed to allow shared use by local government, education, health, and agricultural sectors. \n

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tulane University

Planned Funds:

Activity Narrative: Support for ETAEP M&E activities will include:

1. Continuation of support for M&E Technical Advisor for CDC Ethiopia for coordination and integration of SI activities across non-USG donors and HAPCO/MOH

2. Support for a M&E Program Assistant to provide added support for ETAEP M&E activities.

3. Development/adaptation and implementation of a country-level M&E database which would integrate with the central Emergency Plan database while providing day-to-day operational support at country level. Note that work is being done to adopt the UNAIDS CRIS database

Activity Category	**% of Funds**
☑ Strategic Information (M&E, IT, Reporting)	80%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐ Not Applicable

Target Populations:

☑ *USG in country staff*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tulane University
Planned Funds:

Activity Narrative:

Support will be provided for the development, harmonization and use of SI/M&E within the Federal Ministry of Health/HAPCO and partners. Reviewing the state of development of the M&E system in the country, the following specific activities are proposed:

1. Technical assistance to implement the National M&E Framework in the 11 Regions with USG, Global Fund, and World Bank support at all levels.
a. Technical assistance for the rollout of the 12 routine monitoring M&E operational management modules to the District level.
b. Technical assistance for the development and rollout of the program evaluation modules (part of the Operational Manual developed by HAPCO/MOH) to the District level.
c. TA to support the development and implementation of training modules for medical record management for current HMIS officers/data clerks in treatment sites.
d. TA for the development of Training of Trainers curriculum in M&E and SI modules for Health Extension Workers (including LQAS and simple field epidemiology).

2. TA for the coordination and harmonization of SI through organization and participation in technical committees and meetings held by the MOH/HAPCO. This includes assistance in coordinating training through ETAEP and GF.

3. Operational support for HMIS officers at ETAEP and Global fund supported sites (55) focused primarily on training and ongoing technical support.

4. Provide continuing support to University training sites.

5. Provide support for targeted evaluation activities as required.

Note that this activity leverages significant current investment by both USG and Global Fund including IT equipment at the 55 sites (30 ETAEP FY2004 and 25 GF), at all 11 Regional Health Bureaus (GF funded), and at the MOH (ETAEP FY2004); telecommunication support for all sites (GF supported); and computer technical support at all sites (ETAEP FY2004 and GF supported).

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	10%
☑ Strategic Information (M&E, IT, Reporting)	40%
☑ Training	50%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	600	☐ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *M&E specialist/staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
  - ☑ *University*
- ☑ *Teachers*
- ☑ *Trainers*

Key Legislative Issues:

Coverage Area: **National**

State Province: **ISO Code:**

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Federal Ministry of Health, Ethiopia

Planned Funds:

Activity Narrative:

ETAEP has been providing on-going support for the improvement and expansion of the national HIV sentinel surveillance system. In the year 2005 round of national ANC surveillance, assistance will be provided in the conduct of the survey including planning, training, methodology design and implementation, field supervision of 81 sites, data analysis, conduct review meetings, and preparation and publication of the "AIDS in Ethiopia" 6th report. The national guideline is being revised and this process will be completed in the FY and fully implemented. It is to be noted that a significant amount of resources will be leveraged with the GF on procurement of essential equipment and supplies required to conduct surveillance.

Support will be provided in the development and strengthening of AIDS case surveillance and other non-ANC sources of HIV data. These are from VCT clients, blood donors and foreign visa applicants. Moreover, STI surveillance will be initiated among the USG and GF sites. Technical support for the design and implementation of an integrated TB/HIV surveillance system among the ETAEP and GF supported sites (25 + 30) will be provided. Generation and utilization of mortality data related to HIV/AIDS (such as SAVVY) will be commenced. In all these, the main activity areas will be development of protocols, training manuals, conducting the training and assisting the MOH and RHBs in the implementation of the protocols. All the data generated from the service delivery sites will be integrated into the routine information system. All the data will be processed, analyzed and incorporated into AIDS in Ethiopia: 6th Report.

Technical assistance will be provided in conducting specialized studies and selected targeted evaluation work related to surveillance systems in the country. Primarily, support will be provided in the design, piloting (formative work), data collection and analysis of DHS+. Additionally, some basic questions which arose from the 2003 HIV sentinel survey round will be assessed. For example, the main reasons for the very high prevalence of HIV infection in rural communities of Amhara and Tigray regions will be explored and program recommendations will be developed. All the survey as well as surveillance findings will be included into the "AIDS in Ethiopia" 6th Report and all possible avenues will be sought to disseminate the findings using all possible avenues to all possible stakeholders and targets so that they will be maximally used for program planning, implementation, monitoring and evaluation.

Activity Category	% of Funds
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐ Not Applicable

Target Populations:

☑ *Ministry of Health staff*

☑ *National AIDS control program staff*

☑ *USG in country staff*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ** / To Be Determined
Planned Funds:

Activity Narrative: This activity is the SI component of the Laboratory Infrastructure strengthening activity listed in Table 3.3.12.

Fundamental to high quality laboratory services is a well developed quality assurance system. Quality assurance is based on a through understanding of business processes and a continuous process of monitoring and evaluation of those processes. Increasingly in laboratory services quality assurance activities rely on computer-based systems for timely and accurate information and analysis. This is particularly the case with the introduction of computer-controlled analytic equipment.

This activity will provide a laboratory information system (LIS) to support operations and quality assurance activities in the National Reference Laboratory and the five Regional laboratories. It will also support referral and results reporting among those laboratories.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	20%
☑ Strategic Information (M&E, IT, Reporting)	80%

Targets:

☐ Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐ Not Applicable

Target Populations:

☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ** / To Be Determined

Planned Funds:

Activity Narrative: ETAEP closely assisted the MOH in conducting the 2003 round of sentinel HIV surveillance survey in which a significant expansion of rural sites was attempted. As a result of this survey round, HIV prevalence estimates and trends (1982-2008) were calculated for the country, and all the regions. In particular urban and rural trends were also shown for all. Accordingly, the estimated national prevalence of HIV was 4.4%; for the urban localities it was 12.6% and for the rural ones 2.6% and 2.8%, in 2003 and 2004, respectively. Most regions showed similar trends except Amhara region where the rural estimates were 6.1% and 6.5% for the years 2003 and 2004. The urban epidemic appears to have stabilized since 1996/1997 but population growth and rural hot spots will result in an increase in the Amhara regional trend to 6.8% by 2008.

Activity Category	% of Funds
☑ *Strategic Information (M&E, IT, Reporting)*	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	☑ Not Applicable

Target Populations:

☑ *Adults*
☑ *Community members*
☑ *High-risk population*
☑ *Pregnant women*
☑ *Women of reproductive age*
☑ *Youth*

Key Legislative Issues:

☑ Gender
☑ Stigma and discrimination

Coverage Area:

State Province: Amhara ISO Code: ET-AM

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ** / To Be Determined
Planned Funds:

Activity Narrative: With the introduction of widespread HIV/AIDS treatment options it becomes increasingly important to implement an effective system for providing optimum patient monitoring. The key to high quality chronic disease management is a well developed and maintained patient record and an effective system for sharing relevant clinical/service information across service settings. This activity focuses on the development and implementation of such a system.

Given the operational realities in Ethiopia, such a system will have both paper-based and electronic components. Based on existing collaboration with WHO, the basic components will be consistent with internationally proposed minimum data set for ARV patient monitoring, but the system will also include modules for lab and pharmacy as well and will also support tracking of OIs. This will support the initiative the MoH HMIS and M&E Advisory Committee has commissioned to reform the current HMIS system.

Record systems are unreliable without proper day-to-day management at the facility level. For this reason, basic record management systems will be implemented at all ETAEP and GF supported treatment sites (25 + 30) as well as 3 central and 6 field military referral hospitals. A basic records management course will be developed and training provided to records managers at those sites. This activity will link with support provided for TA for the development and implementation of training modules for medical record management system for current HMIS officers/data clerks in treatment sites in Funding mechanism #1. ETAEP (FY2005) and GF support has been provided for hiring of records/data managers for all sites.

In addition to patient monitoring, this system will provide data for quality of care, drug resistance monitoring (including adherence/toxicity) and operational information for more efficient expansion of services in the future. It is also an integral part of the case management approach for an effective referral system.

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	20%
☑ Quality Assurance and Supportive Supervision	40%
☑ Strategic Information (M&E, IT, Reporting)	20%
☑ Training	20%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	300	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / Management Sciences for Health

Planned Funds:

Activity Narrative: This activity is the SI component of the logistics management activity described in Table 3.3.10.

This activity provides a computer-based logistics management system (LMS) for drugs, test kits, and other supplies related to HIV/AIDS clinical activities. It will allow efficient management of commodities from central receiving down to the facility level. An effective LMS greatly improves supplies availability and greatly reduces wastage and deliberate loss. It also provides necessary M&E data.

Activity Category	**% of Funds**
☑ Logistics	50%
☑ Strategic Information (M&E, IT, Reporting)	50%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐ Not Applicable

Target Populations:

☑ *Pharmacists*

☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Center for Communication Programs
Planned Funds:

Activity Narrative:

This activity is a continuation and expansion of support for the National and 11 Regional AIDS Resource Centers currently being funded by ETAEP, World Bank, and HAPCO. In addition to operational expenses, the Resource Centers mandate will be extended to provide HIV/AIDS information content for the new high-speed telecommunication backbone being implemented by GOE with World Bank funding. It is anticipated that this backbone will provide high-speed telecommunications in all 606 districts of Ethiopia. It is supported by a consortium of five Ministries (Telecom, Agriculture, Education, Federal Affairs, and Health). With planned connection centers in district schools, agriculture extension offices, local government offices, and district health offices, the network will provide a very cost-effective means for IEC/BCC activities to reach a broad audience, particularly in rural areas (which constitute population groups with varying degrees of risk of getting and transmitting HIV) where other media are difficult/expensive to use. The experience in implementing and operating the existing 12 Resource Centers provides both content and an operational model which can be used for extending information sharing activities far more broadly.

ETAEP will provide support to the National ARC IT support, as well as contribute towards its operational costs. Moreover, the support will be extended to Regional ARCs in acquisition of IT support and materials. ETAEP will assist the national as well as regional ARCs in the internet as well as provide assistance in maintenance of the networks. ETAEP will also continue in actively providing various materials to be uploaded on the ARC website including updates and reports

Activity Category	% of Funds
☑ Information, Education and Communication	50%
☑ Strategic Information (M&E, IT, Reporting)	40%
☑ Training	10%

Targets:

☐ Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐ Not Applicable

Target Populations:

☑ *Adults*
☑ *Youth*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ethiopian Public Health Association

Planned Funds:

Activity Narrative:

With an increasing focus on the importance of SI in monitoring and evaluating programmatic impact, it is evident that a major constraint in the effective use of SI is the lack of both trained personnel and in institutional capacity to provide these personnel on an on-going basis.. While there are some existing programs in some elements of SI (epidemiology and informatics), there is no focus on integrating these or developing a coherent curriculum for in-service training. Training in M&E is not systematized at all.

This activity proposes the establishment of a SI consortium with linkages to external University resources. The consortium consists of the Ethiopian Public Health Association and the five medical schools in the country. Initially (in FY2005), the goal would be to create an integrated set of short courses (2-4 weeks each) in program evaluation, data collection and analysis, and informatics which would lead to a certificate in SI. The primary audience would be HIV/AIDS program managers at the regional and larger district level, but the course components could also be presented independently of each other for other targeted audiences. With respect to informatics training there is already developed a set of two week courses in informatics targeted at mid-level managers. This training program is a result of a collaborative program among Addis Ababa University, the University of Oslo, Norway, and the University of the Western Cape, South Africa. GF monies have been budgeted to support the training of 500 regional and district level personnel.

These short courses will serve as the base of a post-graduate SI certificate and Master's program in Monitoring and Evaluation of HIV/AIDS. The curriculum would include courses on data collection/evaluation (surveillance) and informatics. Organization of the course and curriculum development would take place during the first year of this program. The program would resemble the Masters level course in M&E which has been developed by CDC/National School of Public Health, Brazil/Tulane and is currently in use in Brazil. Tulane and the SI consortium would develop this post-graduate program.

Activity Category	% of Funds
☑ Local Organization Capacity Development	20%
☑ Training	80%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	350	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Bloomberg School of Public Health

Planned Funds:

Activity Narrative: With expanded access and increased financial resources for HIV treatment, Ethiopia will need to develop model programs and network systems for provision and monitoring of ART that function successfully within the existing health care system. This will be established in 5 university hospitals across the country of the 55 hospitals supported by ETAEP and Global Fund for implementing ART in FY2005. The JHU Multi-site Project proposes in-depth monitoring of treatment acceptance and adherence; assessment of indicators of adherence; clinical and virologic efficacy of treatment protocols; assessment of monitoring protocols (CD4); evaluation of drug toxicity, drug-interactions and viral resistance; and investigation of potential barriers to expanding ART access in Ethiopia. The project will provide training to staff required for collection of additional data to answer programmatic issues above and follow-up of patients.

In collaboration with CDC Ethiopia, the Ministry of Health, and CMCs, JHU will support to the Multi-site Project to develop and implement standardized protocols and tools to collect data in a sample of 5000 HIV-infected patients put on ART in the 5 university hospital-based networks systems established through ETAEP. The networks will include Tikur Anbessa Specialized General Hospital (Addis Ababa University), Armed Forces General Teaching Hospital (Defense University), Dilla Hospital (Debub University), Jimma Hospital (Jimma University), and Gondar Hospital (Gondar University). The monitoring and evaluation in this sample of patients on ART will provide critical information in the context of Ethiopia, which has embarked on large scale ART distribution without prior piloting on a small scale.

This activity will also improve case management of treatment services at these University hospitals and will also enhance the capacity of these Universities to provide technical and training to clinicians, residents, medical students in support of the overall service provision under the ETAEP program. The process and design assures their competency in ART delivery through the multi-site close follow-up set-up and understanding including from the data generated and case conferences based on difficult cases produced from the Multi-site database.

Activity Category	% of Funds
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*

☑ *M&E specialist/staff*

☑ *Policy makers*

☑ *University*

Key Legislative Issues:

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Strategic Information
Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred DHS+ / Macro International

Planned Funds:

Activity Narrative: This is deferred funding from FY2004. ETAEP will provide techincal and operational support for a national DHS+ Survey to be conducted in 2005. This survey will include a biomarker for HIV and will provide significant surveillance data on national HIV prevallance.

Activity Category	**% of Funds**
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐ Not Applicable

Target Populations:

☑ *Adults*

☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

While the MOH has initiated a number of activities to strengthen SI in Ethiopia, there is still a lack of integration tools at the national level to support data harmonization between the various components. This activity will support the development of a national health information model and national health metadata registry which will provide the basic elements of a national data integration strategy.

A national health information model provides a framework within which various data sources can be mapped in a relational manner. Not only does this allow identification of duplication, but it also makes explicit areas in which data is lacking. It also describes the logical linkages between data which can then be made explicit through standardization efforts. There are a number of models which can serve as examples for adoption/adaptation including the U.S. HL7 Reference Information Model, the Australian National Health Information Model, and several others from Europe.

A metadata registry is an expanded, standardized data dictionary which allows for the cataloguing of data elements from various sources in a structured way. This enables cross-source comparisons which are necessary for standardization efforts. It also publishes fully described standard elements which new data collection activities can utilize, thus supporting more efficient data collection and subsequent linkages. There are operational metadata registries that can be adapted, including the U.S. Health Information Knowledgebase supported by DHHS/CMS.

Activity Category	% of Funds
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	☐ Not Applicable

Target Populations:

☑ *Ministry of Health staff*
☑ *National AIDS control program staff*
☑ *USG in country staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Strategic Information
Budget Code: (HVSI)
Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The represents the salary costs for CDC Ethopia technical staff and the cost of U.S.-based technical assistance travel.

Activity Category	% of Funds
☑ Local Organization Capacity Development	30%
☑ Strategic Information (M&E, IT, Reporting)	60%
☑ Training	10%

Targets:

		☐ Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	☑ Not Applicable

Target Populations:

- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Government workers*
- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *International counterpart organization*
- ☑ *Military*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Policy makers*
- ☑ *USG in country staff*

Key Legislative Issues:

- ☑ Twinning
- ☑ Volunteers

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

Result 1:	Improve the capacity of GOE to identify critical training needs and address those needs through necessary policy changes and more focused training activities at the regional level.
Result 2:	Strengthened health networks at five regional medical centers with an emphasis on community services/health facilities linkages, patient referral systems both vertically within health facilities system and horizontally between health system and community, and introduction of case management model to ensure continuum of care.

Total Funding for Program Area ($):

Current Program Context:

Policy and system strengthening during FY05 includes a variety of activities. On the policy side the focus is on supporting the implementation of Global Fund activities and evaluating its impact. ETAEP will continue to support the operations of the Country Coordinating Mechanism Secretariat. In addition, support will be provided for the System Wide Effect of the Fund evaluation which focuses on evaluating effects of Global Fund monies on country-level systems.\n\nEfforts will also be undertaken to increase the number of new partners, particularly indigenous, which can be involved in ETAEP supported activities. To this end, a unified ETAEP communications strategy will be developed and implemented to ensure successful delivery of a unified message to all partners and stakeholders. In addition, a Small Grants program is being established in order to attract more local partners, especially smaller CBOs and FBOs.\n\nThe Health Network Model provides the fundamental Emergency Plan framework for supporting the continuum of care for HIV/AIDS infected and affected persons across both the formal health care delivery system and communities. In Ethiopia, although community-focused services are seen as critical, there has been little development of a formal health network model or its supporting structures, such as managed referral systems and information flows. ETAEP will work with partners to support several regional sites to provide a model for health network development. This activity will also involve the award of five regional RFAs for home-based and community care services.\n\nSI services will focus on three broad areas; 1) strengthening of the national, as well as ETAEP, monitoring and evaluation (M&E) systems, 2) support for programmatic activities e.g., laboratory and logistics management systems, patient monitoring systems, surveillance, targeted evaluations, and 3) human capacity development in SI including strengthening of SI leadership within relevant Ministries.

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds: [redacted]

Activity Narrative:

The USG plans to develop a small grants program to provide a mechanism to respond to new ideas and approaches and to groom potential new partners. The program would allow rapid response to innovative community approaches and demonstrate a broader reach of the ETAEP program to the community level. Initially, [redacted] will be allocated to the program for a one year period.

The grants program will be implemented through the Embassy Small Grants Program, which currently consists of Self Help, Democracy, and Human Rights Fund. An HIV/AIDS Community Action program will be added to the aforementioned areas. Selection criteria and program parameters will be developed in order to ensure compliance with the ETAEP targets. Requests would go to the Self Help Fund Coordinator for consideration and approval and then the ETAEP Coordinator would provide direct oversight and accountability. These grants would be for modest funding amounts with duration of no more than one year.

Activity Category	% of Funds
☑ Community Mobilization/Participation	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☐ Not Applicable

Target Populations:

- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
  - ☑ *Community health workers*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *People living with HIV/AIDS*
- ☑ *Religious/traditional leaders*
- ☑ *Students*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:	** / To Be Determined
Planned Funds:	

Activity Narrative:

Effective and efficient response to HIV/AIDS is based on providing a continuum of care across both the formal health care delivery system and community-based services. Fundamental to this model is the idea of explicit linkages between both the community and the health care system, the efficient referral of the client to appropriate services and appropriate monitoring and evaluation of those services. This activity plans to support the development of 5 "HIV/AIDS Service Network and Systems Model Communities" in which the these linkages can be made explicit, referral systems put in place which utilize a case management approach, and the necessary information flows established to be able to monitor and evaluate the impact of community services on the formal health care system and the effectiveness of client referral systems.

Utilizing a portion of the resources attached to Basic Care Activity (5 Regional RFAs), support will be provided to identify and strengthen existing community services and organizations and to create formal linkages with heath facilities.

Within the health facility structure (i.e., health centers and hospitals) referral systems will be implemented and patient care coordinated through the use of case managers, who will also liaison with community-based service providers (e.g., home-based care). Information sources would include the facility patient monitoring system (see SI Funding Mechanism #3), facility HMIS, and relevant surveillance and survey data. In addition, support would be provided to initiate (or extend) the World Bank LQAS (Lot Quality Assurance Sampling) to look at both community services quality as well as health facility quality issues. GF support is currently in place for LQAS activity in two regions. Mortality data would be collected using a system such as Sample Vital Registration with Verbal Autopsy (SAVVY).

It is anticipated that the networks already established by the regional medical schools would be used initially as this would allow involvement of postgraduate students in SI for both formative work and implementation. This work would also use experience and best practices from previous, non-Emergency Plan funded, USAID work in strengthening HMIS in three regions (SNNPR, Oromia, and Amhara).

Activity Category	% of Funds
☑ Development of Network/Linkages/Referral Systems	70%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Strategic Information (M&E, IT, Reporting)	20%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	25	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	100	☐ Not Applicable

Target Populations:

- ☑ *Adults*
- ☑ *Caregivers*
- ☑ *Commercial sex industry*
- ☑ *Community leader*
- ☑ *Community members*
- ☑ *Community-based organizations*
- ☑ *Faith-based organizations*
- ☑ *Family planning clients*
- ☑ *Health Care Workers*
- ☑ *M&E specialist/staff*
- ☑ *Military*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Orphans and other vulnerable children*
- ☑ *People living with HIV/AIDS*
- ☑ *Program managers*
  - ☑ *University*
- ☑ *Women of reproductive age*
- ☑ *Youth*

Key Legislative Issues:

- ☑ Gender
- ☑ Twinning
- ☑ Volunteers
- ☑ Stigma and discrimination

Coverage Area:

State Province: Adis Abeba (Addis Ababa)	ISO Code: ET-AA
State Province: Amhara	ISO Code: ET-AM
State Province: Oromiya	ISO Code: ET-OR
State Province: Southern Nations, Nationalities and Peoples	ISO Code: ET-SN
State Province: Tigray	ISO Code: ET-TI

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO

Planned Funds:

Activity Narrative:

Given the heavily physician-focused service delivery model currently in place in Ethiopia and the extremely low number of physicians nationwide, a move to a more team-based approach to service delivery with much greater involvement of allied health professionals such as nurses and pharmacists and of new categories of service providers such as lay counselors, would help address the critical HCD constraint now facing expanded service delivery.

This activity focuses on two areas. The first is engaging the GOE in policy discussions concerning a reassessment of standards of practice and appropriate roles for non-physician providers. Support will be sought from various professional societies, such as the Ethiopian Nurses Association, etc., to modify existing regulations to allow form greater participation by allied health professionals in service delivery.

The second focus will be on development of a training monitoring system which will allow not only for tracking of who has been trained where, and in what, but also for following up on new trainers to see if they have been providing training in more peripheral sites. This will allow for a more rational development of a national training calendar and would ensure better regional distribution of training resources. The Global Fund has recently funded the creation of five regional training centers and such a monitoring system will provide consistent data for evaluation purposes. It will also provide the required data for ETAEP indicator reporting.

Activity Category	% of Funds
☑ Policy and Guidelines	50%
☑ Strategic Information (M&E, IT, Reporting)	50%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	☑ Not Applicable

Target Populations:

☑ *M&E specialist/staff*

☑ *Policy makers*

☑ *Trainers*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)
Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: The International Training and Education Center on HIV (I-TECH) will provide technical assistance in strengthening public and private partnership in laboratory support. I-TECH will subcontract with private diagnostic laboratory (laboratories) to assist monitoring of ARV (Hematology, clinical chemistry, CD4 count and viral load), supervising and on-job training of laboratory personnel and laboratory equipment maintenance at ART hospital sites.

The private laboratories technically assist in performing tests including hematology and biochemical profiles, viral load testing and CD4 count in some of the ETEAP sites. These will assist on-site training of laboratory technicians. They also will provide transportation and ensure appropriate transport systems for patient specimen for diagnosis and monitoring at the central testing site. This will enhance public-private partnerships and set the basis for such a partnership to expand over the subsequent years.

Activity Category	% of Funds
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	70%

Targets:

☐ Not Applicable

Number of individuals trained in the provision of lab-related activities	0	☑ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	☑ Not Applicable

Target Populations:

☑ *Medical/health service providers*
☑ *Private health care providers*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ethiopian Health and Nutrtion Research Institute

Planned Funds:

Activity Narrative:

Ethiopian Health and Nutrition Research Institute (EHNRI) will provide technical assistance to strengthen the capacities of regional and hospital laboratories. EHNRI will ensure the laboratory quality assurance programs strengthened at all levels. External quality assessment/proficiency testing (EQA/PT) schemes will be provided by EHNRI. The referral system will be strengthened and advanced laboratory testing including viral load assays, HIV infant diagnosis, microbial drug resistance monitoring including ARV and TB drug resistance will be provided by the national reference laboratory.

EHNRI will support training of laboratory personnel on lab diagnosis and monitoring of ARV (40) and on laboratory equipment maintenance (30) and laboratory quality systems (40). On-the-job training and regular supervision will be provided to all 5 regional and 55 ART hospital laboratories. Standard operating procedures for HIV testing, hematology, clinical chemistry, CD4 counts, and smear microscopy will be developed.

EHNRI will be involved in laboratory based targeted monitoring on evaluating testing technologies, microbial drug resistance monitoring (Gonococcal, TB and ARV drug resistance), HIV surveillance, DHS+ and HBV/HCV national surveillance. The new HIV rapid test kits will be evaluated and the national HIV testing updated. EHNRI will closely support the national HIV surveillance by closely supporting the testing sites, and provide QA/QC services for ANC HIV surveillance. EHNRI will also be involved evaluating baseline data on hematological and biochemical profiles of healthy adult and pediatric population. Such baseline data will have invaluable contribution in setting reference ranges/values in monitoring of ART.

Activity Category	% of Funds
☑ Local Organization Capacity Development	20%
☑ Quality Assurance and Supportive Supervision	40%
☑ Training	40%

Targets:

		☐ Not Applicable
Number of individuals trained in the provision of lab-related activities	110	☐ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*

☑ *Medical/health service providers*

☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ethiopian Public Health Association

Planned Funds:

Activity Narrative: The Ethiopian Public Health Association (EPHA) will provide technical assistance in local capacity development including strengthening of public health laboratory system in Ethiopia.

EPHA will organize a forum and assist the national laboratory technical working group to establish the public health laboratory system in Ethiopia. EPHA will financially and technically support the formation and strengthening of the public health laboratory association in the country. By the end of 2005, the public heath laboratory association will be established and become functional.

Activity Category	% of Funds
☑ *Information, Education and Communication*	20%
☑ Local Organization Capacity Development	80%

Targets:

☐ Not Applicable

Number of individuals trained in the provision of lab-related activities	0	☑ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	☑ Not Applicable

Target Populations:

☑ *Government workers*
- ☑ *Medical/health service providers*
- ☑ *Private health care providers*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / American Society of Clinical Pathologists
Planned Funds:

Activity Narrative:

The American Society of Clinical Pathologists (ASCP) will provide technical assistance in standardizing clinical laboratory services including ARV monitoring and diagnosis of opportunistic infections.

ASCP will assist in the development of standard operating procedures (SOPs) of clinical chemistry and hematology testing. ASCP will technically assist in curriculum development and training of laboratory personnel on chemistry and hematology. By the end of 2005, a total of 40 laboratory personnel will be trained for three weeks in three rounds.

ASCP also will technically assist in improving specimen management, quality control, equipment management and document and records in all clinical laboratories at the 55 ART sites and 5 regional reference laboratories.

Activity Category	**% of Funds**
☑ Quality Assurance and Supportive Supervision	40%
☑ Training	60%

Targets:

		☐ Not Applicable
Number of individuals trained in the provision of lab-related activities	40	☐ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	☑ Not Applicable

Target Populations:

☑ *Health Care Workers*
- ☑ *Medical/health service providers*

☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)
Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Association of Public Health Laboratories
Planned Funds: [ ]

Activity Narrative:

APHL is a membership organization with over 400 members representing public health laboratories across the 50 United States and its territories, and international members from 15 countries. APHL members are laboratory directors and senior public health laboratory practitioners who have the capability to provide critical laboratory support to these initiatives.

The Association of Public Health Laboratories (APHL) will provide technical assistance to CDC-Ethiopia, MOH and EHNRI in establishing a National Public Health Laboratory System, and development of laboratory policy in the country. APHL will provide technical assistance in strengthening of the laboratory national assurance program including establishing of laboratory certification and accreditation system. APHL will provide technical assistance to MOH and EHNRI on laboratory methodologies and techniques, management, quality assurance and Biosafety.

APHL will assist in the development of Standard Operating procedures (SOPs), and strengthening of laboratory networking and development of laboratory information systems for the reference laboratory network systems to support ART program implementation in the country. The association will also technically assist in developing curricula for short-term training of laboratory personnel on equipment maintenance, laboratory management and Laboratory information system. APHL will support program implementation by providing support in, laboratory management, quality assessment and quality control, development of standard operating Procedures (SOPs) and guidelines.

Activity Category	**% of Funds**
☑ Information, Education and Communication	20%
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	50%

Targets:

		☐ Not Applicable
Number of individuals trained in the provision of lab-related activities	40	☐ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	☐ Not Applicable

Target Populations:

☑ *Health Care Workers*
- ☑ *Medical/health service providers*

☑ *Ministry of Health staff*

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HCP / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative:

ETAEP communication activities have been developed and implemented in support of the Ethiopian National Communications Framework. ETAEP partners have been encouraged to harmonize approaches and messages targeting different audiences, e.g. youth, military, discordant couples. Partners are able to share messages and media through participation in HAPCO, MOH, and other sponsored fora and technical working groups, with generally satisfactory results. The ETAEP-financed Youth Toolkit, for example, represents the input of US, international, and Ethiopian organizations.

A comprehensive Communications Strategy will be developed in 2005 for even greater cohesion and complementarities of efforts. Programming for the remaining years in the Strategy will be based on this plan, and will provide for increased effectiveness and impact. The strategy will provide harmonization of messages for specific target groups so that all priority prevention, care and treatment communication areas are addressed. Development with counterparts of clear, consistent approaches will strengthen relationships with key government partners including the Department of Health Communication for the Ministry of Health, the Ministry of National Defense, Ministry of Youth, Sports and Culture, Ministry of Education, and the Ministry of Labor and Social Affairs.

The Communications Strategy will include a review of the behavior change methodologies currently being used; material and subject matter content, and any available impact data to determine the highest impact possible. Given the complexity of Ethiopia with 83 ethnic groups and languages, in an area almost twice the size of Texas, the various approaches being utilized (interpersonal, community and facility-based messages, outreach within the network model, information communication technology, mass media, policy dialogue, interventions with influentials, decision makers and religious leaders) will be strategically designed and coordinated for 2005-2008.

Activity Category	% of Funds
☑ Information, Education and Communication	50%
☑ Linkages with Other Sectors and Initiatives	10%
☑ Policy and Guidelines	40%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	6	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	30	☐ Not Applicable

Target Populations:

- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *Policy makers*
- ☑ *USG in country staff*

Key Legislative Issues:

- ☑ Gender
- ☑ Stigma and discrimination

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)
Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative:

Renovation including furnishing of national and five regional laboratories (Addis Ababa, Adam, Bihar Dar, Mekele, and Awasa) will be completed. Procurement process is underway for the purchase of major laboratory equipment including fridge/freezers, hematology and chemistry analyzers, to national, regional laboratories and 25 ETAEP supported hospitals. The referral system will be strengthened and advanced laboratory testing including viral load assays, HIV infant diagnosis, microbial drug resistance monitoring including ARV and TB drug resistance will be provided. Technical assistance is being provide to 30 hospital laboratories supported by Global fund.

One hundred fifty laboratory technicians/technologists and supervisors and directors from ETAEP and GF supported hospitals will be trained in 'Laboratory Quality System' and 'Laboratory Management and Information System and "Diagnosis and Monitoring of ARV". Standard operating procedures (SOPs) for HIV testing, hematology, clinical chemistry, CD4 counts, and smear microscopy will be developed. Quality control (QC) system will be established. External quality assessment/proficiency testing (EQA/PT) schemes will be in place. Supplies (diagnostic and monitoring test kits and reagents) will be made available and 25,000 HIV patients taking ARV will be monitored; smear microscopy will be done for 15,000 patients, and DNA PCR will be done for 3,000 infants.

The national and 5 regional laboratories will provide close supervision to hospital laboratories and serve for EQA/PT. Laboratory information system and networking will be strengthened. National lab quality assurance program will be implemented, including establishment of laboratory accreditation and certification. On-the-job training and regular supervision will be provided to all regional and ART hospital laboratories.

Activity Category	% of Funds
☑ Commodity Procurement	73%
☑ Development of Network/Linkages/Referral Systems	1%
☑ Human Resources	3%
☑ Infrastructure	11%
☑ Local Organization Capacity Development	1%
☑ Needs Assessment	1%
☑ Policy and Guidelines	1%

- ☑ Quality Assurance and Supportive Supervision 1%
- ☑ Strategic Information (M&E, IT, Reporting) 5%
- ☑ Training 3%

Targets:

		☐ Not Applicable
Number of individuals trained in the provision of lab related activities	150	☐ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	60	☐ Not Applicable

Target Populations:

- ☑ *Medical/health service providers*
- ☑ *Host country national counterparts*
- ☑ *Military*
- ☑ *Police*
- ☑ *Ministry of Health staff*
- ☑ *People living with HIV/AIDS*
- ☑ *Program managers*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Health Organization

Planned Funds: [ ]

Activity Narrative:

The Ethiopian Government has secured a total of [ ] from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for five years. Out of this [ ] is allocated for the first two years to support the control and prevention of the three major killer diseases.

In order to oversee, facilitate support and monitor the implementation of Global Fund in the country, a CCM consisting of 15 members was established on February 27, 2002. The following organizations are standing members of the CCM/E:

- Federal Ministry of Health (3)
- Ministry of Finance and Economic Development (MOFED) (1)
- HIV/AIDS Prevention and Control Office (HAPCO) (1)
- Ethiopian Health and Nutrition Research Institute (EHNRI) (1)
- World Health Organization (WHO/E) (1)
- Joint United Nation Programme on HIV/AIDS (UNAIDS) (1)
- Health, Population and Nutrition (HPN) Donors' Group (2)
  - o USAID
  - o Embassy of the Royal Netherlands
- Christian Relief and Development Association (CRDA) (1)
- Dawn of Hope (Association of PLWHA) (1)
- Ethiopian Chamber of Commerce (ECC) (1)
- Ethiopian Public Health Association (EPHA) (1)
- One vacant membership (1)

The CCM/E is chaired by the Minister of Health.

The USG has made major contributions towards the implementation of the Global Fund in Ethiopia. The support given include, among others:

- USAID/E is representing USG on the CCM/E as a standing member,
- USAID/E has chaired the sub-committee tasked to prepare the Terms of Reference of CCM/E,
- USAID/E is paying the salary of the CCM Secretariat head and his secretary since the inception of the secretariat in November 2003,
- USAID/E has funded two national stakeholders sensitization workshops on Global fund approved plans of action,
- CDC/E and USAID/E have provided technical assistance in the write-up of the proposals,
- ETAEP expects to meet some of its targets through indirect support, like technical assistance to the health facilities planned to provide ARV through the Global Fund.

CCM/E Secretariat has requested [ ] for various activities, including running costs. The fund will be managed through the WHO – Country Office. Additional donor support is anticipated from UNAIDS and Royal Netherlands Embassy.

Activity Category	**% of Funds**
☑ Policy and Guidelines	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	☐ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☐ Not Applicable

Target Populations:

- ☑ *Business community*
- ☑ *Community-based organizations*
- ☑ *Country coordinating mechanisms*
- ☑ *Faith-based organizations*
- ☑ *Host country national counterparts*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Nongovernmental organizations/private voluntary organizations*
- ☑ *People living with HIV/AIDS*
- ☑ *Policy makers*
- ☑ *Program managers*
- ☑ *USG in country staff*
- ☑ *USG Headquarters staff*

Key Legislative Issues:

- ☑ Increasing gender equity in HIV/AIDS programs
- ☑ Increasing women's access to income and productive resources

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: System-wide Effect of The Fund Study / Abt Associates

Planned Funds: [ ]

Activity Narrative:

The mandate of the Global Fund to Fight AIDS, TB and Malaria (GFATM) is to attract, manage and disburse resources that will make a significant and sustainable impact on the three focal diseases. Ethiopia has secured a total of US$ 645.16 million from the GFATM in three rounds of application. However the GFATM has stated its commitment to support programs that address the three diseases "in ways that contribute to the strengthening of health systems". The Global Fund is likely to have a variety of direct and indirect effects upon health care systems, that could be positive or negative in nature. For example, it is anticipated that in countries where Global Fund supported activities are significant in nature, the GFATM may affect the nature of actors participating in the policy making process, the quantity, quality and distribution of health workers, and the functioning of pharmaceutical supply and distribution mechanisms. To be sustainable in the long run, any interventions supported by the Global Fund will ultimately depend to some degree upon a functional and effective health system.

During the past fifteen months a coalition of research and academic institutions, including London School of Hygiene and Tropical Medicine and Institute of Tropical Medicine, Antwerp, funded through USAID, EC, DFID, DCI, DANIDA and NORAID, have been working to establish a research network dedicated to monitoring and evaluating the effects of the Global Fund on the broader health care system. The System-Wide Effects of the Fund (SWEF) Network is a collaborative research network, composed of research organizations in the South and in the North, that seeks to understand how monies being disbursed by the Global Fund to Fight AIDS, TB and Malaria, as well as other significant sources of funding for HIV/AIDS, TB and Malaria (such as MAP and the Emergency Plan) affect the broader health care systems of recipient countries.

In each study country the research aims to document the effects of the processes involved in applying for and receiving a Global Fund grant, and implementing Global Fund-supported activities, on the health care systems of recipient countries.

The Country Coordinating Mechanism (CCM) in Ethiopia expressed its interest in this study in September 2003. In October 2003 two Ethiopians from organizations represented on the CCM traveled to Oxford to participate in a meeting of the research network aimed at developing a common research protocol. Staff from PHR+ have visited Ethiopia three times to facilitate the initiation of the research. However the initiation of the study has been considerably delayed firstly by the need to consult with and convince all the necessary stakeholders and secondly by the Ethiopian Science and Technology Commission's ethical approval processes.

To date, no bilateral USG funds have been used to support the research. FY05 funds would supplement the ongoing research through ongoing quality assurance monitoring of SWEF and implementation of hospital modules that otherwise can not be conducted. The total amount of fund requested is [ ]

Activity Category	% of Funds
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable

Target Populations:

- ☑ *Country coordinating mechanisms*
- ☑ *Host country national counterparts*
- ☑ *Ministry of Health staff*
- ☑ *National AIDS control program staff*
- ☑ *Policy makers*
- ☑ *Program managers*
- ☑ *USG in country staff*
- ☑ *USG Headquarters staff*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening
Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred System-wide Effects of The Fund / Abt Associates

Planned Funds:

Activity Narrative: PLEASE SEE THE SWEF ACTIVITY DESCRIPTION IN PROGRAM AREA 3.3.14

Activity Category	**% of Funds**
☑ Strategic Information (M&E, IT, Reporting)	100%

Targets:

		☐ Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	☑ Not Applicable

Target Populations:

☑ *Policy makers*

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Laboratory Infrastructure
Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: This activity represents the direct technical assistance which is provided to partners by CDC staff. The [ ] represents the salary costs for CDC Ethopia technical staff and [ ] he cost of U.S.-based technical assistance travel.

Activity Category	% of Funds
☑ Local Organization Capacity Development	60%
☑ Quality Assurance and Supportive Supervision	30%
☑ Training	10%

Targets:

☐ Not Applicable

Number of individuals trained in the provision of lab-related activities	0	☑ Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	☑ Not Applicable

Target Populations:

- ☑ *Health Care Workers*
- ☑ *Host country national counterparts*
- ☑ *Implementing organization project staff*
- ☑ *Ministry of Health staff*
- ☑ *Policy makers*

Key Legislative Issues:

- ☑ Twinning
- ☑ Volunteers

Coverage Area: **National**

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1:	\nIncreased technical and managerial staff to manage expanding ETAEP workload.\n
Result 2:	*Improved collaboration among ETAEP agencies.*
Result 3:	Increased focused U.S. government policy dialogue and communications on HIV/AIDS.
Result 4:	Improve quality of DHAPP Ethiopia program management and implementation by increased technical and management staff.

Total Funding for Program Area ($):

Current Program Context:
ETAEP program 2005: *In August 2004 the four lead agencies for the Ethiopia AIDS Emergency Plan (ETAEP) –* State, DOD, CDC, USAID – undertook a Team Building Retreat to establish an organizational structure for coordination and decision making at which they established a tiered management structure. A full description of the structure is in the Five Year Strategy, Annex 1. In summary, the U.S. Ambassador is the overall leader of the Ethiopia AIDS Emergency Plan (ETAEP) group and provides the ultimate decision-making. The ETAEP Council is chaired by the Deputy Chief of Mission (DCM) and comprised of section and agency heads, including the Director of USAID, the Director of CDC, the DOD Security Assistance Office (SAO) Director, and the USAID HIV/AIDS Officer. The Council functions as the central point of contact for ETAEP activities. The ETAEP Coordinator – currently a *Political/Economic Officer – is the Secretary of the ETAEP Council The Coordinator also serves as Chair of the* Collaborative Team. Collaborative Team Members include a representative from the DOS Population and Refugee Migration (PRM) section; a representative from DOD/SAG; one or more representatives from CDC; and one or more representatives from USAID. (The Collaborative Team membership fluctuates depending on need.) The Collaborative Team is the main operational structure for ETAEP. There are also seven Working Groups: Prevention, Care, Treatment, SI, Management, Public Diplomacy, and a nascent Partnerships group. The Working Groups comprise key technical personnel from the ETAEP USG partners, and call upon ETAEP implementing partners on an ad hoc basis. The Working Groups have been critical in developing the Five Year Strategy and this *COP. In the 2005 COP, this management structure is expected to evolve and strengthen.* A follow-up leadership development session is schedule for November 2004. An ETAEP Support Coordinator is being hired with 2004 funds and should start in the next few months. With 2005 COP funding, the Embassy will hire a full-time ETAEP Coordinator. The establishment of the tiered structure; the dedication of staff, particularly the Working Groups; and the planned hire of two full-time, dedicated staff for overall coordination, and the proposed increased technical and *management staff at DOD, CDC, and USAID, are expected to significantly enhance program efficiencies.* Government program: The Ethiopian HIV/AIDS multi-sector coordinating agency, HAPCO, is taking the lead on forming a Consultative Committee to coordinate ETAEP program planning and progress on a bilateral basis. As described in the Five Year Strategy, the Government also leads numerous Technical Working Groups and fora to promote coordination. As elaborated in the Five Year Strategy, the ETAEP Team hopes to help move at least some of these groups beyond coordination and to true collaboration in the coming year. Other donors: The Five Year Strategy describes donor coordination and working group structures. No changes are foreseen in 2005.

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds:

Activity Narrative: The U.S. Embassy provides overall coordination and leadership for ETAEP. Under the 2005 COP, the Department of State will recruit and hire an ETAEP Coordinator through a PSA mechanism. The Coordinator is expected to be on board mid-2005.In the interim, the Coordinator position will continue to be encumbered by a Political Officer, with assistance from a locally employed Support Coordinator. The full ETAEP structure is described at Annex 1 of the Five Year Strategy.. The Support Coordinator is expected to be on board by the beginning of CY-05 and will greatly improve ETAEP's overall coordination, and assist in the various administrative responsibilities facing ETAEP. Additionally, another full time LES will be hired in order to advance ETAEP's public diplomacy efforts. This position will operationalize the new Public Diplomacy Working Group, including development of unified messages and a deliberate communication strategy with the public. Modest funding is included for production and reproduction of informational materials.

Activity Category **% of Funds**

Targets:

☐ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)
Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Agency for International Development

Planned Funds:

Activity Narrative: USAID/Ethiopia's management budget has been constructed against increases in staffing discussed below. Included in these line items are consulting and design services and meeting support which will be accessed to benefit all ETAEP participating agencies for the development of new programs, production of the FY06 COP and to ensure adequate coordination and communication with partners and stakeholders. Likewise, USAID will benefit from joint programs in workforce prevention, care and treatment programs carried out through the Embassy.

The Summary Budget is as follows:
Salaries:
Equipment and Office Costs:
Consulting and Design Services:
Staff Training:
Monitoring and Evaluation/Audit/Data Quality Assessment:
Meeting Support:
TOTAL

USAID will augment its staff in FY05 to provide adequate oversight to new initiatives in orphans and vulnerable children and care and support. In addition, staff numbers include a new grants manager to track and manage several new Track 1 awards. A gender advisor will be shared with the USAID program to assure that gender considerations are made and that programs are sensitized to the specific needs of women in Ethiopia. One contract negotiator currently spends part time on ETAEP procurement and this is reflected above. As the portfolio matures, this role may require more time and may be converted to a full time position. In addition to its implementation duties, USAID currently staffs several donor and technical working groups. ETAEP staff also work across the USAID portfolio actively advising on issues such as livelihoods, emergency preparedness and health system development.

This Staffing Summary is as follows:
Supr. HIV/AIDS Officer (USDH): 1.0 FTE
HIV/AIDS Officer (USDH - NEP): 1.0 FTE
Dr. Omer (LES): 1.0 FTE
Secretary (LES): 1.0 FTE
Budget Analyst (LES): 1.0 FTE
OVC Advisor (LES): 1.0 FTE
Care and Support Advisor (LES): 1.0 FTE
Strategic Information (LES): 1.0 FTE
Track 1.0 Project Manager (LES): 1.0 FTE
Drivers (LES): 2.0 FTE
Contract Negotiator (LES): 0.33 FTE
Gender Advisor (LES): 0.50 FTE
Program Assistant (LES): 0.50 FTE
Public Private Advisor (TCN - Local Hire): 1.0 FTE
Multisector Advisor (TCN - Local Hire): 1.0 FTE
TOTAL: 15.43 FTE

Activity Category **% of Funds**

Targets:

☐ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)
Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense
Planned Funds:
Activity Narrative: The Military HIV/AIDS and STD Prevention and Treatment Program Management Office is under the direction of the Security Assistance Officer (SAO), within the limits of resources allocated and obtained from the Defense HIV/AIDS Prevention Program (DHAPP). The Office provides financial and technical support to the Ethiopian Ministry of National Defense (MOND) on its HIV/AIDS and STD prevention and treatment programs.The office has one Military HIV/AIDS & STD Prevention & Treatment Manager, one Administrative Assistant Officer. and one Medical Assistant Officer. This team provides for all military liaison necessary to implement ETAEP programs. The team is backstopped by Program and Contracting Officers at the head office.

Activity Category ***% of Funds***

Targets:

☐ Not Applicable

Target Populations:
Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)
Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: * / US Centers for Disease Control and Prevention
Planned Funds:
Activity Narrative: All CDC-Ethiopia activities come under the FY2005 ETAEP budget for Ethiopia. Of this total budget, n personnel costs represent direct technical assistance provide to local partners either by CDC Ethiopia technical staff or U.S. -based technical staff. These costs have been distributed to the appropriate program areas.

The remaining CDC total overhead (management budget) comes from the management portion of the ETAEP FY05 allocation for Ethiopia. Total FY05 estimated management costs (minus direct program technical support) for CDC-Ethiopia is

The following chart provides a breakdown of estimated CDC-Ethiopia management costs for FY05:

Personnel: Includes current and planned USDH staff and current and planned Locally Engaged Staff (management, admin, and support).

Travel: Includes local travel and international travel for USDH and LES staff .

Transportation: Includes local transportation of items for staff and parcel post, FedEx, etc.

Rents, Communications and Utilities: Includes phone, rent, water, electricity, etc.

Printing and Reproduction: Includes printing/layout/duplication for program dissemination and advocacy, etc.

Contractual Services: Renovations, Security, Insurance, VSAT, etc.

Supplies: Office, IT, Vehicle supplies and Books/Publications, etc.

Equipment: Office furniture, IT equipment replacement/upgrades, transportation equipment, etc.

TOTAL:

CDC-Ethiopia provides direct technical assistance to the MOH, regional health bureaus, laboratories, hospitals and other partners for the implementation of activities. For this, CDC utilizes in-house technical expertise from Atlanta for which CDC-Ethiopia is not charged for salaries and benefits but only for travel expenses. This expertise in turn builds the capacity of LES staff to be able to provide day-to-day follow-up on implementation of activities which in turn reduces the frequency of TDY visits and thus savings.

Activity Category **% of Funds**

Targets:

☐ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: **ISO Code:**

Program Area: Management and Staffing
Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds: [redacted]

Activity Narrative: To support ETAEP activities, CDC-Ethiopia proposes to supplement I-Tech [redacted] in FY2004 for assistance with the following activities:

1) [redacted] - For assistance with in-country travel and training costs for ETAEP partners and CDC Ethiopia staff to implement ETAEP expansion activities. Travel and training costs will cover local travel, per diem, lodging, hall rental, and meeting supplies for approximately 50 trainings.
2) [redacted] - For assistance with obtaining ten local consultants to assist with the implementation of ETAEP activities. These contracts would cover:

Formative Study for a Population Based Biological Survey on HIV

Broadcasting of the Billboard documentary film

Broadcasting of Questions and Answer Programs to Address Attitudes on HIV

Publishing Articles on PLWHA

National STI treatment Guideline Revision

Conducting STI Training for Health Professionals

Development and Publication of Comic Series for School Adolescents on Safe Behavior with Regards to HIV/AIDS

Develop the National Behavior Change Communication Strategy

Assessment and Development of the National Media Communication Strategy

Development of the National Framework for Peer Education Approach in Ethiopia

CDC Ethiopia propose that I-Tech subcontract with a local firm to fulfill these requirements.

Activity Category **% of Funds**

Targets:

☐ Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province: ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05? ☐ Yes ☑ No

If yes, will HIV testing be included? Yes No

When will preliminary data be available?

2. Is a Demographic and Health Survey (DHS) planned for FY05? ☑ Yes ☐ No

If yes, will HIV testing be included? ☑ Yes ☐ No

When will preliminary data be available? August 01, 2005

3. Is a Health Facility Survey planned for FY05? ☑ Yes ☐ No

When will preliminary data be available? June 01, 2005

4. Is an ANC Surveillance Study planned for FY05? ☑ Yes ☐ No

If yes, approximately how many service delivery sites will it cover? 81.00

When will preliminary data be available? September 01, 2005

5. Other significant data collection activity

Name:

Brief description of the data collection activity:

Preliminary data available:

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? ☑ Yes ☐ No