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2006

Ethiopia

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B5

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: HARRY R MELONE
DATE/CASE ID: 06 JUL 2006 200504053

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 810,202			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		52,500	0	52,500
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		1,575	0	1,575
Care				
	Target 2008: 1,050,000			
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		218,290	0	218,290
Number of OVC served by an OVC program during the reporting period		155,500	0	155,500
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		460,000	0	460,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		37,520	0	23,000
Treatment				
	Target 2008: 210,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		60,000	0	60,000

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2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
Target 2010: 810,202				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		158,250	0	158,250
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		4,748	0	4,748
Care				
Target 2008: 1,050,000				
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		262,000	0	262,000
Number of OVC served by an OVC program during the reporting period		215,000	0	215,000
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		1,054,000	0	1,054,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		51,000	0	51,000
Treatment				
Target 2008: 210,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		100,000	0	100,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: *

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3775
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

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Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3788
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Abt Private Sector Partnership

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3767
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: ABT Associates
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3769
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Addis Ababa HIV/AIDS Prevention and Control Office
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3755
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Addis Ababa University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3790
Planned Funding(\$):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: African Humanitarian Aid and Development Agency
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3802
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Alemaya University
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3773
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3774
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3819
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Carter Center
New Partner: Yes

Mechanism Name: T1

Mechanism Type: Headquarters procured, centrally funded (Central)

Mechanism ID: 3762

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: N/A

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Catholic Secretariat of Ethiopia

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Abstinence/Be Faithful

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Mechanism Name: *

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3817

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAJ account)

Prime Partner: Catholic Relief Services

New Partner: No

Sub-Partner: Medical Missionaries of Mary

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Missionaries of Charity

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Organization of Social Services for AIDS, Ethiopia

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3784
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Columbia University
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3799
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Debu University
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3805
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Defense University
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3795
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Development Associates Inc.
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3771
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ethiopian Health and Nutrition Research Institute
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3772
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ethiopian Public Health Association
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3753
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3756
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3820
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Federal Ministry of Health, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3781
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Federal Police
New Partner: No

Mechanism Name: N/A**Mechanism Type:** Headquarters procured, centrally funded (Central)**Mechanism ID:** 3761**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** N/A**Prime Partner:** Food for the Hungry**New Partner:** No**Sub-Partner:** Nazarene Compassionate Ministries**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Ethiopian Kale Hiwot Church**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Life in Abundance**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Save Lives Ethiopia**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Mechanism Name: N/A****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3803**Planned Funding(\$):** **Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAC (GHAJ account)**Prime Partner:** Gondar University**New Partner:** Yes**Mechanism Name: N/A****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3796**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAJ account)**Prime Partner:** Hope for African Children Initiative**New Partner:** No

Mechanism Name: ***Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3759**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** International Orthodox Christian Charities**New Partner:** No**Sub-Partner:** Ethiopian Orthodox Church, Development Inter-Church Aid Commission**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be FaithfulPalliative Care: Basic health care and support
OVC**Mechanism Name: N/A****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3768**Planned Funding(\$):** **Agency:** Department of State**Funding Source:** GAC (GHAI account)**Prime Partner:** International Rescue Committee**New Partner:** No**Mechanism Name: N/A****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3806**Planned Funding(\$):** **Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAC (GHAI account)**Prime Partner:** International Twinning Center**New Partner:** Yes**Mechanism Name: N/A****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3766**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** Internews**New Partner:** No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3757
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3746
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3801
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Jimma University
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3764
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3787
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
New Partner: Yes

Mechanism Name: N/A**Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3770**Planned Funding(\$):** **Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAC (GHAI account)**Prime Partner:** Johns Hopkins University Center for Communication Programs**New Partner:** No**Mechanism Name: HCP****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3776**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** Johns Hopkins University Center for Communication Programs**New Partner:** No**Sub-Partner:** Ministry of Youth, Sports and Culture, Ethiopia**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Ethiopia Muslim Development Agency**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Ethiopian Orthodox Church, Development Inter-Church Aid Commission**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Ethiopian Youth Network**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Sub-Partner:** Family Health International**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful**Sub-Partner:** Save the Children US**Planned Funding:****Funding is TO BE DETERMINED:** Yes**New Partner:** No**Associated Program Areas:** Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3778
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Macro International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3798
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3804
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Mekele University
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3782
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of National Defense, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3783
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

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Mechanism Name: T1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3763
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Pact, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3760
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: Ethiopia Muslim Development Agency
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3789
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Council
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3752
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: Hiwot HIV/AIDS Prevention Care and Support Organization, Ethiopia
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Family Health International

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Pact, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Sub-Partner: The Futures Group International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3751
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Relief Society of Tigray, Ethiopia
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3780
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name: Scale-Up HOPE

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3816
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Save the Children US
New Partner: No

Sub-Partner: Hope for African Children Initiative
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Save the Children US
Planned Funding:

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Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: *High Risk Corridor Initiative

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3765

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Save the Children US

New Partner: No

Sub-Partner: Integrated Service for AIDS Prevention & Support Organization

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Organisation Internationale de la Migration (International Organization for Migration)

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Mechanism Name: *Positive Change: Communities and Care (PC3)

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3750

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Save the Children US

New Partner: No

Sub-Partner: Family Health International

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Sub-Partner: World Vision International

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Sub-Partner: To Be Determined

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: World Learning

Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Sub-Partner: CARE International

Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3754

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Tulane University

New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3785

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: University of California at San Diego

New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3786

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: University of Washington

New Partner: No

Sub-Partner: Ethiopian Nurses Association

Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3748
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC GAP

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3824
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3792
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3749
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3747
Planned Funding(\$):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3791
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Walta Information Center
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3797
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Working Capital Fund
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3794
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Food Program
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3793
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3777
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Health Organization
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
 Budget Code: MTCT
 Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

PEPFAR Ethiopia's prevention program will be implemented in all identified hotspots; urban, peri-urban and rural. The prevention program will continue in existing ART health networks and be expanded to new networks, ultimately to be operational in all 89 ART health networks.

Previous efforts under the PMTCT Presidential Initiative and COP04 and COP05 PEPFAR Ethiopia established minimum PMTCT services in 55 hospitals and 81 health centers.

During COP06, PMTCT services at 267 health centers will be maintained or initiated by IntraHealth International. PMTCT services at 89 hospitals will be maintained by PEPFAR Ethiopia partners. Training will be provided to hospital-based MCH staff at all 89 hospitals.

PMTCT client follow-up will be supported by an emerging Care and Support Infrastructure established through the BERHAN Regional Care RFA procurement actions and the establishment and delivery of a Preventive Care Package.

PMTCT client entry to ART will be strengthened with on-site clinical mentoring and supportive supervision at ART health network hospitals.

PMTCT services will also be strengthened through ongoing injection safety and infection prevention activities in COP06.

PMTCT services will also draw operational level support from the following PEPFAR activities: Logistics Management Information System/MSH and Distribution/Management of ARVs and related commodities/MSH, Training Management Information System/JHPIEGO, User Support Center for ART Service Outlets/Addis Ababa University, IMAI Training/WHO and Laboratory Support Services to support national diagnostic capacity for PCR testing of infants enabling entry to the Pediatric ART program.

Hospital-based ART service delivery is being adapted to meet regional needs and use of local opportunities for better implementation. In COP06, PMTCT implementation, at the hospital level, will follow the regionalization plan for ART implementation and will involve dividing the country into three operation zones (see supporting documentation entitled "ART Operational Zones"). Each operational zone will be assisted by one U.S. University partner that will be working with at least two local Universities, respective RHBs and hospitals in the operation zone. *Uniformed Services networks* constitute a fourth category as these have their own structures.

JHPIEGO will provide training for 650 hospital-based health providers at 89 PEPFAR hospitals. JHPIEGO will continue to support the development and adaptation of MOH training materials related to PMTCT at a national level.

IntraHealth will expand PMTCT services from 81 health centers to a total of 267 health centers (50% of the total 519) by September 2007 through the provision of training, supportive supervision, community mobilization and collaboration with RHBs.

PEPFAR-supported PMTCT services will follow all national PMTCT guidelines and work with the MOH and RHBs to adopt optimized approaches to PMTCT including formalizing Opt-Out CT and same day results, TB screening for all HIV-positive pregnant women, CD4 screening of all HIV-positive pregnant women, infant feeding counseling following AFASS, provision of cotrimoxazole prophylaxis for infants, and combined ARV prophylaxis will be provided in TBD hospitals and health centers. Linkages and referrals to care and support, treatment, family planning services and OVC services will be strengthened.

GOE programs: The GOE issued national guidelines for PMTCT in 2001, and by 2005 PMTCT services

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were provided in 55 hospitals and 81 health centers. Nevirapine and Determine are provided through donation under an Axios agreement with the GOE; this arrangement is expected to continue for the foreseeable future.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	356
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,758
Number of health workers trained in the provision of PMTCT services according to national or international standards	2,346
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	125,268

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5569
Planned Funds:
Activity Narrative: Expansion of PMTCT Services to Ethiopian Hospitals

This is an ongoing activity from COP05. This activity links to Medical Transmission activity number 6.3.2: National Infection Prevention, and activity 8.3.3 (VCT) and 16.3.2 (Other/Policy).

During COP05, JHPIEGO in collaboration with other PEPFAR Ethiopia partners, the MOH and RHBS adapted and printed the National PMTCT Training Package, trained and re-trained 241 health care workers; implemented a Standards Based Management (SBM) approach and performance improvement (PI) process in 55 hospitals; and provided technical assistance to establish Technology Assisted Learning Centers (TALC) at 25 first cohort hospitals. JHPIEGO assisted in putting together a CD-ROM containing all national guidelines related to HIV/AIDS, all training materials related to PMTCT/VCT/IP and ART and distributed it to these centers.

During COP06, JHPIEGO will train 430 health care workers to improve implementation of PMTCT services in 89 hospitals. JHPIEGO will undertake standard post-training evaluations to ensure appropriate transfer of learning among the staff.

JHPIEGO will train an additional 40 trainers in early COP06 and utilize their expertise to take training into the regions. JHPIEGO will establish strong referral linkages between health centers and the hospitals. This includes developing a system that allows two-way communication among the health centers and hospitals, technology needed to improved client care.

During COP06, JHPIEGO will continue to support the first cohort sites to institutionalize SBM/PI, and will strengthen SBM/PI at second cohort sites and introduce SBM/PI at new sites to improve quality of PMTCT services.

JHPIEGO will provide technical assistance to other PEPFAR Ethiopia partners to produce an informational video on PMTCT services in the ART health network. This video will be displayed at all healthcare facilities to educate the mothers.

During COP06, JHPIEGO will work with Ethiopian experts to translate National PMTCT Guidelines into major local languages. A JHPIEGO PMTCT expert will be responsible for the technical accuracy and clarity of all translated materials.

PMTCT interventions revolve around MCH services. Advocating and promoting for the improved quality ANC services and delivery services at community and health facility level will help improve the uptake and quality of PMTCT services. During COP06, JHPIEGO together with other partners will provide technical assistance in updating MCH service delivery guidelines to incorporate evidence-based practices and adapt them for Ethiopian context. These guidelines would be widely disseminated among the MCH care providers and facilities as one of the first steps to improving MCH services.

In order to develop the programming capacity in country and experience sharing, JHPIEGO will support a study tour within Africa for key CDC-ET and MOH.

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Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	470	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)
- Private health care workers
- Doctors (Parent: Private health care workers)
- Nurses (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: IntraHealth International, Inc
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5586
Planned Funds:
Activity Narrative: Scale Up of PMTCT Services to 267 Ethiopian Health Centers

This is an ongoing PMTCT activity and linked with implementation of the following activities:

Prevention – Injection Safety: Making Medical Injections Safer/JSI for improved infection prevention practices and safer injection/waste management systems at the facility level;

Care and Support – CT, TB/HIV and Palliative Care activities: BERHAN/TBD at health centers throughout the network for detection of TB/HIV co-infected clients, clinical care follow up in the facility and community and delivery of the preventive care package; Treatment Services – Logistics Management Information System/MSH, Distribution/Management of ARVs and Related Commodities/MSH, Pediatric ART/Columbia University, User Support Center for ART Service Outlets/Addis Ababa University, and IMAI Training/WHO.

During this program period IntraHealth International will maintain or initiate support to 267 public health centers based on the PEPFAR ART health network (i.e. three health centers per ART hospital) following this approximate expansion schedule:

Apr-06 81 health centers
 Sep-06 145 health centers
 Apr-07 230 health centers
 Sep-07 267 health centers

IntraHealth implemented PMTCT programming integrated into existing MCH/RH services in 81 health centers by March 2006. Based on assessment findings in all PMTCT HC sites and recommendations of regional stakeholders including RHBs, IntraHealth designed strategies to bridge existing gaps in service delivery, systems and community mobilization.

In COP06, IntraHealth will maintain 81 health centers already delivering PMTCT services and initiate PMTCT services in an additional 149 health centers with distributed training and support to RHBs to provide ongoing site-level supervision. IntraHealth will continue service strengthening by working with BeteZatha, a private professional health training firm, to train providers in comprehensive PMTCT service delivery using an on-the-job training modality. IntraHealth's intervention supports the MCH team to identify and optimize optimal client flow, provide basic assessments for required renovation of facilities to implement family friendly services, provide TA in the distribution of non-clinical supplies and IEC materials.

IntraHealth will provide training and supportive supervision to MCH providers and Health Center Administrators to strengthen referral linkages within the ART health network. Special attention will be paid to strengthening intra-institutional linkages among MCH units and client/pediatric follow-up for care and support services to minimize missed opportunities for FP, OI prophylaxis, AFASS infant feeding counseling, preventive care package delivery, community follow-up through BERHAN Case Manager and Outreach Worker, and entry to ART for mother and/or infant.

TB screening will be encouraged for all clients testing positive for the HIV virus or exhibiting cough. Group education will include case detection/referral for TB by the ANC client within the household and family.

Active referral linkages intra-facility and intra-network will be developed through the

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utilization of Case Managers at the Hospital and Health Center level. These Case Managers are supported under the BERHAN Care and Support activity. HIV-positive clients will be referred for CD4 screening at ART hospitals to ensure entry into the ART program. IntraHealth will coordinate with BERHAN to ensure delivery of the preventive care package and palliative care at the Health Center and Community level.

IntraHealth will use the Performance Improvement method in their work with Regional and District Health Offices. Efforts will enhance functionality of HMIS through linking data collection with data analysis and utilization to improve quality of care.

One of the major constraints to the PMTCT program is poor morale and motivation. IntraHealth has completed an assessment on non-monetary recognition schemes and is piloting the scheme in 14 selected health facilities starting October 2005. A percentage of sites will be covered by the non-monetary recognition scheme during COP06 based on pilot phase results. IntraHealth will share tools and assessment findings with the host country to facilitate initiation of similar recognition program for hospitals.

One key way to decrease MTCT is by reducing delays in obstetric care seeking through community action for behavioral change (CABC) initiatives. CABC is a community capacity enhancement strategy to empower the community to explore and identify local resources, select problems, and develop appropriate solutions. IntraHealth implements CABC in two ways: as a family centered activity focusing on birth preparedness through home based birth teams, trained traditional birth attendants and HIV + mothers support groups; and through generating community-wide dialogue on key PMTCT themes. Strengthening capacity of community core teams (CCTs), TBAs, and community members to carry out PMTCT interventions increase demand and utilization of ANC, PMTCT, and FP services, infant feeding practices, encourage male partner's involvement; combat stigma and discrimination and strengthen referral systems for care and support for HIV+ women and families. A core team comprising of 5 members will be established around each HC in coordination with BERHAN Community Oriented-Outreach Workers and Health Extension Workers (See Other/Policy activity: Health Service Extension Package). Each member will supervise 10 village level facilitators responsible for house to house key message delivery touching an average of 250 households per HC per year, a cumulative total of over 66,000 households for 230 HC's.

In COP04, IntraHealth surveyed MCH providers and clients on provider stigma and found stigma is a major barrier to access and provision of PMTCT services. IntraHealth recognizes the importance of mainstreaming gender and alleviating stigma by conducting gender analysis, instituting provider stigma alleviating approaches, conducting gender integration workshops, and supporting and integrating persons infected into PMTCT program teams.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	230	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,260	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	1,915	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	75,240	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Infants

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Other health care workers (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	5637
Planned Funds:	<input type="text"/>
Activity Narrative:	Regional PMTCT Service Delivery-- Hospital Level (Oromia, Dirdawa, Harrar and Somali)

This is a new activity.

This activity is linked with multiple activities including PMTCT JHPIEGO (3.3.1), PMTCT IntraHealth (3.3.2), Prevention – Injection Prevention: JHPIEGO; Care and Support – CT, TB/HIV and Palliative Care activities: BERHAN/TBD at health centers throughout the network for detection of TB/HIV co-infected clients, clinical care follow up in the facility and community and delivery of the preventive care package; Treatment Services – Logistics Management Information System/MSH, Distribution/Management of ARVs and Related Commodities/MSH, Pediatric ART/Columbia University, User Support Center for ART Service Outlets/Addis Ababa University, and IMAI Training/WHO.

During COP05, hospital-based PMTCT programs in Oromia, Diredawa, Harrar and Somali regions were supported by JHPIEGO who will continue to provide training and technical support to PMTCT programs in COP06. Columbia will complement these programs by implementation assistance of PMTCT programs at 32 hospitals in Oromiya, Somali, Dire Dawa, and Harari.

In COP06 the focus will be to ensure that women enrolled in PMTCT are routinely and effectively referred for ART services. HIV-positive women will be enrolled in care through BERHAN regardless of their current eligibility for ART, and will be provided with the array of services appropriate to their disease stage. Women will be encouraged to bring their children and other family members to the facility for testing. Columbia will also work with other PEPFAR Ethiopia partners and MOH to promote the use of more complex PMTCT drug regimen.

The following activities will be included in COP06:

- (1) ensuring that registries and forms are in place and being correctly utilized by health care workers, monthly reports are correctly transmitted to the MOH, and that health care providers are able to use the data they collect.
- (2) Closely tracking the status of supplies for PMTCT and communicating gaps and needs to appropriate PEPFAR Ethiopia partners.
- (3) TB screening for all clients testing positive for the HIV or exhibiting cough. Group education will include case detection and referral for TB by the ANC.
- (4) Developing intra-facility and intra-network through the utilization of case managers at hospitals and health centers. These case managers are supported under the BERHAN activity. HIV-positive clients will be referred for CD4 screening at ART hospitals to ensure entry into the ART program. Columbia will coordinate with BERHAN to ensure delivery of the preventive care package and palliative care at the health center and community level.
- (5) Supporting the delivery of appropriate post-natal follow-up services for mothers and infants.
- (6) Supervising trained PMTCT providers, identify training-related gaps, and communicate to responsible partners.
- (7) Monitoring PMTCT programs and their progress towards achievement of the targets.
- (8) Implementing performance standards and the JHPIEGO-supported standard based management program to improve quality assurance by support staff.

Targets will be reached through the formation of multi-disciplinary care teams in each facility comprised of PMTCT services representatives. Mechanisms to facilitate referral will be introduced, and activities will be closely assisted and monitored by Columbia

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regional staff and headquarters technical personnel. Columbia will work with other partners to ensure that women enrolled in PMTCT programs have an equal opportunity to receive prevention, care and treatment services. Columbia together with other PEPFAR Ethiopia partners, government stakeholders and the PLWHA association will work to alleviate stigma and discrimination.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	32	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	555	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	18,480	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Infants

People living with HIV/AIDS

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Caregivers (of OVC and PLWHAs)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender

Stigma and discrimination

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Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Diego
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA1 account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5638
Planned Funds:
Activity Narrative: Military PMTCT Implementation Support- Hospital Level

This is a new activity.

This activity is linked with multiple activities such as PMTCT JHPIEGO (3.3.1), PMTCT IntraHealth (3.3.2), Prevention - Injection Prevention/JHPIEGO for improved infection prevention practices and safer injection/waste management systems at the facility level; care and support - CT, TB/HIV and palliative care activities: BERHAN at health centers throughout the network for detection of TB/HIV co-infected clients, clinical care follow up in the facility and community and delivery of the preventive care package; Treatment services - Logistics Management Information System/MSH, distribution and management of ARVs and the related commodities/MSH, pediatric ART/Columbia University.

During COP05, hospital-based PMTCT programs in National Defense Force of Ethiopia (NDFE) and Police Force were supported by JHPIEGO, who will continue to provide training and technical support to PMTCT programs in COP06. During this program period UCSD will complement these activities by supporting the implementation of PMTCT programs at eight hospitals in NDFE and Police force.

National Defense Force of Ethiopia (NDFE) and Police Force are committed to building capacity to care for members with HIV. PEPFAR Ethiopia partners are working to increase capacity and training for HIV/AIDS care. The Ethiopian Ministries National Defense and Health are committed to allocating ART to fight the epidemic.

PEPFAR provides the ideal opportunity to build on an ongoing collaboration between the National Defense Force of Ethiopia and the Police Force and physicians at the University of California, San Diego.

During COP06 the following PMTCT activities that will be supported by UCSD:

- (1) Assess current capacity for clinical care, laboratory testing, and nursing and pharmacy support of PMTCT with ART, ensure that registries and forms are in place and being correctly implemented by health care providers, that monthly reports are correctly prepared and submitted in a timely manner to the MOH, and use of data in a practical and patient-centered manner by the health care providers.
- (2) Closely tracking the status of supplies for PMTCT and communicating gaps and needs to appropriate PEPFAR Ethiopia partners.
- (3) TB screening for all clients testing positive for the HIV or exhibiting cough. Group education will include case detection and referral for TB by the ANC.
- (4) Developing intra-facility and intra-network through the utilization of case managers at hospitals and health centers. These case managers are supported under the BERHAN activity. HIV-positive clients will be referred for CD4 screening at ART hospitals to ensure entry into the ART program. Columbia will coordinate with BERHAN to ensure delivery of the preventive care package and palliative care at the health center and community level.
- (5) Supporting the delivery of appropriate post-natal follow-up services for mothers and infants.
- (6) Supervising trained PMTCT providers, identify training-related gaps, and communicate to responsible partners.
- (7) Monitoring PMTCT programs and their progress towards achievement of the targets.
- (8) Implementing performance standards and the JHPIEGO-supported standard based management program to improve quality assurance by support staff.

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Expanding capacity for PMTCT will happen through a staged approach with the initial focus on the three referral centers followed by the five smaller regional hospitals in phase 3, and the smaller division medical centers in phase 4.

UCSD will work with other PEPFAR Ethiopia partners to ensure that women enrolled in PMTCT programs have an equal opportunity to access receive prevention, care and treatment services. UCSD together with other PEPFAR Ethiopia partners, government stakeholders and PLWHA association will work to alleviate stigma and discrimination.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	6	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	35	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,190	<input type="checkbox"/>

Target Populations:

Adults

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Infants

People living with HIV/AIDS

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Laboratory workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Populated Printable: CDP

Country: Ethiopia

Fiscal Year: 2006

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Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5639
Planned Funds:
Activity Narrative: Regional PMTCT Implementation Support – Hospital Level (Amhara, Tigray and Afar)

This is a new activity.

This activity is linked with multiple activities such as PMTCT JHPIEGO (3.3.1), PMTCT IntraHealth (3.3.2), Prevention – Injection Prevention/JHPIEGO for improved infection prevention practices and safer injection/waste management systems at the facility level; care and support – CT, TB/HIV and palliative care activities: BERHAN at health centers throughout the network for detection of TB/HIV co-infected clients, clinical care follow up in the facility and community and delivery of the preventive care package; Treatment services – Logistics Management Information System/MSH, distribution and management of ARVs and the related commodities/MSH, pediatric ART/Columbia University.

During COP05, hospital-based PMTCT programs in Amhara, Tigray and Afar regions were supported by JHPIEGO.

In COP06 JHPIEGO will continue to provide training and technical support to PMTCT programs. ITECH will complement these activities by supporting the implementation of PMTCT programs at 34 hospitals in these three regions.

During COP06 the following PMTCT activities that will be supported by UCSD:

- (1) Assess current capacity for clinical care, laboratory testing, and nursing and pharmacy support of PMTCT with ART, ensure that registries and forms are in place and being correctly implemented by health care providers, that monthly reports are correctly prepared and submitted in a timely manner to the MOH, and use of data in a practical and patient-centered manner by the health care providers.
- (2) Closely tracking the status of supplies for PMTCT and communicating gaps and needs to appropriate PEPFAR Ethiopia partners.
- (3) TB screening for all clients testing positive for the HIV or exhibiting cough. Group education will include case detection and referral for TB by the ANC.
- (4) Developing intra-facility and intra-network through the utilization of case managers at hospitals and health centers. These case managers are supported under the BERHAN activity. HIV-positive clients will be referred for CD4 screening at ART hospitals to ensure entry into the ART program. Columbia will coordinate with BERHAN to ensure delivery of the preventive care package and palliative care at the health center and community level.
- (5) Supporting the delivery of appropriate post-natal follow-up services for mothers and infants.
- (6) Supervising trained PMTCT providers, identify training-related gaps, and communicate to responsible partners.
- (7) Monitoring PMTCT programs and their progress towards achievement of the targets.
- (8) Implementing performance standards and the JHPIEGO-supported standard based management program to improve quality assurance by support staff.

ITECH will collaborate with JHPIEGO to implement performance standards at all 34 hospitals and see that the necessary HMIS is set-up to support monitoring and evaluation, including the monthly reports to MOH. ITECH will work with other partners to ensure that women enrolled in PMTCT programs have an equal opportunity to receive prevention, care and treatment services. ITECH together with other PEPFAR Ethiopia partners, government stakeholders and PLWHA association will work to alleviate stigma and discrimination.

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Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	31	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	565	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	18,800	<input type="checkbox"/>

Target Populations:

Family planning clients
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Discordant couples (Parent: Most at risk populations)
 Infants
 People living with HIV/AIDS
 Pregnant women
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 HIV positive children (6 - 14 years)
 Caregivers (of OVC and PLWHAs)
 Public health care workers
 Private health care workers
 Doctors (Parent: Private health care workers)
 Laboratory workers (Parent: Private health care workers)
 Nurses (Parent: Private health care workers)

Key Legislative Issues

Gender
 Stigma and discrimination

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Coverage Areas

Afar

Amhara

Tigray

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5641
Planned Funds:
Activity Narrative: Regional PMTCT Supervision – Hospital Level

This is a new activity.

This activity is linked with multiple activities such as PMTCT JHPIEGO (3.3.1), PMTCT IntraHealth (3.3.2), Prevention – Injection Prevention/JHPIEGO for improved infection prevention practices and safer injection/waste management systems at the facility level; care and support – CT, TB/HIV and palliative care activities: BERHAN at health centers throughout the network for detection of TB/HIV co-infected clients, clinical care follow up in the facility and community and delivery of the preventive care package; Treatment services – Logistics Management Information System/MSH, distribution and management of ARVs and the related commodities/MSH, pediatric ART/Columbia University.

Hospital-based PMTCT programs begun in COP05 in Addis Ababa, SNNPR, Gambella and Benishangul Gumuz regions will be continued. JHPIEGO will provide training and technical support to PMTCT programs. During this period The Johns Hopkins University will complement these activities by supporting the implementation of PMTCT programs at 20 hospitals in these four regions.

During COP06 the following PMTCT activities that will be supported by JHU:

- (1) Assessing current capacity for clinical care, laboratory testing, and nursing and pharmacy support of PMTCT with ART, ensure that registries and forms are in place and being correctly implemented by health care providers, that monthly reports are correctly prepared and submitted in a timely manner to the MOH, and use of date in a practical and patient-centered manner by the health care providers.
- (2) Collaborating with other PEPFAR Ethiopia partners, on supplies management and assisting with meeting the needs of the hospitals, either directly or through other PEPFAR Ethiopia partners.
- (3) TB screening for all clients testing positive for the HIV or exhibiting cough. Group education will include case detection and referral for TB by the ANC.
- (4) Developing Intra-facility and intra-network through the utilization of case managers at hospitals and health centers. These case managers are supported under the BERHAN activity. HIV-positive clients will be referred for CD4 screening at ART hospitals to ensure entry into the ART program. Columbia will coordinate with BERHAN to ensure delivery of the preventive care package and palliative care at the health center and community level.
- (5) Supporting the delivery of appropriate post-natal follow-up services for mothers and infants.
- (6) Supervising trained PMTCT providers, identify training-related gaps, and communicate to responsible partners.
- (7) Monitoring PMTCT programs and their progress towards achievement of the targets.
- (8) Implementing a quality assurance program and ensuring that quality improvement projects and trainings are delivered.
- (9) Providing supervisory support for PMTCT services to ensure that proper follow-up on protocols to meet targets.
- (10) Assisting with the maintenance of records, management of informatics and compliance with to reporting requirements.

JHU will work with other partners to ensure that women enrolled in PMTCT programs have an equal opportunity to receive prevention, care and treatment services. JHU together with other PEPFAR Ethiopia partners, government stakeholders and PLWHA association will work to alleviate stigma and discrimination.

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Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	20	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	350	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	11,550	<input type="checkbox"/>

Target Populations:

- Family planning clients
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Discordant couples (Parent: Most at risk populations)
- Infants
- People living with HIV/AIDS
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAS)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

- Gender
- Stigma and discrimination

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Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

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Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

During COP05, improved surveillance data indicated that although the HIV/AIDS epidemic is concentrated in urban and peri-urban areas, prevalence in rural areas is increasing. PEPFAR Ethiopia's prevention program will be implemented in all identified hotspots; urban, peri-urban and rural. The prevention program is implemented in existing ART health networks and will be expanded to new networks, ultimately to be operational in all 89 ART health networks.

During COP05, approximately 12,000 youth and 600 leaders were trained and 750,000 youth were reached through youth networks with behavior change and life skills programs that promoted AB. This was achieved through the collaboration of AB partners in the development and adaptation of youth peer education approaches to different contexts, for example, HCP's Youth Action Toolkit was adapted by IOCC to the Sunday school setting and is currently being adapted by CRS and Pact. A major success in COP05 was the scaling up of the work of faith-based organizations in AB programming representing all the major faiths in Ethiopia (Orthodox, Muslim, Catholic and Evangelical). Four Track One partners became operational in COP05 and were integrated into the PEPFAR Ethiopia prevention program.

In COP06, the primary target groups for the partners will remain in-school and out-of-school youth aged 10-25, with their parents, teachers, and key faith and community leaders as secondary targets. Work with the major religions will fully utilize faith networks in achieving behavior change targets for youth. The behavior change interventions recognize the role that adults have in supporting the decision making of youth and will direct program activities towards older men who seek sexual relationships with younger girls and the communities which explicitly or implicitly condone the relationships. Areas of new or increased emphasis in COP06 include linking into development initiatives outside of PEPFAR, such as the USAID "Champion Communities" program, to address negative social norms. These include sexual coercion experienced by many young girls and addressing early marriage. A new target group is female domestic workers, many of who come from rural areas and are especially vulnerable to sexual coercion and violence. Prevention services for HIV-positive individuals will be addressed.

For both AB and OP activities new, indigenous partners will be enlisted through Annual Program Statements with the specific aim of reaching more peri-urban and rural areas with intensified prevention interventions. In COP06, the focus across the prevention program will be on consolidating linkages with CT, PLWHA and ART clients to capture programming synergies and cost efficiencies in reaching at risk populations across the health networks.

GOE Programs: The GOE promotes abstinence, being faithful, and correct and consistent condom use (ABC) as a comprehensive approach to HIV/AIDS prevention. The GOE also actively promotes engagement of 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 GOE and donor support for their programs.

GFATM/Other Donors: Numerous donors and international and national NGOs support media and messages to promote ABC. The GFATM includes several specific activities relevant to AB for youth. For youth education, the GOE works 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. The GFATM also included provision to reach 135,000 youth during 2005 through the Model for Risk Avoidance Behavior (MOVE) methodology.

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Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,686,000
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,473,000
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	76,760

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Addis Ababa University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5584
Planned Funds:
Activity Narrative: Supporting Addis Ababa University Students with AB

This is an ongoing AB activity in prevention. It also relates to activity 5766 (OP) Supporting University Students with OP Activities project designed to address other activities outside of AB activities.

Students of Addis Ababa University come from all corners of the country. Due to their level of maturity and desire for new experiences, the peer pressure they experience, the absence of immediate parental control, the change of environment, and the need to "fit in," students are exposed to opportunities that present the possibility of committing unsafe behavioral patterns that give rise to HIV infection. Behavior change interventions that combine activities to promote social norms for safer behaviors (including use of services) and help build the students' ability for implementing the interventions are valuable HIV prevention activities.

The aim of this project is to prevent and control HIV/AIDS within the entire Addis Ababa University community, including regular and summer students, faculty and administrative workers through capacity building in the area of behavioral change communication. The project focuses on improving HIV/AIDS/STI/TB prevention and care activities on the ten campuses of Addis Ababa University through the MARCH model. MARCH an acronym for "Modeling and Reinforcement to Combat HIV/AIDS." It is a behavior change communications strategy that promotes the adoption of HIV prevention behaviors and encourages university community members to support and care for PLWHA and children whose parents have died of AIDS.

The program's two approaches are: entertainment as a vehicle for education (long-running serialized dramas on radio or television portraying role models that develop positive behaviors) and interpersonal reinforcement efforts at the community level (support from friends, family members, and others to help people initiate behavior changes, and support through changes in social norms necessary for sustaining behavioral change over time). Both media and interpersonal activities are linked to existing resources in the community. Preventive services, supplies, and other supporting materials are made easily accessible, wherever and whenever possible.

Interventions, called "reinforcement activities" draw attention to the MARCH project and increase opportunities to listen to the drama. They are opportunities to address psychosocial and other individual characteristics (e.g., negotiating skills) in small group discussions and workshops led by community members.

In COP05 the project achieved several objectives: (1) building the organizational capacity of AAU to implement the MARCH project, (2) organizing and empowering peer groups and leaders through technical assistance and training, (3) developing training manuals and teaching aids for peer leaders on facilitation skills, participatory qualitative research techniques and participatory community activities, and (4) producing and distributing IEC materials to support the peer group activities.

During COP06 the project will develop a sustainable organizational unit on every campus to run the MARCH program, conduct training to build the leadership skills of peer leaders, produce print and audiovisual materials for trainings. Once these activities are completed, the project will then implement the MARCH Project to full scale on the ten campuses of the university reaching a total of 30,000 regular students, 2,000 summer students, and 3,000 academic and administrative staff members.

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In addition to the MARCH program, the project will produce and distribute IEC materials to support an array of preventive activities on the campuses, strengthen alliances between the university and other Ethiopian universities, colleges and high schools, and eventually, educational institutions in sub-Saharan Africa and the U.S.

Activities to address the existing imbalance between the genders, male attitudes and behaviors towards women, and the need to strengthen women's assertiveness when negotiating the sex (and the use of a condom) will be developed as well.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,000	<input type="checkbox"/>

Target Populations:

- University students (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

- Gender
- Stigma and discrimination

Coverage Areas

- Adis Abeba (Addis Ababa)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: *
Prime Partner: International Orthodox Christian Charities
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5592
Planned Funds:
Activity Narrative: Faith-based AB Support – Orthodox

This is an ongoing AB only activity in prevention. It relates to activities 5593 Community and Home-based Care for PLWHA (Palliative Care) and 5591 Community and Home-based Care for PLWHA (OVC). During COP05, PEPFAR Ethiopia supported International Orthodox Christian Charities (IOCC) to work in partnership with the development arm of the Ethiopian Orthodox Church (EOC), the Development Inter Church AID Commission (DICAC) to utilize and mobilize the strong Orthodox network towards reinforcing HIV AB prevention messages.

In COP05, IOCC-DICAC focused on building its youth and general population risk reduction programs. The youth prevention program was implemented through the Sunday school structure reached 500,000 youth, through a peer education and community outreach approach. DICAC with support from HCP, adapted the Youth Action Toolkit to the Sunday school setting. AB prevention programs at the community level targeting community attitudes and norms were implemented through utilization of faith structures. 100 clergy were trained as trainers, and in turn trained 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. Mass media promotions to raise awareness of the importance of HIV prevention were conducted. These included public rallies led by the Patriarch or Archbishops, IEC/BCC materials, and the integration of HIV/AIDS prevention messages into all EOC publications.

During COP06, it is expected that an additional 1,350 peer educators will be trained bringing the total to 3,350 peer educators. These 3,350 peer educators will teach in 750 Sunday schools and reach 75,000 youth. 5,000 additional clergy members will be trained to deliver AB messages bringing the total to 45,000 trained clergy active during COP06. Each trained clergy member will reach a minimum of 10 people per month. A minimum of 3.7 million people will therefore be reached. There will be 55,350 active individuals trained to provide AB prevention programs. This number is comprised of 45,000 clergy, 3,350 peer educators, 2,000 PAC members and approximately 5,000 within the para/counsellors groups. 44 public rallies will be held (4 led by the Patriarchs and 40 by the Archbishops) and a total of 30,000 pieces of IEC literature will be produced and distributed. HIV/AIDS AB messages will continue to be integrated into the EOC teachings during regular and special services.

The activities planned at each project woreda will be undertaken in close collaboration with the local wereda HAPCO branch and other stakeholders in the area. Networking among these groups will strengthen the project's impact and sustainability.

Gender will be given maximum attention as a cross cutting theme and efforts will be made to ensure the participation of women in youth clubs, community-based discussion groups, counseling and training. A target of 50% female beneficiaries will be set. The EOC has taken a strong stand against stigma and discrimination. Efforts to strengthen this position will form a key part of this activity.

Significant emphasis will be placed on achieving further quality in the peer education, community outreach, training, and networking components with the objective of leaving the communities and beneficiaries with projects and community-based systems in order to strengthen their sustainability.

IOCC-DICAC will continue to integrate its work with the different faiths through

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participation on the National MAPCO's Partnership Forum and through the Inter Faith Forum for Development and Dialogue for Action and with PEPFAR prevention partners through the ABOP-sub working group.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,760,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	1,320,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	55,000	<input type="checkbox"/>

Target Populations:

Community leaders
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Religious leaders

Key Legislative Issues

Stigma and discrimination
Gender

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5594
Planned Funds:
Activity Narrative: Faith-based AB Support - Muslim

This is an ongoing AB only activity. In COP05, PEPFAR Ethiopia provided support to the Ethiopian Muslim Development Agency, a relatively new organization established in mid-2000, to develop its organizational capacity and to implement its HIV/AIDS prevention program.

In COP05, Pact Ethiopia supported EMDA with a variety of capacity building interventions, based on a needs assessment carried out at the inception of the program. EMDA staff at the head office and branch office levels were trained in the areas of project planning, monitoring, evaluation and reporting, financial management, strategic management and gender planning. In addition, this intervention developed administrative and monitoring and evaluation systems. Trainings conducted for EMDA management and the Board of the Islamic Supreme Council in good governance and leadership. The impact of these trainings improved the quality of program plans and the implementation of EMDA HIV/AIDS program in the targeted sites.

The HIV/AIDS AB prevention program became fully operational in the third quarter of COP05. The AB community education program consists of training of youth peer educators, women to women peer educators and community educators who work through youth and women and anti-AIDS clubs structures. Local faith leaders promoted AB messages through ongoing faith activities and public rallies.

EMDA's HIV/AIDS interventions affected change among its followers with evidence these changes in their day to day actions, beliefs and attitudes.

In COP06, EMDA will continue to implement its youth and community peer education, community and mass media IEC and BCC prevention interventions aimed at increasing the number of people maintaining or adopting AB behaviors. Additionally anti-AIDS clubs will be established with increased focus on women clubs. Radio broadcast of AB messages and market day teachings will also be included. The project areas will continue to be Jimma zone of Oromia region, Dire Dawa and Harari regions. In this program period, it is expected that 100 anti-AIDS clubs will reach 10,000 youth with an additional 10,000 people reached through community-based initiatives. 500 youth, women, community peer educators and faith leaders will be trained. Mass media activities will be developed to reach a total of 360,000 people.

In COP06, additional capacity building interventions will be implemented for EMDA and the Islamic Supreme Council. The training curriculum will focus on advocacy skills, Appreciative Inquiry, and leadership development, and board governance.

EMDA will continue to integrate its work the other faiths in Ethiopia through participation on the National HAPCO's Partnership Forum and the Inter Faith Forum for Development and Dialogue for Action, and with PEPFAR Ethiopia prevention partners through the ABOP sub-working group.

The program conforms with the PEPFAR Ethiopia prevention strategy by focusing on promoting AB behavior among youth and community members. Additionally, the program utilizes existing Islamic structures to promote AB behavior and model positive, non-stigmatizing behaviors among the communities.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	500	<input type="checkbox"/>

Target Populations:

Girls (Parent: Children and youth (non-OVC))
 Boys (Parent: Children and youth (non-OVC))
 Men (including men of reproductive age) (Parent: Adults)
 Women (including women of reproductive age) (Parent: Adults)
 Religious leaders

Key Legislative Issues

Stigma and discrimination
 Gender

Coverage Areas

Dire Dawa
 Oromiya

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5595
Planned Funds:
Activity Narrative: HIV/AIDS Prevention through Abstinence and Healthy Choices for Youth (ABY Track 1)

This is an ongoing Track 1 funded AB only activity.

This program became operational in mid-COP05 and consequently has only recently begun implementing activities. Food for the Hungry International Ethiopia is working in partnership with the Ethiopian Kalehiwot Church, Life In Abundance Ethiopia, Save Lives Ethiopia and Fayya Integrated Development Association to prevent new HIV infections among youth and through the mobilization of communities, faith leaders and faith-based organisations.

In COP06, activities will be implemented that focus on the delayance of sexual debut, promotion of primary and secondary abstinence among youth aged 10-24, promotion of fidelity among married couples and promotion of counseling to increase sexual responsibility among youth. Four programming strategies will be employed: the scaling up of skill based HIV education, stimulating broad community dialogue on healthy norms and behaviors, reinforcing the role of parents and other protective and supportive people and addressing sexual coercion and other unhealthy behaviors.

Program interventions will focus on supporting youth in their decision-making regarding sexual relationships.

A focus of this activity in COP06 will be the mobilization of communities around HIV/AIDS prevention activities through working closely with faith leaders, community leaders, women's groups and other community-based organisations and strengthening youth development programs.

The project will be implemented in ten districts of the three regional states of Amhara, Oromiya and Addis Ababa.

Food for the Hungry will continue to integrate its work with PEPFAR prevention partners through the ABOP sub-working group.

The program conforms with the PEPFAR Ethiopia prevention strategy by focusing on promoting AB behavior with the youth and utilizing existing youth structures, churches and Sunday school/youth groups to promote AB behavior and model positive, non-stigmatizing behaviors among the communities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	102,500	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	87,170	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,200	<input type="checkbox"/>

Target Populations:

Community leaders
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Religious leaders

Key Legislative Issues

Gender

Coverage Areas:

Adis Abeba (Addis Ababa)
Amhara
Oromiya

Table 3.3.02: Activities by Funding Mechanism

Mechanism: T1
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5596
Planned Funds:
Activity Narrative: Avoiding Risk, Affirming Life Program (ABY Track 1)

This is an ongoing Track 1 funded AB only activity.

This activity became operational in mid- COP05 and as such has only recently begun implementing activities. CRS is working in partnership with the Ethiopian Catholic Secretariat and initially, three diocese/vicariates (Harari in Dire Dawa Council and Oromiya Region; Meki in Oromiya Region and Adigrat in Tigray Region) which have longstanding relationships with CRS, in the implementation of this activity.

This activity aims to reduce HIV transmission among youth through increasing the number of youth and young adults practicing abstinence, secondary abstinence, and fidelity; challenging unhealthy sexual behaviors that increase vulnerability to HIV, such as cross-generational sex and sexual exploitation and engaging with indigenous faith- and community-based organizations to effectively promote abstinence, secondary abstinence, and mutual fidelity.

This activity employs three key strategies towards the achievement of these aims: training of Catholic pastoral leaders in HIV/AIDS, counseling and message delivery; providing support to the diocesan Social Development and Coordination Offices to scale up youth-focused HIV/AIDS prevention and support programs and to challenge community and social norms which contribute to the spread of HIV/AIDS; and reaching teachers, parents and in- and out-of-school youth using large-scale interactive communication methods as well as life skills tools such as the Youth Action Kit.

CRS will support activities and programs that provide HIV/AIDS education and appropriate life and relationship skills to youth. Education to young people will be delivered through schools, parishes and other community owned mechanisms. Youth anti-AIDS clubs, Idir/Maheber (local traditional associations), women's associations, market places and mass events will be used to access out-of school youth.

Broad community discourse on healthy norms as well as harmful yet accepted norms of behavior and their consequences will be given emphasis in COP06. The Ethiopian Catholic Church and its Diocesan offices are in an influential position to be able to address this through the church structures and ecumenical relations.

CRS and its partners will also target parents and adults to deliver supportive and protective messages of abstinence and mutual fidelity to young people in a culturally sensitive manner. MOVE will be adapted to deliver such messages to parents, guardians and caregivers. The clergy and other faith leaders will be mobilized to enhance their mentoring and counseling role to the youth and young adults. In order to harness this important force at the grassroots, it is essential that they be equipped with the skills to adopt a values based approach to the promotion of abstinence and faithfulness in their community, particularly for youth.

As young girls are more vulnerable to HIV infection due to economic and cultural reasons, CRS and partners will explore these factors and challenge them through mobilization of the clergy and church leaders. While this program will maintain a focus on encouraging youth to avoid risk by abstaining and remaining faithful in marriage, it also recognizes the evidence base indicating the importance of modifying adult behavior, specifically that of older men.

In COP05, the project has initiated all three strategies and these will be rolled out

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across the three dioceses during COP06.

CRS will continue to integrate its work with PEPFAR prevention partners through the ABOP sub working group.

The activity conforms with the PEPFAR Ethiopia prevention strategy by focusing on promoting AB behavior with the youth and utilizing existing parish structures, churches and Sunday school/youth groups to promote AB behavior, address harmful social norms and model positive, non-stigmatizing behaviors among the communities / general population.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	460	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Street youth (Parent: Most at risk populations)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Gender

Coverage Areas

Dire Dawa
Oromiya
Tigray

Table 3.3.02: Activities by Funding Mechanism

Mechanism: T1
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5597
Planned Funds:
Activity Narrative: Y-CHOICE Program (ABY Track 1)

This is an ongoing Track 1-funded AB only activity in prevention.

This activity became operational in mid- COP05 and as such has only recently begun implementing activities. The Y-CHOICES program as its major objective promotes A and AB choices among children and youth in particular and their families and communities in general.

As the major pillar of the Y-CHOICES program, all interventions promote Abstinence and Faithfulness as a desirable and appropriate behavior to combat HIV/AIDS. The Y-CHOICES' program primarily targets in-school and out-of-school children and youth. Adults in community based structures will also be addressed by program activities as they can contribute to the promotion of a healthier life style for the children and youth among their community.

The in-school programs will be implemented through anti-AIDS clubs, Girls' Clubs and peer education. AB peer education and club management training will be given to club leaders selected from the Girls and Anti-HIV/AIDS clubs in each targeted High School. School mini-media equipment (tape recorder, speaker system) will be provided for each High School. The club members and the peer educators will be encouraged to prepare educational messages that take age, culture and language differences into account. The general targets of the program are youth between 10-24 who will be segmented for the education purpose. Those who are under 15 years old will be targeted for life skills development education, mostly on Abstinence and those above 15yrs for both Abstinence and Be faithful. In Urban areas, each High School will reach about 2 satellite primary schools where emphasis will be given to promote Abstinence. In rural areas and Alternative Basic Education Centers, AB messages will be promoted given the generally older age that children begin attending school in rural areas and the higher prevalence of early marriage among rural communities. This program will also link with activities aimed at reducing the levels of early marriage in rural areas of Ethiopia.

During COP06, it is expected that 185,000 high school and 184,000 upper primary school students in 180 high schools and 360 primary schools will be reached. A total of 715 secondary school peer educators will be trained to facilitate and organize AB programs in the target secondary and primary schools. In addition, 150 secondary schools will be supplied with minimedia equipment to strengthen their capacity to promote AB messages in the schools. In each secondary school it is planned to organize or strengthen one anti-HIV/AIDS club and one Girl's club.

With regard to out-of-school program, a total of 100,000 youth are planned to be reached through 100 out-of-school clubs. To this end, 800 Youth mentors will be trained to promote and organize AB programs among the target out-of-school youth.

Under the community program, some 50,000 adults are going to be impacted using 267 Idirs, Mahbers and Alternative Basic Education Centers (ABECs) as an entry point. 200 Adult mentors will be trained to reach the target adults with youth-adult dialogue and AB promotion skill.

The program will be complemented by 9 regional/local educational mass media broadcasts through which different community members will be reached with AB information and skills across the country. To improve message development and content, 100 Journalists from the target radio stations will be trained in AB

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programming.

Major community level activities envisaged to achieve the project objectives include, one-to-one and group discussions, peer to peer education, mass education through dramas, question and answer competitions, leaflet distribution, adult-youth dialogue forums or mentoring sessions, out-reach campaigns, community mobilizations, dissemination of information through school mini-media. Through these integrated, coherent and well-organized community level activities, it is planned to provide information, knowledge, and skill that promote abstinence and faithfulness as appropriate behavior to reduce HIV/AIDS.

The capacity of the partner organizations will be also built through the provision of training on advanced board development (development of the skills of the board members), conflict resolution and management, and negotiation skills, and advanced resource mobilization and fund raising. Moreover, Organizational Capacity Assessment will be conducted on 4 new partner organizations to identify capacity gap and assist them so that they implement the program effectively.

Pact will continue to integrate its work with PEPFAR prevention partners through the ABOP sub working group.

The program conforms with the PEPFAR Ethiopia Prevention Strategy by focusing on promoting AB behavior with the youth and utilizing existing community structures to promote AB behavior and model positive, non-stigmatizing behaviors among the communities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	185,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	150,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	13,300	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Religious leaders

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Key Legislative Issues

Gender

Coverage Areas:

National

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: *High Risk Corridor Initiative
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5601
Planned Funds:
Activity Narrative: High Risk Corridor Initiative

This is an ongoing program that has AB, OP prevention and Care elements. This activity relates to activities numbered 5599 High Risk Corridor Initiative (OP), 5719 High Risk Corridor Initiative CT (VCT), and 5600 High Risk Corridor Initiative (Palliative Care).

During COP05, PEPFAR Ethiopia supported Save the Children USA to work in 24 communities along the transport corridor from Addis Ababa to Djibouti to provide comprehensive HIV/AIDS prevention programs.

The program has three main prevention strategies; the promotion of Abstinence and Faithfulness among the communities through education; reduction of stigma and discrimination and risk reduction programs. Community education programs focus on promoting Abstinence and Faithfulness as the primary prevention methods for all target groups with the exception of commercial sex workers (see activity 7.3.2. OP), and are implemented through trained community educators. These educators include faith and community leaders, people living positively with HIV and AIDS and youth representatives. These community educators are 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.

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.

In COP06, the program will continue working in the 24 communities. HRCI will continue to provide support to schools for abstinence programming partnering for adolescents/youth (age 12-14, 15-19) with Save the Children US ARSH and BESO Programs providing technical support to increase capacity of teachers, school HIV/AIDS Focal persons and in-school girl and boy club leaders to promote abstinence programs in public and private schools for adolescents and youth age 13-19 using a life skills approach (HCP Youth Action kit, etc.). Out-of-school youth will be reached by youth peer educators. Youth that are already engaging in sexual intercourse and do not plan to abstain will be referred to the Information Centers and health services for counseling on other prevention methods (see activity 7.3.2 OP).

Working with FBOs, CBOs, and local media in communities along the Corridors, HRCI in partnership with the Save the Children U.S. Partnership for Change: Children, Communities and Care (PC3) Orphan and Vulnerable children program,, will facilitate learning opportunities for parents and OVC care-givers to develop communications skills to discuss sexual behavior with their children, train spiritual leaders to promote abstinence with youth, to promote mutual faithfulness among married couples and to reduce stigma and discrimination.

HRCI will continue to promote abstinence as the primary HIV prevention message working with 680 community leaders, youth peer educators and youth clubs involving them in the community action cycle process: community needs assessment, planning and doing community service working with the community HIV/AIDS Prevention Sub-committees. Community youth will conduct edutainment and campaigns that promote A and B. Focus will be on encouraging youth to be involved in community service (mentoring younger children and assisting with care and

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support activities). HRCI will develop skills of youth to conduct interactive theater to help parents and youth learn how to communicate with each other about sensitive issues such as sexual behavior. By the end of COP06, HRCI will have trained at least 500 community members to promote abstinence and faithfulness messages in their communities.

A new component to current AB prevention activities in COP06 will be support for vocational-skills building and life-skills learning opportunities mobilizing resources from the business/private sector, local government, and NGO/governmental vocational training programs. HIV/AIDS prevention education, discussion forums for both sexes, and young female support groups will be integrated into this informal training program. This program component will target sub-groups of highly vulnerable youth such as teenage married women who are often separated from the husbands serving in the military or doing migrant work, local male youth out-of-school, un-employed and without skills, local female youth who may be enticed into (cross-generational sex) sexual relationships with older men promising excitement, money, and gifts, and young migrant (seasonal) laborers.

For information relating to the third prevention strategy, please refer to activity 7.3.2 under Other Prevention.

In COP06, SC/US will continue to integrate its work with PEPFAR prevention partners through participation in the ABOP sub working group.

The program conforms to the PEPFAR Ethiopia prevention strategy through utilizing existing community structures and leaders to promote safer sexual behaviors and to model positive, non-stigmatizing behaviors among communities / general population.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	700	<input type="checkbox"/>

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Target Populations:

Adults

Community leaders

Community-based organizations

Military personnel (Parent: Most at risk populations)

Truck drivers (Parent: Mobile populations)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Afar

Dire Dawa

Oromiya

Sumale (Somali)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Abt Private Sector Partnership
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5605
Planned Funds:
Activity Narrative: Private Sector Program

This is an ongoing activity and is linked with activities under the same activity name in Prevention: 5603 Private Sector Program (OP), 5718 Private Sector Program (VCT), and 5604 Private Sector Program (TB/HIV).

Building on 2005 activities, Private Sector Programs (PSP) will continue engaging additional very large (1000+ employees) and large companies (500+ employees) in multiple regions of Ethiopia to ensure the presence of/improve access to workplace HIV/AIDS AB prevention activities for employees and dependents. PSP focuses on demand-driven programming to the local private sector; a major focus of this activity is to establish local management/labor ownership of activities and establish cost sharing agreements with local companies.

By September 2007, PSP will have AB prevention activities in 65 of the largest workplaces in Ethiopia and will ensure the presence of improved access to quality HIV/AIDS AB prevention messages among workers.

The major focus of the PSP program will be ensuring intensive workplace peer-based interpersonal communication and education program that reinforce and model positive behavioral norms focusing on fidelity in the context of cross generational sex and transactional sex for Men with Money, Mobility and Influence in Ethiopian society.

Linkages with families and communities will be supported with program elements that involve employees' dependents to establish community-level and workplace-level behavioral norms that emphasize fidelity or abstinence until marriage.

Additional elements of the PSP activities include a rapid assessment and debriefing session with senior management, peer-based behavioral change activities including module based training and weekly peer education sessions in the workplace, family-oriented activities in recognition of employer/employee commitment to workplace activities. Additional elements of the program include clinical performance improvement and service initiation and non-clinical interventions such as policy designing, committee capacity building, management orientation and SI activities including Knowledge, Attitude and Behavior surveys and Workplace Information Systems (WIS) serving to monitor programs, allow for the strategic use of resources (i.e. trained peers, IEC materials and referral linkages with civil society and the public health system).

Options will be developed for employees and their dependants to improve their knowledge on basic HIV/AIDS facts, personal risk assessment, HIV prevention strategy, Gender and HIV/AIDS, Voluntary Counseling and Testing (VCT), HIV/AIDS and Tuberculosis, positive living and care and support.

PSP will integrate and collaborate with the health network for prevention, care and treatment to ensure maximum coverage of employees, their dependants and members of the community.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	35,650	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

Adults

Business community/private sector

Factory workers (Parent: Business community/private sector)

HIV/AIDS-affected families

Truck drivers (Parent: Mobile populations)

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

Table 3.3.02: Activities by Funding Mechanism

Mechanism: HCP
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5617
Planned Funds:
Activity Narrative: Creating a Youth "Movement" to Combat HIV/AIDS

This is an ongoing activity.

In COP05, HCP launched three HIV/AIDS prevention programs for young people. The Youth Action Kit (YAK), Sports for Life (SFL), and Beacon Schools are participatory Life Skills Education programs. YAK targets in- and out-of-school youth aged 15-20 who are affiliated with youth clubs, while SFL reaches in-school youth aged 12-15 and Beacon Schools focuses on primary school students aged 10-12. All three programs encourage youth to use their talents – creative, athletic, and intellectual – to develop life skills and reduce their risk of HIV/AIDS. Because SFL and Beacon Schools target younger adolescents, the vast majority of whom are not sexually active, they promote basic skill building and delayed sexual debut. YAK, catering to older youth, emphasizes abstinence, learning to resist coercion, secondary abstinence and fidelity.

Gender is a key theme addressed in the HCP program. The life skills building pays particular attention to male and female relationships and the importance of respecting young women's and young men's choices. The aim of the activities is to develop young people's confidence in making and maintaining their decisions and also to respect and help others maintain their decisions.

Each program is based on the Champion Activity Cycle, in which youth strive to achieve "champion" status by fulfilling a set of requirements. This cycle is based on the premise that the combination of defined goals and healthy competition motivates collective action, which can, in turn, reinforce individual-level behavior change. The achievement of reaching "champion" status is celebrated by the larger community at a festival, which in turn encourages continued participation and generates expanded interest in the program.

The YAK, SFL, and Beacon Schools programs were developed in conjunction with a wide range of partner organizations. The implementation model has enabled HCP to rapidly scale up. Approximately 2,300 secondary schools, youth clubs, and Sunday schools affiliated with the Ethiopian Ministries of Youth, Sports, and Culture and Education, SAVE the Children US, the Ethiopian Orthodox Church, and the Ethiopian Youth Network have been trained in the YAK and SFL approaches.

In the coming year, YAK, SFL, and Beacon Schools will be linked by a series of talent competitions, which will take place at the local, regional, and national levels, creating a national "Youth Talent Beat AIDS" movement.

In COP06, HCP's overall youth prevention strategy is to reinforce work with youth already active in programs while significantly expanding its network of partners.

In 2006-2007, HCP will build its partners' capacity to manage YAK, SFL and Beacon Schools by providing additional training in view of making partners fully capable of implementing the programs themselves once they take full ownership of the programs. HCP will facilitate information-sharing between partners through taskforce meetings and Lessons Learned workshops. HCP will also build partner capacity at the regional level, allowing for a broader geographic reach.

HCP will continue to increase parent, teacher, and community involvement in its youth programs by developing new materials and activities targeting these audiences, and including members of these groups in stakeholder committees.

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Working with partners, youth, parents, and other stakeholders, HCP will develop new communication materials to deepen participants' learning and sustain program momentum. In addition to expanding existing content, new materials will strengthen areas such as combating coercion as well as adding new content areas, such as voluntary counseling and testing.

HCP will actively recruit new partners to implement YAK, SFL, and Beacon Schools. Special efforts will be made to reach out to partners that work with new youth audiences, such as orphans or working youth. Finally, HCP will continue to generate enthusiasm for YAK, SFL, and Beacon Schools and reinforce the leadership role that "champion" youth groups play in the community through a series of strategic mass media campaigns.

In COP06, HCP will continue to integrate its work with PEPFAR prevention partners through participation in the ABOP sub-working group.

The program conforms to the PEPFAR Ethiopia prevention strategy of targeting youth groups. The program utilizes the existing Government and youth network structures to reach the youth groups. The program has been an excellent example of programmatic collaboration with other PEPFAR Ethiopia partners and this will continue in COP06.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	700,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	350,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Street youth (Parent: Most at risk populations)
- Teachers (Parent: Host country government workers)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5631
Planned Funds:
Activity Narrative: Mobilizing, Equipping and Training Youth Program (ABY Track 1)

This is an ongoing Track 1 funded AB only activity in prevention.

This activity became operational in mid- COP05 and as such has only recently begun implementing activities. This activity mobilizes, equips, and trains (MET) older youth and Christian grassroots leaders who work with youth to prevent new HIV infections, under the theme "There is Hope."

Samaritan's Purse goal is to mobilize, equip and train (MET) youth and church and community leaders who have frequent interactions with youth, with the ultimate goal of reducing new HIV infections among 10 to 24 year olds. This goal will be achieved through education, awareness, and community interaction activities with a focus on abstinence, fidelity, monogamy, increasing secondary abstinence. Samaritan's Purse will reach youth through direct programs with a variety of interventions and messages about HIV/AIDS and HIV prevention and will train grassroots leaders to facilitate youth awareness, abstinence, and care programs.

To achieve this goal, Samaritan's Purse will mobilize the 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. This activity will focus on building and expanding the capacity of communities' schools and churches to reduce the risks of HIV infection in youth through new and existing programs of education, prevention, de-stigmatization, mentoring, and training about HIV and AIDS.

In each of the target communities, Samaritan's Purse staff training team will seek out participants primarily from the Christian community (especially older youth, pastors, women's and youth leaders) who are already involved in the lives of youth through some kind of activity such as sports clubs, church youth clubs, youth centers, school activities, faith activities, anti-AIDS clubs, etc. These participants will be selected on the basis of their current involvement in the lives of youth in the community, their past and current community involvement (including involvement in HIV prevention or care activities), recommendations by community leaders, a commitment to education and care interventions following the workshop, and ability to complete the course (i.e. reading and writing skills). The selected participants will be work through an 18-24 month program.

The program teaches all participants to initiate HIV/AIDS awareness aimed at youth, to involve youth in care programs for people living with HIV/AIDS (PLWHA) in their own communities, and to mentor and teach life-skills to at-risk youth. The program emphasizes building the capacity of pastors, parents, and youth leaders to speak about HIV/AIDS in a culturally accepted and dynamic way within churches.

Utilizing the MET approach, Samaritan's Purse will work in more than 120 communities in Ethiopia's Gedeo zone. In each community, Samaritan's Purse will train and mentor youth and youth leaders over a period of 18 months to two years before handing over the project to community based volunteer teams. Youth, youth leaders, and parents will benefit from HIV/AIDS awareness messages, mentoring and a life-skills and character-based curriculum.

Samaritan's Purse will continue to integrate its work with PEPFAR prevention partners through the ABOP sub-working group.

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The program conforms with the PEPFAR Ethiopia Prevention Strategy by focusing on promoting AB behavior with the youth and utilizing existing community structures, to promote AB behavior and model positive, non-stigmatizing behaviors among the communities / general population.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,800	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	17,800	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	715	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Southern Nations, Nationalities and Peoples

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Police
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5633
Planned Funds:
Activity Narrative: Federal Police-focused AB Program

This is an ongoing AB activity, 5766 Federal Police Prevention Activities (OP).

PEPFAR Ethiopia will continue undertaking AB Preventive activities with the Federal Police (FP). The objective of the intervention is to strengthen and integrate Federal Police's prevention, care, and treatment efforts for police men and women and their family members through AB activities employing MARCH model. MARCH (Modeling and Reinforcement to Combat HIV/AIDS) is a behavior change communications (BCC) strategy that promotes the adoption of HIV prevention behaviors and encourages community members to care for people living with HIV/AIDS (PLWHA) and children whose parents have died of AIDS. Rectifying the existing inequality between the genders will also be the focus of the project. Accordingly, the project will target men's cognitive style and behavior towards women as one behavioral objective. Furthermore, modifying all fallacious perceptions, in general, and stigma and discrimination, in particular, towards people living with HIV/AIDS, OVC, the use of services, such as, VCT, ART, etc. will be target area. The equilibrating the existing gender imbalances and the removal of stigma and discrimination is expected to minimize the rate of exposure of the police force to risky behaviors and also encourage a comprehensive care and support on the part of the community, promote better service uptake and most specifically - abstinence and faithfulness among the police force. There are 2 main components to the program: entertainment as a vehicle for education and interpersonal reinforcement at community level. Both media and interpersonal intervention activities should be linked to existing resources in the community and, wherever possible, provide increased access to preventive services, supplies, and other supporting elements. Key to the entertainment-education component is the use of role models in the context of a storyline to provide information about change to motivate the viewer and to enhance a sense of self-efficacy. That is, an emphasis on narrative that is aligned with the norms of the particular culture allows people "to understand the origins, meanings, and significance of [their] difficulties, and to do so in a way that makes change conceivable and attainable". The second constituent involves reinforcing the message through interpersonal communication strategies like peer group discussions, printed materials (like brochures) delivered by members of the affected community and making services and condoms available.

The Federal Police will have started implementing MARCH project by the end of COP05 through peer leadership strategy as one of its key prevention strategies for police wo/men. A total of 1,000 peer leaders will have been trained with special focus on abstinence and faithfulness and by end of COP05 and peer groups organized. Accordingly, in 2005 a total of 10,000 will have been reached through peer approach employing comic strips in various sites including Addis Ababa General Police Hospital, Police Garage, Police Engineering Department, Police College, Logistics, Crime Prevention, Individual police stations in Addis Ababa.

The COP06 project has four components. The first component will spotlight on building the capacity of the Federal Police Force. Thus, the human power, material and technical capacity of FP will be strengthened. The second component of the project will focus on creating the necessary technical capacity in implementing MARCH project through peer structure. Thus, the necessary refreshment training will be given to a total of 700 peer leaders. The training will enable FP to reach its total target population estimated at 3,000. The third component focuses on continuing on peer leadership strategy and printed serial drama initiated in COP05. Thus, the second print serial drama in the form of a comic strip is planned to be employed as a

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strategy to bring about change in behavior. Hence, peer leaders will share the comic strip with peer group members of the police force in applying the information to their own lives in order to reduce risk of HIV infection through abstinence and faithfulness. The fourth component will aim at producing the necessary IEC materials augmenting the printed serial drama (comic strip). Thus, one package of IEC materials will be distributed among 1,000 peer groups. The package will consist of one poster, five different leaflets focusing on abstinence and faithfulness, VCT, ART, stigma and discrimination, substance abuse, and care and support / positive living. Thus, a total of 1000 posters and 2,000 leaflets will be distributed to enrich the reinforcement component of the printed serial drama.

This activity will continue to integrate its work with PEPFAR prevention partners through the ABOP sub-working group.

The program conforms with the PEPFAR Ethiopia prevention strategy by focusing on promoting AB behavior with the target populations.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	700	<input type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of National Defense, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5634
Planned Funds:
Activity Narrative: Military-focused AB Activities

This is an ongoing AB activity in prevention. This project is linked with 5635 Military Prevention Activities (OP) - designed to provide OP-focused activities.

PEPFAR Ethiopia will continue undertaking AB activities with the National Defense Forces of Ethiopia (NDFE). Data, collected in 2004 from two Corps (107th and 109th), on the military show that the average age of army members is 28 and 75% and 90% are, respectively below 30 and below 35 years. About 47% of the army members are married (7.7% are polygamous) and 19.27% are living with their spouses. For 44.5% of the target population, the on set age for sexual relationship is 18 and below. About 98% have experienced sexual intercourse at least once in the past and more than 85% have had sexual intercourse in the last 12 months prior to the study.

The objective of the intervention is to strengthen and integrate NDFE's prevention, care and treatment efforts for soldiers and their family members through AB activities employing the MARCH model. MARCH (Modeling and Reinforcement to Combat HIV/AIDS) is a behavior change communications (BCC) strategy that promotes the adoption of HIV prevention behaviors and encourages community members to care for people living with HIV/AIDS (PLWHA) and children whose parents have died of AIDS. Rectifying the existing inequalities between the genders will be a focus as will changing men's attitudes and behaviors towards women. Addressing stigma and discrimination towards PLWHA, OVC will be the target area. Tackling existing gender imbalances and the removal of stigma and discrimination is expected to contribute to reduction of risky behaviors and also encourage a comprehensive care and support on the part of the community, promote better service uptake and most specifically - abstinence and faithfulness among army members. There are two main components to the program: entertainment as a vehicle for education (long running serialized printed and/or electronic dramas portraying role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level. Key to the edutainment component is the use of role models in the context of a storyline to provide information about change, to motivate the viewer, and to enhance a sense of self-efficacy. The second element involves reinforcing the message through interpersonal strategies like peer group discussions delivered by members of the affected community and making services available.

The project has five components and aims to prevent and control HIV/AIDS among members of the army through capacity building in the areas of behavioral change communication (BCC), thus, provides necessary support to strengthen the organizational, structural, functional, strategic, etc., capacity of NDFE. The project covers five commands and a total number of 75,000 military personnel and provides BCC intervention to encourage abstinence, faithfulness and service (VCT, PMTCT, ART, Care and Support) uptake. The first component will spotlight on building the capacity of National Defense Force of Ethiopia at Head Quarter and Command level. The second component of the project will focus on creating the necessary technical capacity in implementing MARCH project through peer structure. Thus, the necessary training will be given to a total of 100 command trainers, 2,500 Peer leaders' trainers/ supervisors at platoon level, and 25,000 peer leaders at team level which enables the project to reach 250,000 members of the army, that is 100% coverage. The third component focuses on continuing on peer leadership strategy through the printed serial drama initiated in COP05. Thus, the second print serial drama in the form of a comic strip is planned to be employed as a strategy to bring about change in behavior. The fourth component will aim at producing the necessary

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IEC/BCC materials augmenting the printed serial drama (comic strip). Thus, one package of IEC materials will be distributed among 25,000 peer groups. The package will consist of one poster, two different leaflets focusing on abstinence and faithfulness, VCT, ART, stigma and discrimination, substance abuse, and care and support / positive living. Thus, a total of 25,000 posters and 50,000 leaflets will be distributed to enrich the reinforcement component of the printed serial drama. The fifth component will undertake the initiation of the establishment of a resource center as its goal. The resource center will take up on (1) the development of relevant IEC/BCC materials (including the printed serial drama and other MARCH outputs in the future), (2) documentation of HIV/AIDS related electronic and printed data/information on the army; and (3) planning and organization of necessary training inputs.

The program will continue to integrate its work with PEPFAR prevention partners through the ABOP sub working group.

The program conforms with the PEPFAR Ethiopia prevention strategy by focusing on promoting AB behavior among at risk populations and modeling positive, non-stigmatizing behaviors among the communities.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	18,200	<input type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5723
Planned Funds:
Activity Narrative: Design and Production TA for MARCH

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is new AB activity in prevention. This project is linked with another project in COP06 – Technical Assistance for Other Prevention Activities in MARCH Projects’ designed to provide technical support to existing projects, namely, 5634 Military-focused Other Prevention Activities (OP), 5633 Police Other Prevention Activities (OP), and 5584 Supporting Addis Ababa University Students with Other Prevention (OP).

The partner is expected to provide technical support to existing projects, namely, Military-focused AB Program (COP 4.3.13.), Police-focused AB Program (COP 4.3.12.), and Supporting Addis Ababa University Students with Other Prevention (COP New Activity).

Thus, the partner will be responsible in supporting in the implementation of MARCH project in the three settings: National Defense Force of Ethiopia, Federal Police, and Addis Ababa University. The partner will provide technical assistance in the area of *planning and designing projects, monitor day to day activity of the indicated three partners in the area of AB focused prevention, assisting the partners in organizing training for peer approach, assist the partners in material production which includes both BCC materials (printed serial dramas) and IEC materials that are expected to support the BCC materials, setting up and activating appropriate monitoring and evaluation systems.*

This partner will integrate its work with PEPFAR prevention partners through the ABOP sub-working group. The program conforms with the PEPFAR Ethiopia Prevention Strategy by focusing on promoting AB behavior among at risk populations and modeling positive, non-stigmatizing behaviors among the communities / general population.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Target Populations:

Military personnel (Parent: Most at risk populations)

University students (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5726
Planned Funds:
Activity Narrative: Safer Marriage in Amhara Region

This is a new AB only activity for COP06. This activity will specifically address objective 4 and is one of the activities specifically focusing on addressing social norms that have a negative effect upon the sexual transmission of HIV.

Recent qualitative research has contributed to emerging evidence that girls who marry early may be at increased risk of HIV infection, even compared to their unmarried sexually active counterparts. A study in Kenya and Zambia, using biomarker and survey data revealed that married adolescent girls aged 15 to 19 had 50% higher rates of HIV compared to unmarried sexually active girls. Analysis revealed that *married girls' rates of HIV infection were related to increased sexual frequency, almost total lack of condom use, and husbands who were significantly older, more experienced, and more likely to be HIV infected compared to boyfriends of unmarried girls.* Data from Malawi suggests that while only two percent of girls enter marriage HIV-positive, 20% of grooms are HIV-positive at the time of marriage.

Biomarker data linked to surveys is not yet available in Ethiopia. However, Amhara region has among the highest rates of HIV prevalence, 6.1 percent, and the lowest age at marriage in Ethiopia. 42% of girls are married by age 15, with the vast majority of girls not having had sex at the time of marriage. However, that early marriage and high HIV infection co-exist in Amhara may suggest that early marriage is fueling the spread of the disease.

Communities often erroneously assume that marrying girls off will prevent premarital sex and HIV infection. Understanding the HIV risks of marriage may facilitate delayed marriage and couples knowing each other's HIV status before marriage has tremendous potential to prevent transmission and/or foster long-term faithfulness. Few, if any, programs in Ethiopia have addressed the HIV risk of pre-married and married adolescent girls, a sizeable, high-risk population. This activity will implement intervention in Amhara region to support later, safer, and chosen marriage and forge faithfulness within marriage through community awareness, delayed marriage, and premarital VCT. Recognising the unequal power relations within marriage, this activity will also develop interventions targeting married men to remain faithful. Key faith and community leaders will be used to reinforce these messages.

This activity will take place in six woredas in Amhara region in West Goffjam and North Gondar zones, reaching a population of over 1,200,000.

Religion is a powerful force in Ethiopia and, for many remote rural communities, the faith structures may be their only sustained institutional contact. This activity will integrate with the ongoing IOCC-DICAC and Pact-EMDA programs to undertake "Days of Dialogue" involving 800 faith leaders from the 400 faith institutions in the project area. The result will be core messages to educate communities on the HIV risks associated with early marriage, and promote later, safer marriage and premarital VCT. Selected faith leaders will be given more intensive training on advocacy to include addressing harmful community behaviors and norms, as they are identified. As an example, this could include activities aimed at building community activities to encourage and support men to remain faithful in their relationships. All participants will formulate action plans and report on activities undertaken.

One community or faith leader from each of the 200 Peasant's Associations will be trained as VCT advocates. Community VCT advocates will promote premarital VCT and refer those interested in premarital VCT to existing sites. Given that VCT services

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may be at some distance from rural locations, the cost of transportation for couples will be subsidized using a coupon referral system, allowing the tracking of referrals. In case of positive clients, advocates will provide ongoing support and referral to existing care and support services.

The activity will establish 200 married girls' clubs to give girls venues through which they can receive information, advice, and social support, including in instances where they feel their husbands pose HIV risk. The clubs will be managed by a local FBO and include livelihoods and mentoring opportunities with adult married women and periodic assembly of larger extended family groups, including husbands and in-laws.

The program conforms with the PEPFAR Ethiopia Prevention Strategy of targeting high risk behaviors. The program utilizes the existing faith and community structures to reach the young girls, (prospective) husbands, their families and communities that support early marriage in rural hotspots where there is coexistence of high early marriage and HIV prevalence rates.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	72,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	36,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	800	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Gender

Coverage Areas

Amhara

Populated Printable COP
Country: Ethiopia

Fiscal Year: 2006

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Humanitarian Aid and Development Agency
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5739
Planned Funds:
Activity Narrative: Integrated HIV/AIDS Prevention, Care and Support for Sudanese Refugees

This is a new AB activity. This activity links to activity 5786 (OP), and 5657 (VCT). This program targets refugees in three refugee camps in Gambella region (bordering Sudan), who have been identified as a population at significantly high risk in the PEPFAR Ethiopia prevention program. The aim of this intervention is to reduce high-risk behaviors by promoting delayed onset of sexual activity, abstinence, faithfulness, (AB) and reduce stigma and discrimination.

The beneficiaries of this project include 40,500 refugees (52% male and 48% female) hosted in the two camps: Dimma 8,500; and, Fugnido 32,000. The total numbers of beneficiaries are estimated based on experience of existing AHADA HIV/AIDS programs operated during 2004 and 2005 at Dimma refugee camp. Although the refugee population is settled in camps, there is continuous interaction with the local communities. An estimated 42,150 local people are living around the two camps. Of these an estimated 19,130 are settled in the Dimma area and 23,030 in the Fugnido area. In addition to the local communities, there are uncounted numbers of merchants, commercial sex workers, soldiers and truck drivers in the areas.

Evidence shows that a large proportion of the refugees have heard about AIDS, but there is very little or no knowledge of HIV prevention methods. In addition, misconceptions about HIV/AIDS are high (especially among refugee youths) and 44% of the target population does not have access to HIV/AIDS information and services. There is also a big gap between people's knowledge about HIV/AIDS and their sexual behavior/practice.

This activity will implement the following interventions in order to increase AB behaviors among the target populations: producing and distributing culturally acceptable IEC materials in local languages, such as brochures, leaflets, posters, banners, billboards; conducting 154 awareness raising sessions; and implementing peer education and strengthening anti-AIDS clubs.

All messages in this program will promote the importance of abstinence in reducing HIV transmission among unmarried individuals; improvement of decision making of unmarried individuals to delay sexual activity until marriage; development of skills in unmarried individuals for practicing abstinence; and adoption of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals; the importance of faithfulness in reducing the transmission of HIV among individuals in long-term sexual partnerships; elimination of casual sex and multiple sexual partnerships; the development of skills for sustaining marital fidelity; adoption of social and community norms supportive of marital fidelity and partner reduction using strategies that respect and respond to local customs and norms; and adoption of social and community norms that denounce forced sexual activity in marriage or long-term partnerships.

Behavior Change: Community Outreach. This category includes IEC material distribution, community mobilization and awareness raising. 154 sensitization sessions will be organized and conducted for refugees and the local community. Focal points and activities include education sessions at food distribution sites, health centers, water points, at schools and churches, home-to-home visit, one-to-one contact, as well as dramas and songs. It is planned that a total of 40,640 people will be reached (entire refugee population and 20% of the local population). The major actors in this activity are trained peer educators, social workers, community home-based care

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providers, anti-AIDS club members; and social workers of the Ethiopian government's Administration for Refugees-Returnees Affairs, international NGO ZOA Refugees, and EOC/DICAC teachers.

Behavior Change: Mass education activities will be held during important events such as World Refugee Day, World AIDS Day, International Women's Day and some other important Ethiopian National and Faith Holidays. In addition video shows at refugee camp recreational centers and other forms of mini-media will be used to disseminate information. A total of 60,200 people will be reached.

Sexual and Gender Based Violence (SGBV) against refugees and the surrounding population increases the likelihood of the spread Sexually Transmitted Infections (STI) and HIV/AIDS. Regular accurate and consistent messages on prevention of HIV transmission that include an SGBV component will be a major activity. All IEC materials produced will contain information about SGBV.

The program conforms with the PEPFAR Ethiopia Prevention Strategy of targeting most at risk populations with interventions to change / reduce risk behavior.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,640	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	132	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Mobile populations (Parent: Most at risk populations)
- Refugees/internally displaced persons (Parent: Mobile populations)
- Children and youth (non-OVC)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

- Gender
- Stigma and discrimination

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Coverage Areas

Gambela Hizboch

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: US Agency for International Development
 USG Agency: U.S. Agency for International Development
 Funding Source: GAC (GHAI account)
 Program Area: Abstinence and Be Faithful Programs
 Budget Code: HVAB
 Program Area Code: 02
 Activity ID: 5743
 Planned Funds:
 Activity Narrative: Annual Program Statement (APS)

This new activity is linked to 5743 Annual Program Statement (OP).

For country level program management purposes, major activities for this prime partner within this program area have been separated.

The Annual Program Statement (APS) will offer multiple awards to indigenous organizations to promote abstinence and fidelity programming in TBD peri-urban and rural areas of Ethiopia.

Building on OGAC guidance on abstinence, be faithful and condom use (ABC), PEPFAR Ethiopia is soliciting innovative ideas for reaching key groups using evidence-based approaches.

Priority program areas include:

- Promoting abstinence and delay of sexual debut in relation to cross-generational sex and coercion
- Broadening prevention priorities among sexually active and older youth
- Normalizing fidelity, reducing sexual partners and avoiding concurrent or high risk partnerships among men.

Emphasis Areas

% Of Effort

Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	158,400	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Adults

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: HCP
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5746
Planned Funds:
Activity Narrative: Creating Coercion-free Communities

This is a new AB only activity for COP06. The activity aims to work with communities to address the negative social norms that implicitly condone the sexual coercion of females.

In COP05, HCP has been working with the MOH, the Ministry of Education, Pathfinder International, World Learning, and the ESHE Project to launch the innovative Kokeb Kebeles (Champion Communities) program. This is a community development initiative that links the health and education sectors. The initiative aims to create champion communities through community action whereby members work together to achieve health and education goals, in order to acquire champion status. This program has been successfully implemented in Madagascar.

The activity in Ethiopia has developed a package of required and optional goals which include such themes as immunization, hand washing at schools, and reducing girls' dropout from primary schools. A community-based HIV/AIDS goal is also included in the "required" menu.

To date, HCP has coordinated the development of an implementation guide, the Kokeb Kebele Activity Book, and a training package to facilitate the rollout of the program. HCP will organize a series of workshops at the Zonal and Woreda levels and will provide ongoing monitoring and supervision support in the last months of 2005. In September 2005, the initiative will be launched in the SNNPR in 20 Phase I Kebeles. Before the completion of Phase I, the initiative will also be extended to the Amhara region.

This activity is proposed to enable the development and implementation of an HIV/AIDS-related goal for the Kokeb Kebele initiative. A real opportunity exists to use this initiative as a platform to launch, test, and further develop a workable model of a "coercion-free" community. Recent research in Ethiopia has developed understanding of the role that coercion at all levels plays in driving the HIV/AIDS epidemic in Ethiopia. Coercion, through intergenerational and transactional sex is widespread, as is abduction. Early marriage is a closely related issue. Resistance to changing these "traditional" practices is deeply entrenched. Self-efficacy among young girls and women is generally very low. Despite these existing "cultural" conditions, interviews with community leaders indicate that many recognize the issues and are ready to address them head on. Dramatically changing social norms regarding "coercion and exploitation" at the community level is a key element in confronting HIV/AIDS in Ethiopia. Addressing sexual coercion at the community level and working with young women, men and the community at large will enable women to say no to unwanted sex and teach men to respect the rights of women to abstain.

This activity proposes using the Kokeb Kebele Initiative as a platform to develop an effective "Coercion-free" community model. HCP will use existing community resources to identify entry points, facilitating factors, "small do-able" actions and communication tools that help create an environment free of exploitation of young girls and women. In this model, a community will likely work through stages to achieve "coercion-free" status. Stage I, for example, might involve having each community group and school certify that they have completed a "coercion-awareness" course. This course could include community-based strategies to ensure that coercion remains visible in public. The goal will be to develop a ready-made component that can be added to existing community-based HIV/AIDS activities around the country. The concept of the "coercion-free" community is one

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of the most powerful and promising ideas to emerge since the introduction of PEPFAR funding to Ethiopia.

HCP will continue to integrate its work PEPFAR ABOP Prevention partners through participation in the ABOP sub-working group.

This program conforms to the PEPFAR Ethiopia prevention strategy through targeting negative social norms that limit young women's ability to choose to abstain from sex, delay sexual debut, remain faithful and make their own choices about marriage. Changing individual men and women's and community attitudes to sexual coercion will directly contribute to PEPFAR's AB program targets.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	120	<input type="checkbox"/>

Target Populations:

Community leaders
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Religious leaders

Key Legislative Issues

Gender

Coverage Areas

Amhara

Southern Nations, Nationalities and Peoples

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Walta Information Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5748
Planned Funds:
Activity Narrative: IEC/BCC Material Production

This is new AB only activity.

PEPFAR Ethiopia in collaboration with Walta Information Center has produced three documentaries on "The Impact of HIV/AIDS related to stigma and Discrimination on women (Siwir Emba)", "The Impact of HIV/AIDS on Children (Yetila Sir Abeboch)" and "The situation of HIV/AIDS along the Ethio-Djibouti Corridor" to create awareness and bring about behavioral change regarding HIV/AIDS and the social, economic and physiological sufferings caused by HIV/AIDS.

PEPFAR Ethiopia believes that a much more concentrated effort and advocacy works needs to be taken to bring about a tangible behavioral change through MARCH model.

MARCH is a behavior change communications (BCC) strategy that promotes the adoption of HIV prevention behaviors and encourages community members to care for PLWHA and children whose parents have died of AIDS. There are two main components to the program: entertainment as a vehicle for education (long-running serialized dramas on radio or television portray role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level (support from friends, family members, and others can help people initiate behavior changes; support through changes in social norms is necessary for behavioral effects to be sustained over time). Both media and interpersonal intervention activities should be linked to existing resources in the community and, wherever possible, provide increased access to preventive services, supplies, and other supporting elements.

In this line of development, the 2006 project will focus on producing additional three documentary films. The three documentary films will focus on (1) the Prevalence of HIV/AIDS in Rural Ethiopia; and (2) Work place Intervention of HIV/AIDS, (3) The Impact of Harmful Traditional Practices on HIV/AIDS. Various cross cutting areas and behavioral objectives will be targeted in the documentary films. Among these gender inequalities, stigma and discrimination, the rural and urban dynamics and the resulting rural epidemic, access to services, service uptake, substance abuse (including alcohol and chat) in cities and small / rural towns, etc., will be targeted. These three documentary films are expected to provide additional BCC material for the various partners, including the military, the Federal Police force and University Students. Thus, the impact of these documentary films will be strengthened through continued discussion groups (16,500 military, 700 Federal Police, and 2,300 in Addis Ababa University) in the three partner groups. Furthermore, approximately 1,000,000 members high risk groups residing in twenty five major cities/towns (with population > 25,000), including commercial sex workers, truck drivers, in and out of school youth, are expected to benefit from the documentary films. Thus, the contractor WALTA will be responsible in carrying out the necessary preparatory assessment and data collection, production of the films and airing them on Ethiopia Television.

Emphasis Areas

Information, Education and Communication

% Of Effort

10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	19,500	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	0	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Children and youth (non-OVC)

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Johns Hopkins University Center for Communication Programs
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: Abstinence and Be Faithful Programs
 Budget Code: HVAB
 Program Area Code: 02
 Activity ID: 5753
 Planned Funds:
 Activity Narrative: AIDS Resource Center AB-focused Prevention

This is an ongoing activity, although new to prevention. This project is linked with another in COP06 - AIDS Resource Centers Other Prevention- designed to expand access to non-AB focused HIV/AIDS information and services by maximize the relevance of the ARC's work and building the capacity of partners and HAPCO to implement IE/BCC activities.

The project has four components. The first component works to provide up-to-date and accurate information related to AB and service uptake to government and non-government partners, journalists and media professionals, researchers and the general public. The second component focuses on strengthening and maintaining the best quality of a multi-target focused website, to make it a popular virtual information center. The third component of the project aims to strengthen the clearinghouse function of the ARC on all HIV/AIDS, VCT, STI and TB materials (print and audiovisual), including the development of high-quality materials targeting AB. The fourth component of the project focuses on continuing the Wegen AIDS Talkline and providing accurate and valid information on AB.

The fifth component focuses on the production of 968 IE/BCC kits on abstinence and faithfulness. The kits will be used in 88 hospitals and 880 satellite health service delivery points (health stations, health posts and private clinics). Each IE/BCC kit consists of an audio visual material (60 minutes) for 88 hospitals, 4,000 posters (two different posters on abstinence and faithfulness), 44,000 leaflets for hospitals (500 per year per hospital at 88 hospitals), 220,000 leaflets for satellites (250 per year per satellite at 880 satellites), 500 flip charts, i.e., four flip charts for AB. For convenience and cost-saving purposes these IE/BCC kits will be distributed along with the IE/BCC kit developed by ARC for other preventions.

CCP will integrate its work with PEPFAR prevention partners through the ABOP sub working group. The program conforms with the PEPFAR Ethiopia Prevention Strategy by focusing on promoting AB behavior among the target populations and modeling positive, non-stigmatizing behaviors among the communities / general population.

Emphasis Areas

Information, Education and Communication

% Of Effort

10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

1,650,000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

0

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

0

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Media Organizations

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5758
Planned Funds:
Activity Narrative: SITCOM on AB-focused Prevention

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is a new AB program in COP06. This project is linked with another new project: SITCOM on Other Prevention - designed to produce two episodes of a situation comedy (SITCOM) focusing on non-AB focused prevention.

MARCH is a behavior change communications (BCC) strategy that promotes the adoption of HIV prevention behaviors and encourages community members to care for people living with HIV/AIDS (PLWHA) and children whose parents have died of AIDS. There are 2 main components to the program: entertainment as a vehicle for education (long-running serialized dramas on radio or television portray role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level (support from friends, family members, and others can help people initiate behavior changes; support through changes in social norms is necessary for behavioral effects to be sustained over time). Both media and interpersonal intervention activities should be linked to existing resources in the community and, wherever possible, provide increased access to preventive services, supplies, and other supporting elements. The MARCH approach differs from other programs that have incorporated reward-based motivation for carrying out behavioral change in that self-efficacy is a key focus. That is, the conditions must be in place so that individuals sense that they are empowered to change their behavior. Key to the entertainment-education component is the use of role models in the context of a storyline to provide information about change, to motivate the viewer, and to enhance a sense of self-efficacy. That is, an emphasis on narrative that is aligned with the norms of the particular culture allows people "to understand the origins, meanings, and significance of [their] difficulties, and to do so in a way that makes change conceivable and attainable". The second component involves reinforcing the message through interpersonal strategies like peer group discussions delivered by members of the affected community.

PEPFAR Ethiopia has conducted various projects with different partners. PEPFAR Ethiopia, in collaboration with CARE, has successfully conducted a radio serial drama. The radio serial drama consisted of ten role model stories produced on actual experiences of community members. Accordingly, the role model stories were broadcasted from radio Harari and Radio Fana weekly. CDC-Ethiopia has also been engaged in the production of various documentary films to create awareness and encourage behavioral change among the general public and in the past has produced three documentaries on "The Impact of HIV/AIDS related to stigma and Discrimination on women (Siwir Emba)", "The Impact of HIV/AIDS on Children (Yetila Sir Abeboch)" and "The situation of HIV/AIDS along the Ethio-Djibouti Corridor" to create awareness and bring about behavioral change regarding HIV/AIDS and the social, economic and physiological sufferings caused by the Disease. The three documentary films were officially launched and were given wide media coverage and were transmitted to the general public via the Ethiopian Television on the day of their inauguration and on other occasions.

The project focuses on the production of a sitcom or a soap opera. The sitcom or a soap opera will be twenty five minutes long and will be aired weekly through Ethiopian Television for two and half months. The production of the sitcom or a soap opera will be in line with the principles of MARCH and address at least fifteen major areas, namely (1) abstinence and faithfulness, (2) voluntary counseling and testing,

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(3) post test counseling, (4) prevention of mother to child transmission, (5) anti retroviral therapy, (6) stigma and discrimination, (7) care and support to PLWHA and OVC, (8) substance (alcohol, chat, soft and hard drugs) abuse and HIV, (9) the rural HIV prevalence, (10) the commitment of the leadership and HIV, (11) social / environmental / economic determinants of HIV incidence / prevalence, (12) workplace intervention for HIV, (13) gender and HIV, and (14) the law and HIV / PWLHA / OVC. The contractor will be responsible in carrying out the necessary preparatory assessment and data collection, production of the sitcom or soap opera and airing it on Ethiopia Television for two and half months. The sitcom will be produced inline with the principles of MARCH and is expected to serve as a BCC material augmenting peer group discussions of the two major partners of CDC: the Federal Police force and University Students. Thus, a total of five thousand peer groups, consisting of more than fifty thousand people will directly benefit from the sitcom. Thus, the sitcom will be followed by peer group discussions where by the information imparted through mass media will further be augmented by peer group discussions to encourage behavioral change. Furthermore, members of high risk groups residing in major towns and cities (sex workers, truck drivers, in and out of school youth, people living with HIV/AIDS, people caring for PLWHA, etc., will benefit from the sitcom.

The program conforms with the PEPFAR Ethiopia prevention strategy by focusing on promoting AB behavior among the target populations and modeling positive, non-stigmatizing behaviors among the communities / general population

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

33,000

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

0

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

0

Target Populations:

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

University students (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: *
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5760
Planned Funds:
Activity Narrative: BERHAN: Building Ethiopia's Response for a HIV/AIDS Network (translated from Amharic as light) – Supporting Health Centers and Communities

This is a new activity.

BERHAN is a comprehensive prevention, care and support activity and is described in the program areas of Prevention AB, Prevention OP, Care and Support CT, TB/HIV, Palliative Care and Other/Policy. BERHAN will work in health centers and health posts, the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, BERHAN will link with ART hospitals for referrals and work with clients and their families in the community. BERHAN will be established in the 267 health centers that are geographically linked to the 89 ART health networks, providing the complete preventive care package. An additional 125 health centers with preexisting PEPFAR VCT and TB services will continue to be supported with their full inclusion in the ART network anticipated in COP07.

The BERHAN design conforms with the PEPFAR Five-Year Strategy of building on the public health sector as the key actor in Ethiopia, promoting a set of palliative care interventions that are appropriate to specific partners in the health network, improving the quality of life, and fostering linkages between treatment, high quality clinical and community and home based care.

This activity represents a new approach to prevention programming for PEPFAR and recognizes that the bulk of new HIV infections will occur in rural areas. BERHAN's coverage is anchored in predominantly rural settings reaching out from health centers and health posts through Community Oriented Outreach Workers in coordination with Health Extension Workers and other community agents for social mobilization activities.

This activity is comprised of two prevention components: Community Oriented Outreach Workers, in coordination with Health Extension Workers, will be responsive to local needs, distinctive social and cultural patterns, as well as coordinate and assist in the implementation of the HIV prevention efforts of local governments by employing an ABC approach that emphasizes abstinence for youth and unmarried persons, delaying sexual debut, mutual faithfulness and partner reduction for sexually active adults. Community-Oriented Outreach Workers will play an active role in broader community-based and family-based counseling including the distribution of existing host country IEC BCC materials.

Case Managers at health centers will develop inter-personal relationships with PLWHA and those who are most at risk of becoming infected with HIV to provide or refer clients to Prevention for Positives counseling at the Health Center level. BERHAN - Prevention Case Management represents a greater focus on working with persons living with HIV/AIDS.

Both Case Managers and Community Oriented Outreach Workers will support behavioral interventions through counseling schedules of individuals with Abstinence and/or Fidelity messaging, and improve client knowledge and understanding of discordance. This activity will coordinate linkages with existing prevention partners so as not to duplicate activities in areas of existing Emergency Plan and host country interventions.

This activity will consolidate the delivery of prevention messages to clients of MTCT, CT, TB and STI, PLWHA and ART clients to capture programming synergies and cost

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efficiencies in reaching populations most at risk of transmitting the HIV virus.

This activity will be integrated and implemented alongside the host country's Health Extension Package (HEP) which is placing 27,000 primary health workers throughout Ethiopia by 2009/2010 to support the primary prevention of illnesses including HIV/AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,720,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	600	<input type="checkbox"/>

Target Populations:

Adults

- Community leaders
- Community-based organizations
- Faith-based organizations
- Family planning clients
- Doctors (Parent: Public health care workers)
- Traditional birth attendants (Parent: Public health care workers)
- Traditional healers (Parent: Public health care workers)
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Religious leaders
- Host country government workers
- Traditional birth attendants (Parent: Private health care workers)
- Traditional healers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Abstinence and Be Faithful Programs.
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5764
Planned Funds:
Activity Narrative: CDC technical assistance.

This activity represents the direct technical assistance provided to partners by CDC. The is salary costs for CDC technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5765
Planned Funds:
Activity Narrative: USAID technical assistance.

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity represents the direct technical assistance that is provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: **Program Area Context:**

In 2005, improved surveillance data indicated that although the HIV/AIDS epidemic is concentrated in urban and peri-urban areas, prevalence in rural areas is increasing. PEPFAR Ethiopia's prevention program will be implemented in all identified hotspots; urban, peri-urban and rural. The prevention program is implemented in existing ART health networks and will be expanded to new networks, ultimately to be operational in all 89 ART health networks. At the facility level, interventions aim to reduce medical transmission, and in the surrounding communities and among the health network workers, behavior change interventions promoting abstinence, faithfulness and where appropriate, correct and consistent condom use, will be implemented to reduce sexual transmission.

To reduce medical transmission of HIV, PEPFAR Ethiopia will continue to focus on three main strategies; the prevention of mother to child transmission, the prevention of medical transmission through unsafe blood transfusions and the prevention of transmission through unsafe medical injections. These programs have been operational since COP04 and will continue to be strengthened and expanded throughout the PEPFAR Ethiopia health network.

During COP05, PEPFAR Ethiopia supported the MOH under Track One awards to strengthen blood transfusion services in the country. By the end of COP05, national coverage of military sites with safe blood supply systems was achieved and 16 blood banks were available to provide safe blood transfusion services to the civilian population. This program continues to be supported primarily through Track One awards to the MOH and to the WHO.

Government program: The MOH 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 rely on family and replacement donors, and because of resource constraints and lack of financial and human capacity, the blood transfusion services have not yet reached an acceptable standard. By March 2005, national blood transfusion service will be strengthened. Currently, testing for all transfusion transmission infections 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 is not universal.

Other donors: The GFATM Round 4 award includes funding for the national blood safety and universal precautions program, and ERCS is also providing significant input through resources it mobilizes itself. The WHO will continue providing technical assistance for safe blood transfusion service in Ethiopia.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	32
Number of individuals trained in blood safety	200

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHA1 account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5575
Planned Funds:
Activity Narrative: This is an ongoing activity.

The National Defense Force of Ethiopia (NDFE) currently relies on the Ethiopian Red Cross Society (ERCS) for its supply of blood products. The ERCS has not been able to adequately supply blood to the military because of commitments to civilian hospitals and the unique nature of military operations. The NDFE has the potential capacity to rapidly mobilize large numbers of blood donors to meet its blood needs. Aside from infrastructure insufficiencies, there are no standardized guidelines for blood transfusion practice within the NDFE. Implementation of standardized transfusion practice guidelines would further reduce unnecessary transfusions and reduce exposure to blood borne infectious diseases.

The United States Military Blood Program consists of strategically located blood collection sites associated with large accessible donor populations, limited testing sites to reduce cost, regulatory oversight risks, and a well-defined blood distribution program.

In COP06, the NDFE will implement a blood program using components of the United States Military Blood Program as a model. With the Ministries of Health (MOH), the WHO and the U.S. Navy, the NDFE will lead to the development of standard operating procedures and an ongoing training and Quality Assurance (QA) program to maintain safety for all aspects of the blood program.

This activity will provide training of staff at the Blood Transfusion Center established at Bella Defense Referral Hospital and blood distribution sites at four regional command hospitals. Safe blood supply will be assured to peacetime and wartime contingencies that address civilian health service providers within their areas of responsibility. 2,500 units of safe blood will be supplied.

Partial funding of this project, is being supplied through the Department of Defense Foreign Military Financing (FMF) program. This funding will be used to procure laboratory equipment for the Blood Processing Center.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	7	<input type="checkbox"/>
Number of individuals trained in blood safety	0	<input type="checkbox"/>

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Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5581
Planned Funds:
Activity Narrative: National Blood Bank Strengthening

This is an ongoing Track 1 activity. It is a blood safety program for prevention of medical transmission of HIV. These blood banks include those established in COP04 and COP05 and nine existing ERCS blood banks.

The MOH is the regulatory and coordinating body for the national blood transfusion service in Ethiopia. The national blood transfusion service is administered by the Ethiopian Red Cross Society (ERCS).

The MOH and ERCS utilized Track 1 funds in COP05 to establish new regional blood banks and to strengthen the existing banks through provision of supplies, procurement of equipment, supportive supervision, training and re-training of blood bank staff and clinicians on production and use of reliable and safe blood and blood products. Blood banks were evaluated and selected for renovation. Renovations started in eight regional and eight hospital-based blood banks. Required equipment and supplies were procured. A total of 300 blood bank staff and clinicians were trained on the basics of blood banking, use of safe blood, and blood products. PEPFAR Ethiopia and the WHO will provide technical assistance for the implementation of the program.

In COP06, the MOH will increase blood bank service coverage and quality throughout the country to 25 banks. PEPFAR Ethiopia will support the blood banks through provision of supplies, replacement equipment, training of 200 health workers and renovation of facilities. A total of nine ERCS blood banks and 16 blood banks established in COP04 and COP05 will be maintained.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	25	<input type="checkbox"/>
Number of individuals trained in blood safety	200	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5757
Planned Funds:
Activity Narrative: Technical Assistance to the MOH on Blood Safety

This is an ongoing activity. This activity is related to Track 1 technical assistance activity to the MOH for implementing the national blood transfusion service for prevention of medical transmission of HIV.

The WHO supports a rapid scale up of activities in Ethiopia for the establishment of a sustainable nationally coordinated Blood Transfusion Service. An assessment of existing blood transfusion services to determine their capacity for rapid strengthening of the Blood Transfusion Service infrastructure and program was conducted in COP04. The WHO, assisted by the MOH, developed a five-year strategic plan in collaboration with all key stakeholders for strengthening and restructuring the blood supply system through the regionalization of key services, including testing and processing. The WHO has provided support in training and development of instruments to improve the capacity of blood donor recruitment, blood testing and the clinical interface.

In COP06, the WHO will continue providing technical support for implementation of the five-year strategy. Systems for regular monitoring, evaluation, review and re-planning will be established. The technical assistance will result in the establishment of efficient, sustainable, national blood transfusion services that can assure the quality, safety and adequacy of blood and blood products to meet the needs of all patients requiring transfusion through an expanded, stable base of regular voluntary non-remunerated blood donors. The donors will be at low risk for transfusion-transmissible infections, and the program will provide cost-effective quality testing and processing and reduce unnecessary transfusions and adverse transfusion events and reactions.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	25	<input type="checkbox"/>
Number of individuals trained in blood safety	200	<input type="checkbox"/>

Target Populations:

- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers

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Coverage Areas:

National

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Table 3.3.04: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

To reduce medical transmission of HIV, PEPFAR Ethiopia will continue to focus on three main strategies; the prevention of mother to child transmission, the prevention of medical transmission through unsafe blood supplies and the prevention of transmission through unsafe medical injections. These programs have been operational since COP04 and will continue to be strengthened and expanded throughout the PEPFAR Ethiopia ART health network.

During COP05, PEPFAR Ethiopia supported the development of guidelines and training materials on infection prevention (IP) that incorporate safe medical injections as essential for preventing medical transmission of HIV. PEPFAR Ethiopia-supported IP programs are operational in all PEPFAR Ethiopia PMTCT sites and core trainers from several regions were trained. PEPFAR Ethiopia also worked with the Ethiopian military to train health care workers in infection prevention and safe blood practices at military hospitals and field clinics. PEPFAR Ethiopia provided a Track 1 award for a pilot injection safety training program in a limited number of districts.

In COP06, strengthening coordination and expanding coverage within the health network will be the priority. To maximize the benefits of standardized injection safety and infection prevention practices at health facilities and communities and to improve the linkages, PEPFAR Ethiopia partners working on injection safety and infection prevention projects will continue to coordinate and integrate their activities through the PEPFAR Ethiopia Prevention working Group structure. JHPIEGO will support hospitals with standardized injection safety and infection prevention practices while MMIS will support standardized injection safety and infection prevention practices at health centers and communities. PEPFAR Ethiopia and GFATM will work together to ensure uninterrupted availability of essential IP supplies.

The GOE 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 Prophylaxis" 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.

Other Donors: Ethiopia's Round Two GFATM Grant Agreement includes almost per 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 GFATM 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 per year for "universal precaution supplies, e.g. syringes." The WHO provides technical assistance in implementation of GFATM programs. UNICEF provides supplies and materials as part of its PMTCT, safe motherhood, and healthy newborn programs in UNICEF-supported sites.

Program Area Target:

Number of individuals trained in injection safety

3,115

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5577
Planned Funds:
Activity Narrative: Military Injection Safety

This is an ongoing activity. Since the program's inception in 2003, 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) with full participation and technical support from Defense HIV/AIDS Prevention Program (DHAPP).

Activities already established include surveys on infection prevention prophylaxis to reduce occupational hazards in the ENDF health services, provision of contaminated waste and sharps collection and disposal units, provision of infection prevention equipment such as disposable and surgical gloves, disposable syringes, respiratory masks, gowns.

During COP06, technical assistance will be provided and commodities procured for six field referral hospitals (103rd Corps hospital at Harari, 105th Corps hospital at Kombolcha, 107th Corps hospital at Mekele, 108th Corps hospital at Shire, 109th Corps hospital at Awassa, 110th Corps hospital at Gondar). Together, these six hospitals have a total complement of 33 physicians, 35 health officers, 1,402 nurses, 515 health assistants, 626 technicians, and 3,613 sanitarians and public health workers.

This activity will support the provision of waste management items to expand the program to all healthcare centers and clinics in the ENDF health services as well as the maintenance of already established programs within all the military central and field referral hospitals.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	150	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Military personnel (Parent: Most at risk populations)

Coverage Areas:

Populated Printable COP
Country: Ethiopia

Fiscal Year: 2006

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National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5598
Planned Funds:
Activity Narrative: Making Medical Injection Safer (Track 1)

This is an ongoing Track 1 funded activity.

During COP04 and COP05, Making Medical Injections Safe (MMIS) developed and implemented pilot programs to rapidly increase the safe and appropriate use of injection equipment in Ethiopia. Unsafe injections have been responsible for the transmission of various blood borne infections including HIV/AIDS, and Hepatitis B and C.

The MMIS activity will support the PEPFAR Ethiopia program by expanding to all health centers, health posts and selected private clinics falling within the ART health network. MMIS will collaborate with its existing partner, JHPIEGO, on infection prevention activities in 89 ART hospitals to avoid duplication.

During COP06, MMIS will expand its services to 392 health centers and 1,335 health posts as well as a number of private clinics. Activities associated with behavioral change communication among health facility workers, the public, and implementers will work with RHBS to build safe injection services and to develop positive infection prevention behaviors in the staff. It will also guide the development of safer waste management practices.

MMIS will be implemented in conjunction with BERHAN care and support activities at all network health centers and health posts. In coordination with BERHAN, MMIS will strengthen the provision and quality of HIV-related services within the network.

Building the technical competence of health workers to improve the safety of medical injections is of high importance and training health workers is one activity needed to achieve that competence. Based on lessons learned from the pilot implementation sites, MMIS is planning to train four categories of health workers: injection prescribers, injection providers, sanitarians and pharmacists. Prescribers are trained to reduce unnecessary injections and promote rational use of drugs where as injection providers are to improve their knowledge and skill on safe injection practices and follow safe injection procedures during administration. Sanitarians are trained to improve their knowledge and skills in sharp waste management practices and pharmacists are trained to better equip them in managing injection devices and improve their ability in forecasting the demand for injection devices and management of supplies.

As part of facilitating behavioral change among health workers, MMIS is planning to distribute communication materials developed earlier (leaflets, posters, pocket size reference guide, quarterly newsletter, documentary film on safe injection practices) to all new expansion sites and will produce new materials when necessary. During COP06, MMIS intends to review existing policy frameworks, guidelines and manuals on MMIS with an aim to identify gaps and develop a future plan of action.

The program conforms to the PEPFAR Ethiopia prevention strategy of reducing medical transmission of HIV through interventions at health centers and hospitals.

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	2,670	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5759
Planned Funds:
Activity Narrative: National Infection Prevention

This is an ongoing activity. This activity links to activity 3.3.1 (PMTCT), and activity 8.3.3 (VCT) and 16.3.2 (Other/Policy).

PEPFAR has provided support to the MOH for improving infection prevention practices to reduce medical transmission of HIV and other infections among patients and healthcare workers. The support included training of healthcare providers, developing guidelines on infection prevention, and providing onsite support to improve infection prevention practices.

During COP05, JHPIEGO assisted in distributing the National Infection Prevention Guidelines to all the sites within the PEPFAR Ethiopia ART health network. It also provided onsite supportive supervision visits to 25 ART hospitals, and trained 146 healthcare providers at 30 ART hospitals.

During COP06, JHPIEGO will support 89 ART hospitals. It will conduct 12 five-day infection prevention courses to train two to five providers from each of the 89 ART hospitals.

For 33 new ART hospital, JHPIEGO will conduct site assessments to identify the knowledge and skills gaps among healthcare providers, to determine supplies needs, as well as the need for construction of incinerators for safe disposal of waste at the different sites. The design of the training will be developed from the site assessment findings. JHPIEGO will also train 20 infection prevention providers as trainers.

JHPIEGO has been a lead PEPFAR partner in implementing Standard Based Management and Performance Improvement programs for improving quality of PMTCT services. Infection prevention is one component of PMTCT standards. JHPIEGO will prepare detailed standards on infection prevention consistent with the National Infection Prevention Guidelines and hold an adaptation workshop to gain the support of stakeholders for them.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	295	<input type="checkbox"/>

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Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

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Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

PEPFAR Ethiopia will continue to focus on maintaining no/low risk behavior and reducing behavior among most at risk populations to reduce sexual transmission of HIV. Identified target groups for the prevention program include youth (in and out of school, university students), the uniformed services (federal police, the military), men with mobility/money, commercial sex workers, domestic workers, refugees and community and faith leaders. Interventions focusing on AB only or ABC will be age and context appropriate according to the identified risks of the target groups.

During COP05, PEPFAR Ethiopia identified the military, transport workers, commercial sex workers, the police and men with mobility/money as the most at risk populations in Ethiopia. The program used a variety of targeted ABC behavior change interventions to reduce risk behavior among these target groups. Communication activities targeted negative social norms that condone risky sexual behavior, such as multiple sexual partners. Commercial sex workers and their clients have been reached through a number of interventions. A workplace program has been implemented targeting the workforces of large companies with peer education programs.

During COP06, PEPFAR Ethiopia will maintain its strategy of targeting MARPs with an ABC cascade approach. One new target population is university students who engage in risk behavior despite AB interventions. New programmatic interventions include Prevention for Positives, targeting geographic hotspots with interventions determined by a targeted evaluation and demand creation and quality for HIV/STI services.

For both AB only and ABC activities new, indigenous partners will be enlisted through Annual Program Statements with the specific aim of reaching more peri-urban and rural areas with intensified prevention interventions. In COP06, the focus across the prevention program will be on consolidating linkages with CT, PLWHA and ART clients to capture programming synergies and cost efficiencies in reaching at risk populations.

GOE Programs: The Government promotes abstinence, being faithful and correct and consistent condom use (ABC) as a comprehensive approach to HIV/AIDS prevention. With PEPFAR Ethiopia, GFATM and other donor assistance HAPCO supports one national and several regional AIDS Resource Centers (ARCs) to provide information, education, and communication for the public. The MOH is working with PEPFAR Ethiopia and other partners in strengthening comprehensive services including STI prevention and control in the country.

GFATM/Other Donors: Numerous donors and international and national NGOs support media and messages to promote ABC. For youth education, the GOE 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 GFATM Round Four program also includes provision to reach 135,000 youth during 2005 through the MOVE methodology. The U.K. Department for International Development supported the launching of a new brand of condoms in Ethiopia, targeting men with money. The World Bank Multi-Country HIV/AIDS Program also provides significant funding for ABC community outreach and mass media for AIDS prevention.

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Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,455,000
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	62,000
Number of targeted condom service outlets	0

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: *High Risk Corridor Initiative
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5599
Planned Funds:
Activity Narrative: High Risk Corridor Initiative

This is an ongoing activity. This activity links to 5601 "HRCI AB," 5719 "HRCI CT," and 5600 "HRCI Palliative Care - Basic."

During COP05, PEPFAR Ethiopia supported Save the Children USA to work in 24 communities along the transport corridor from Addis Ababa to Djibouti to provide comprehensive HIV prevention programs. The program targeted 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. It had three main prevention strategies: the promotion of AB among the communities through education; reduction of stigma and discrimination, and risk reduction activities for those who continued to engage in high risk behaviors. For more information regarding the first two prevention strategies, please refer to 4.3.8 (AB).

Risk reduction programs targeted those people who engage in high risk behaviors. Target groups were commercial sex workers, the clients of commercial sex workers and people with multiple sexual partners. The key prevention messages included reduction in the number of concurrent partners and the correct and consistent use of condoms. Programming strategies included peer education among commercial sex workers and out of school youth, community outreach, and referral to prevention and health services for the most at risk populations. Bars and hotel owners were supported to promote and provide condoms for commercial sex workers and their clients. Additionally, accurate and comprehensive collections of materials were made available through 21 AIDS Information Centers along the corridor.

In COP06, PEPFAR Ethiopia will continue to work in the 24 communities along the Addis-Djibouti corridor implementing the above programming strategies. HRCI in partnership with HAPCO, will continue support of the counselors and volunteers at the 21 Information Centers. The Information Centers staff, along with public health workers in the corridor, will be trained to promote and provide pre-counseling and referrals to prevention, care and support services (including PMTCT) and prevention behaviors among PLWHA. Gender will be a key consideration of the program and interventions will focus on linking CSWs to other care and support and income generating opportunities in the community.

Trainings will be conducted for 300 prevention volunteers and workers and HAPCO community facilitators on targeted interpersonal, group, and mass media behavior change communications. Condom distribution will be targeted to groups who engage in high risk behavior. Local public health workers will be taught appropriate treatment and care for high-risk groups. The program will continue to strengthen and administer the CSW and other high-risk peer education programs.

HRCI will continue to integrate its work with PEPFAR Ethiopia prevention partners through the ABQP sub-working group.

The program conforms to the PEPFAR Ethiopia prevention strategy of targeting groups who engage in high risk behaviors at the sites where they congregate. The program utilizes existing community structures and leaders to promote safer sexual behaviors and to model positive, non-stigmatizing behaviors.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	35,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	300	<input type="checkbox"/>
Number of targeted condom service outlets	23	<input type="checkbox"/>

Target Populations:

- Brothel owners
- Commercial sex workers (Parent: Most at risk populations)
- Community leaders
- Community-based organizations
- Most at risk populations
- Military personnel (Parent: Most at risk populations)
- Truck drivers (Parent: Mobile populations)
- Migrants/migrant workers (Parent: Mobile populations)
- Out-of-school youth (Parent: Most at risk populations)
- Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

- Stigma and discrimination
- Gender
- Reducing violence and coercion

Coverage Areas

- Afar
- Dire Dawa
- Oromiya
- Sumale (Somali)

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: Abt Private Sector Partnership
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5603
Planned Funds:
Activity Narrative: Private Sector Program.

This is an ongoing activity. It is linked with activities under the same activity name in 5605 "PSP AB," 5718 "PSP CT," and 5604 "PSP TB/HIV."

Building on COP05 experiences, Private Sector Programs (PSP) will continue engaging new very large (1000+ employees) and large companies (500+ employees) in several regions to increase the presence of and improve access to workplace HIV/AIDS prevention activities for employees and their families. PSP will focus on demand-driven programming and thus create local management-labor ownership of activities and cost sharing agreements.

The major focus of the PSP program will be ensuring intensive workplace peer-based interpersonal communication and education program that reinforce and model positive behavioral norms focusing on the correct and consistent use of condoms in the context of cross generational sex and transactional sex for men with money, mobility and influence in Ethiopian society. Programming of OP is done in a cascade with Be Faithful programming to participants who engage in behaviors increasing their exposure to becoming infected with HIV.

Specific focus will be given to behaviors associated with correct and consistent condom use, cross-generational sex, transactional sex and coercive sex and the provision of general information on STI risk among those engaging in high risk sexual behavior.

In COP06, PSP will have workplace prevention projects in 65 of the largest businesses and will improve workers access to quality AB prevention messages.

Linkages with spouses will be supported with various program elements which include the involvement of employees' spouses in program activities to establish partner-level and workplace-level behavioral norms that emphasize fidelity, abstinence until marriage, and the correct and consistent use of condoms.

Additional elements of the PSP activities include a rapid post-event evaluation and debriefing session with senior management, peer-based behavioral change activities including module based training and weekly peer education sessions in the workplace, family-oriented activities in recognition of employer/employee commitment to workplace activities. Additional elements of the program include clinical performance improvement and service initiation and non-clinical interventions such as policy designing, committee capacity building, management orientation and SI activities including Knowledge, Attitude and Behavior surveys and Workplace Information Systems (WIS) serving to monitor programs, allow for the strategic use of resources (i.e. trained peers, IEC materials and referral linkages with civil society and the public health system.

Opportunities for employees and their families to learn more about HIV/AIDS, personal risk assessments, other prevention strategies, the relationship of gender and HIV/AIDS, counseling and testing programs, HIV/AIDS and Tuberculosis, and positive living strategies will be created.

PSP will support employees and their families in accessing health care services when appropriate.

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Emphasis Areas

% Of Effort

Workplace Programs

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

35,600

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

350

Number of targeted condom service outlets

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

HIV/AIDS-affected families

People living with HIV/AIDS

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Oromiya

Southern Nations, Nationalities and Peoples

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Federal Police
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: Other Prevention Activities
 Budget Code: HVOP
 Program Area Code: 05
 Activity ID: 5632
 Planned Funds:
 Activity Narrative: Federal Police Prevention Activities..

This is an ongoing activity. This activity links to 5633 "Federal Police Focused AB."

During COP05 the Federal Police started implementing the MARCH project as prevention strategy for police personnel. A total of 1,000 peer leaders were trained on the correct and consistent use of a condom. Peer groups were organized and 10,000 police men and women were reached with prevention-focused comic strips in the Addis Ababa General Police Hospital, Police Garage, Police Engineering Department, Police College, Logistics, Crime Prevention, and police stations in Addis Ababa.

The COP06 project will build on the lessons learned last year. It will have four components. The first will build the capacity of the staff within the Federal Police Force. The second will focus on creating the necessary systems for sustainable implementation the MARCH project through a peer to peer model. A refresher training will be given to 700 peer leaders. The third component focuses on the design and production of a new serial drama. A second print serial drama in the form of a comic strip will be employed as a behavior change strategy. The fourth will be to produce IEC materials that augment and reinforce the comic strip's message. One package of IEC materials will be distributed to 1,000 peer groups. It will consist of one poster, five different leaflets focusing on correct and consistent condom, VCT, ART, PMTCT, and care and support for PLWHA.

The activity will integrate its work with PEPFAR prevention partners through the ABOP sub-working group. The program conforms to the PEPFAR Ethiopia prevention strategy of targeting most at risk populations.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	700	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

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Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of National Defense, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5635
Planned Funds:
Activity Narrative: Military Prevention Activities.

This is an ongoing OP activity. This activity links to 5634 "Military Focused AB."

PEPFAR Ethiopia will continue implementing other prevention activities with the National Defense Forces of Ethiopia (NDFE). Data on the military, collected in 2004 from two corps (107th and 109th), showed that the average age of army members was 28 and 75% and 90% were, respectively, below 30 and 35 years. About 47% of the army members were married, 7.7% were polygamous, and 19.27% were living with their spouses. For 44.5% of the target population, the onset age for sexual relationship was 18 and below. About 98% experienced sexual intercourse and more than 85% had sexual intercourse in the last 12 months prior to the study. Consistent condom use in the previous 12 months among the army members with regular partner (spouses or live-in partners), non-regular partners, and commercial sex workers was at 11.5%, 60.6% and 91.4%, respectively. Similarly, access to VCT services was limited around 22%.

The objective of the intervention is to strengthen and integrate NDFE's prevention, care and treatment efforts for soldiers and their family members through consistent and correct condom use employing MARCH model. MARCH (Modeling and Reinforcement to Combat HIV/AIDS) is a behavior change communications (BCC) strategy that promotes the adoption of HIV prevention behaviors and encourages community members to care for people living with HIV/AIDS (PLWHA) and children whose parents have died of AIDS. Rectifying the existing inequalities between the genders will also be a focus of the project. Changing men's attitudes and behaviors towards women will be another objective of the project. Furthermore, modifying all fallacious perceptions, in general, and stigma and discrimination, in particular, towards people living with HIV/AIDS, OVC, the use of services, such as, VCT, ART, etc. will be target area. The equilibrating the existing gender imbalances and the removal of stigma and discrimination is expected to minimize the rate of exposure of the army members to risky behaviors and also encourage a comprehensive care and support on the part of the community, promote better service uptake and most specifically - abstinence and faithfulness among army members. There are two main components to the program: entertainment as a vehicle for education (long-running serialized printed and/or electronic dramas portraying role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level. Key to the educational component is the use of role models in the context of a storyline to provide information about change, to motivate the viewer, and to enhance a sense of self-efficacy element involves reinforcing the message through interpersonal strategies like peer group discussions delivered by members of the affected community and making services available.

In COP06, the project will have five components crafted to prevent and control HIV/AIDS among members of the army through behavioral change communication (BCC) interventions. These interventions will encourage the correct and consistent use of condoms, and support service uptake for VCT, PMTCT, ART, care and support.

The first component will build the capacity of the National Defense Force of Ethiopia at headquarter and command level. The second component will focus on creating the necessary technical capacity in implementing MARCH project through peer structure. The necessary training will be given to a total of 100 command trainers, 1,650 peer leaders' trainers at platoon level, and 16,500 peer leaders at team level which enables the project to reach 250,000 members of the army. That is 100%

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coverage. The third component focuses on continuing the peer leadership strategy through the printed serial drama initiated in COP05. A second print serial drama in the form of a comic strip is planned to bring about change in behavior. The fourth component will produce the necessary IEC/BCC materials to augment the printed serial drama. Thus, one package of IEC materials will be distributed among 25,000 peer groups. The package will consist of three posters, four different leaflets focusing on AB, VCT, ART, stigma and discrimination, substance abuse, and positive living for PLWHA. A total of 75,000 posters and 100,000 leaflets will be distributed to reinforce the printed serial drama. The fifth component will establish a resource center. The resource center will be responsible for the development of relevant IEC/BCC materials and documentation of HIV/AIDS-related electronic and print information within the army.

The activity will integrate its work with PEPFAR prevention partners through the ABOP sub-working group. The program conforms to the PEPFAR Ethiopia prevention strategy of targeting most at risk populations.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	115,500	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	18,250	<input type="checkbox"/>
Number of targeted condom service outlets	0	<input type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Addis Ababa University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5766
Planned Funds:
Activity Narrative: Supporting University Students with OP

This is a new activity. This activity links to 5584 "Supporting University Students with AB".

Students of Addis Ababa University come from all corners of the country. Due to their level of maturity and desire for new experiences, the peer pressure they experience, the absence of immediate parental control, the change of environment, and the need to "fit in," students are exposed to opportunities that present the possibility of committing unsafe behavioral patterns that give rise to HIV infection. Behavior change interventions that combine activities to promote social norms for safer behaviors (including use of services) and help build the students' ability for implementing the interventions are valuable HIV prevention activities.

The aim of this project is to prevent and control HIV/AIDS within the entire Addis Ababa University community, including regular and summer students, faculty and administrative workers through capacity building in the area of behavioral change communication. The project focuses on improving HIV/AIDS/STI/TB prevention and care activities on the ten campuses of Addis Ababa University through the MARCH model. MARCH an acronym for "Modeling and Reinforcement to Combat HIV/AIDS." It is a behavior change communications strategy that promotes the adoption of HIV prevention behaviors and encourages university community members to support and care for PLWHA and children whose parents have died of AIDS.

The program's two approaches are: entertainment as a vehicle for education (long-running serialized dramas on radio or television portraying role models that develop positive behaviors) and interpersonal reinforcement efforts at the community level (support from friends, family members, and others to help people initiate behavior changes, and support through changes in social norms necessary for sustaining behavioral change over time). Both media and interpersonal activities are linked to existing resources in the community. Preventive services, supplies, and other supporting materials are made easily accessible, wherever and whenever possible.

Interventions, called "reinforcement activities" draw attention to the MARCH project and increase opportunities to listen to the drama. They are opportunities to address psychosocial and other individual characteristics (e.g., negotiating skills) in small group discussions and workshops led by community members.

In COP05 the project achieved several objectives: (1) building the organizational capacity of AAU to implement the MARCH project, (2) organizing and empowering peer groups and leaders through technical assistance and training, (3) developing training manuals and teaching aids for peer leaders on facilitation skills, participatory qualitative research techniques and participatory community activities, and (4) producing and distributing IEC materials to support the peer group activities.

During COP06 the project will develop a sustainable organizational unit on every campus to run the MARCH program, conduct training to build the leadership skills of peer leaders, produce print and audiovisual materials for trainings. Once these activities are completed, the project will then implement the MARCH Project to full scale on the ten campuses of the university reaching a total of 30,000 regular students, 2,000 summer students, and 3,000 academic and administrative staff members.

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In addition to the MARCH program, the project will produce and distribute IEC materials to support an array of preventive activities on the campuses, strengthen alliances between the university and other Ethiopian universities, colleges and high schools, and eventually, educational institutions in sub-Saharan Africa and the U.S.

Activities to address the existing imbalance between the genders, male attitudes and behaviors towards women, and the need to strengthen women's assertiveness when negotiating the sex (and the use of a condom) will be developed as well.

Emphasis Areas

Information, Education and Communication
Policy and Guidelines
Training

% Of Effort

10 - 50
10 - 50
51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

4,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

400

Number of targeted condom service outlets

Target Populations:

Adults

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Gender

Twinning

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5777
Planned Funds:
Activity Narrative: Design and Production TA for MARCH.

This is new OP activity.

For country level program management purposes, major activities for this prime partner within this program area have been separated.

PEPFAR Ethiopia will provide technical support to existing projects, namely, Military-focused Other Prevention Activities (COP 7.3.6.), Police Prevention Activities (COP 7.3.5.), and Supporting Addis Ababa University Students with Other Prevention (New Activity).

PEPFAR Ethiopia will support the implementation of the MARCH project in three settings: National Defense Force of Ethiopia, Federal Police, and Addis Ababa University, and provide technical assistance for planning and designing projects, monitoring day-to-day activities of the indicated three partners in the area of AB-focused prevention, organizing training for peer approach by the partners, producing materials which include BCC/IEC materials, and for setting up and activating appropriate monitoring and evaluation systems.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)
 University students (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Populated Printable COP
 Country: Ethiopia

Fiscal Year: 2006

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5779
Planned Funds:
Activity Narrative: SITCOM on Other Prevention

This is a new OP activity. This activity links to 5758 "Sitcom on AB Prevention."

For country level program management purposes, major activities for this prime partner within this program area have been separated.

MARCH is a behavior change communications (BCC) strategy that promotes the adoption of HIV prevention behaviors and encourages community members to care for people living with HIV/AIDS (PLWHA) and children whose parents have died of AIDS. There are 2 main components to the program: entertainment as a vehicle for education (long-running serialized dramas on radio or television portray role models evolving toward the adoption of positive behaviors) and interpersonal reinforcement at the community level (support from friends, family members, and others can help people initiate behavior changes; support through changes in social norms is necessary for behavioral effects to be sustained over time). Both media and interpersonal intervention activities should be linked to existing resources in the community and, wherever possible, provide increased access to preventive services, supplies, and other supporting elements. The MARCH approach differs from other programs that have incorporated reward-based motivation for carrying out behavioral change in that self-efficacy is a key focus. That is, the conditions must be in place so that individuals sense that they are empowered to change their behavior. Key to the entertainment-education component is the use of role models in the context of a storyline to provide information about change, to motivate the viewer, and to enhance a sense of self-efficacy. That is, an emphasis on narrative that is aligned with the norms of the particular culture allows people "to understand the origins, meanings, and significance of [their] difficulties, and to do so in a way that makes change conceivable and attainable". The second component involves reinforcing the message through interpersonal strategies like peer group discussions delivered by members of the affected community.

PEPFAR Ethiopia has successfully conducted a radio serial drama. The radio serial drama consisted of ten role model stories produced on actual experiences of community members. Accordingly, the role model stories were broadcasted from radio Harari and Radio Fana weekly. PEPFAR Ethiopia has also been engaged in the production of various documentary films to create awareness and encourage behavioral change among the general public and in the past has produced three documentaries on "The Impact of HIV/AIDS related to stigma and Discrimination on women (Siwir Emba)", "The Impact of HIV/AIDS on Children (Yetia Sir Abeboch)" and "The situation of HIV/AIDS along the Ethio-Djibouti Corridor" to create awareness and bring about behavioral change regarding HIV/AIDS and the social, economic and physiological sufferings caused by the Disease. The three documentary films were officially launched and were given wide media coverage and were transmitted to the general public via the Ethiopian Television on the day of their inauguration and on other occasions.

The project focuses on the production of a sitcom or a soap opera. The show will be twenty five minutes long and aired weekly through Ethiopian Television for two weeks. Production will be in line with the principles of MARCH and address at least fifteen major areas, namely (1) Correct and consistent use of condoms (2) voluntary counseling and testing, (3) post test counseling, (4) anti retroviral therapy, (5) stigma and discrimination, (6) social, environmental and economic determinants of HIV prevalence, and (7) gender and HIV. The contractor will be responsible in carrying out the necessary preparatory assessment and data collection, production of

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the sitcom or soap opera and airing it on Ethiopia Television for two weeks. The sitcom will be produced inline with the principles of MARCH and is expected to serve as a BCC material augumenting peer group discussions of the two major partners of PEPFAR Ethiopia: the Federal Police force and University Students. Thus, a total of five thousand peer groups, consisting of more than fifty thousand people will directly benefit from the sitcom. Thus, the sitcom will be followed by peer group discussions where by the information imparted through mass media will further be augmented by peer group discussions to encourage behavioral change. Furthermore, members of high risk groups residing in major towns and cities (sex workers, truck drivers, in and out of school youth, people living with HIV/AIDS, people caring for PLWHA will benefit from the sitcom. This project is linked with another new project - "SITCOM on AB focused Prevention" - designed to produce two episodes of a sitcome focusing on AB focused prevention.

The program conforms to the PEPFAR Ethiopia prevention strategy of targeting most at risk behaviors.

Emphasis Areas

% Of Effort

Information, Education and Communication

10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

50,000

Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of targeted condom service outlets

Target Populations:

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Children and youth (non-OVC)

University students (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5782
Planned Funds:
Activity Narrative: Geographic Targeting of HIV Prevention Interventions to MARPs in High Prevalence Hotspot Areas.

This is a new activity. It is linked with activity 5727 "Magnitude of HIV Among MARPs on Rural Hotspots."

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This project is an HIV intervention program for most at risk populations residing in areas with high HIV prevalence (hotspots). The objective is to reach 150,000 MARPs living in selected rural and urban hotspots with a comprehensive HIV message that includes STI prevention and control, HIV testing, treatment and care resources. Localities within the 89 ART health networks will be selected for geographic targeting.

MARPs (prostitutes and their clients, mobile population, drug users including alcohol and unformed personnel) are characterized by high rates of HIV/STIs and new sexual partnerships that hold strategic position in the HIV/STI transmission as well as in its prevention and control. MARPs are among the most likely to respond positively to prevention programs related to HIV and sexually transmitted infections (STIs) with significant reduction in HIV transmission and larger opportunity for HIV testing and linkage to treatment and care. However, reaching individuals with high rates of new partner acquisition is challenging due to inaccessibility of services and stigma.

The approach we will be using in this project to reach MARPs use of geographic clustering of HIV infection and other contextual factors to guide identify intervention localities with intense unsafe sexual networks. The contextual factors associated with areas with high HIV/STI incidence include poverty, over-crowding, lack of health care, urbanization, and rapid growth, high male to female ration, alcohol consumption, high population mobility, unemployment, political instability, refugee camps, and areas where social mixing intersects commercial activities. Areas likely to have a higher incidence of HIV/STIs using available demographic, epidemiologic and contextual data will be targeted for intervention that are geared to the needs of the communities residing in those areas.

To date, there are efforts to address prevention, treatment and care needs of the unformed personnel and these efforts will be strengthened further in COP06. However, little has been done in addressing other groups of MARPs, namely commercial sex workers, their clients and drug users including alcohol, through innovative interventions targeting the various factors involved in sexual risk taking. In COP06, the proposed interventions for MARPs target one urban and one rural hotspots include targeted behavioral change communication, counseling on sexual risk reduction including 100% condom use, and access to friendly STI diagnosis and treatment services coupled with HIV testing, and access treatment and care programs. Prevention efforts will also focus on primary prevention of alcohol related HIV risk behaviors to prevent new infection. As part of the prevention among positives, HIV-positive individuals will also get risk counseling and support to decrease/quit drinking alcohol. Stigma and discrimination towards most at risk populations and HIV-positive individuals potentially prohibits people from seeking appropriate health care. Efforts to address stigma and discrimination will be integral part of this intervention program.

The program conforms to the PEPFAR Ethiopia prevention strategy of targeting

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groups who engage in high risk behaviors in the sites in which they congregate.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Most at risk populations
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Amhara

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5784
Planned Funds:
Activity Narrative: This is a new activity in COP06.

This project aims to increase demand for quality HIV/STI prevention services in the cities of Addis Ababa and Nazret through social marketing of STI services linked to HIV counseling and testing. The output of the project is treating 30,000 STI patients in the private health facilities that most STI clients seek care and linking them to HIV testing. This intervention will be supported by intense service promotion and demand creation activities.

The experience in COP04 and COP05 indicates low demand and utilization of HIV/STI prevention services such as STI and (V)CT services, which needs to be addressed adequately in order to meet our prevention, treatment and care targets. Increased service demand and utilization by most at risk populations provides an opportunity to enroll clients for prevention, treatment and care in an efficient way. To this effect, this project intends to use innovative approaches to support PEPFAR Ethiopia programs with demand creation for quality, easily accessible and friendly services using alternative service outlets - private health facilities. Demand creation and promotion of quality STI service strongly linked to HIV testing have been used to increase perceptions of quality of services, provide name-recognition through branding services, and ensure availability of services that are easily identifiable by consumers.

In COP06, 30,000 pre-packaged STI treatment kits for urethral discharge and genital ulcer syndromes will be available for STI patients through the private health facilities. The kits contain STI drugs, promotional materials, partner notification cards, condoms, HIV testing information and voucher to access HIV testing centers free of charge. The HIV testing voucher system will increase HIV testing uptake. The pre-packaged STI treatment kits will be targeted for distribution to most at risk populations. The distribution of the kits will be complemented by intense demand creation and service promotion activities to generate demand for quality HIV/STI services including HIV testing and treatment services and to increase utilization of those services.

Evaluation of clients other prevention behaviors in association with seeking HIV voluntary counseling and testing will be included in implementation activities among MARPS seeking STI services.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	<input type="checkbox"/>
Number of targeted condom service outlets	0	<input type="checkbox"/>

Target Populations:

Most at risk populations
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Humanitarian Aid and Development Agency
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5786
Planned Funds:
Activity Narrative: Integrated HIV/AIDS Prevention, Care and Support for Sudanese Refugees.

This is a new activity in FY06. This activity is linked to 4.3.15(AB) and 8.3.5 (VCT). This program targets refugees in three refugee camps in Gambella region (bordering Sudan), who have been identified as a population at significantly high risk in the PEPFAR Ethiopia prevention program. The aim of this intervention is to reduce high-risk behaviors by promoting delayed onset of sexual activity, abstinence, faithfulness, and correct and consistent condom use, early treatment of STI and reduce stigma and discrimination.

The existing situation in the refugee camps characterized by a large proportion of the refugees that have heard about AIDS, but with very little or no knowledge on prevention methods of HIV virus. About two third of the beneficiaries used no condom or use occasionally during sexual intercourse. Evidence also showed that misconception about HIV/AIDS is high (especially among refugee youths) and care and support for PLWHA is low and 44% of the target population does not have access to HIV/AIDS information and services. There is a big gap between people's knowledge about HIV/AIDS and their sexual behavior/practice. The goal of this intervention is to mitigate the consequence of HIV/AIDS in the refugee settings and contribute to the national level response effort on the fight against the epidemic.

For those who cannot limit themselves to sexual abstinence and mutual faithful partnership methods (AB), use of condom is the only effective way to prevent infection. Despite this fact, the current condom supply coverage in refugee camps is only 5.19%. Therefore the objective of this particular program areas is to develop alternative protection mechanism for those who cannot limit themselves to abstinence, or faithful sexual partnership. In order to achieve this, AHADA will coordinate the procurement and distribution of condoms in partnership with activity 7.3.12 through public outlets such as health institutions, shops in the refugee villages, recreation centers targeting older youth, hotels and bars around the camps and staff compounds. Moreover, information on the uses of condom will be provided to the target population group at high risk through mini-Media, peer-to-peer educations, awareness raising compagins, IEC materials and condom demonstration. ABC prevention information will also be delivered at food distribution centers within the refugee camps.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	0	<input type="checkbox"/>
Number of targeted condom service outlets	135	<input type="checkbox"/>

Target Populations:

Mobile populations (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Key Legislative Issues

Gender

Coverage Areas

Gambela Hizboch

Table 3.3.05: Activities by Funding Mechanism

Mechanism: *

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 5788

Planned Funds:

Activity Narrative: Condom Program for High-Risk Groups.

This is a continuation of a COP05 OP activity.

For country level program management purposes, major activities for this prime partner within this program area have been separated.

By the end of the COP05 period, PEPFAR Ethiopia will have procured 50 million condoms for targeting to most at risk populations. These include commercial sex workers, migrant workers, transport workers, men with disposable income, the military and refugees. The United Kingdom's Department for International Development supported the launch of a new brand, Sensitive, in early COP05, which has picked up some market share.

In COP05, PEPFAR Ethiopia is developing a program that follows the Ethiopian military model of 100 percent condom use being promoted in targeted locations where the identified high risk groups congregate and supporting behavior change and campaigns targeting specific at risk populations. For example, high risk groups congregate 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 and PMTCT centers and hospital settings - in support of the MOH supplies. 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. Kiosks and other marketing outlets in urban and peri-urban areas in the USG health networks will be supplied through the program.

In COP06, the PEPFAR Ethiopia analysis indicates that 30 million condoms will be needed to address the needs of populations most at-risk to HIV and AIDS, of which 10 million will be targeted to the at risk groups within the civilian population and 20 million for the military and surrounding communities. The significant decrease in condom procurement numbers between COP05 and COP06 is due to the planned increased contribution by the United Kingdom's Department for International Development. Activities for targeting condoms to the most at risk populations will be continued as in the previous year. An additional target group this year will be refugees. Operational costs will continue to be supported by Development Cooperation Ireland, the Royal Netherlands Embassy and the United Kingdom's Department for International Development.

This activity conforms to the PEPFAR Ethiopia prevention strategy of targeting individuals who engage in high risk behaviors with comprehensive ABC prevention programs to reduce risk behavior. It specifically targets most at risk individuals within the ART health network, in areas where they congregate.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	275,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets	500	<input type="checkbox"/>

Target Populations:

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

Most at risk populations

Discordant couples (Parent: Most at risk populations)

Military personnel (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5790
Planned Funds:
Activity Narrative: Annual Program Statement – Other Prevention.

This is a new program in FY 2006.

The Annual Program Statement (APS) will offer multiple awards to indigenous organizations to promote other prevention programming in TBD peri-urban and rural areas of Ethiopia.

Building on OGAC policy guidance on abstinence, be faithful and condom use (ABC), the USG is soliciting innovative ideas for reaching Most At Risk Populations using evidence-based approaches in HIV prevention programming.

Priority program areas include:

- Addressing sexual violence against women and the delivery of Post Exposure Prophylaxis.
- Addressing cross generational and coercive sexual relationship behaviors.
- Addressing substance abuse and sexual risk-taking behaviors including referral to substance abuse services
- Working with discordant couples to prevention new HIV infections.
- Normalizing correct and consistent condom use among MARPs and PLWHA.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	135,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:
 Adults
 Most at risk populations

Key Legislative Issues

Gender

Coverage Areas:

National

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Table 3.3.05: Activities by Funding Mechanism

Mechanism: *
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5791
Planned Funds:

Activity Narrative: BERHAN: Building Ethiopia's Response for a HIV/AIDS Network (translated from Amharic as light) – Supporting Health Centers and Communities.

This is a new activity.

For country level program management purposes, major activities for this prime partner within this program area have been separated.

BERHAN is a comprehensive prevention, care and support activity and is described in the program areas of Prevention AB, Prevention OP, Care and Support CT, TB/HIV, Palliative Care and Other/Policy. BERHAN will work in health centers and health posts, the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, BERHAN will link with ART hospitals for referrals and work with clients and their families in the community. BERHAN will be established in the 267 health centers that are geographically linked to the 89 ART health networks, providing the complete preventive care package. An additional 125 health centers with preexisting PEPFAR VCT and TB services will continue to be supported with their full inclusion in the ART network anticipated in FY 07.

The BERHAN design conforms with the PEPFAR Five-Year Strategy of building on the public health sector as the key actor in Ethiopia, promoting a set of palliative care interventions that are appropriate to specific partners in the health network, improving the quality of life, and fostering linkages between treatment, high quality clinical and community and home based care.

This activity represents a new approach to prevention programming for PEPFAR Ethiopia and recognizes that the bulk of new HIV infections will occur in rural areas. BERHAN's coverage is anchored in predominantly rural settings reaching out from health centers and health posts through Community Oriented Outreach Workers in coordination with Health Extension Workers and other community agents for social mobilization activities.

Case managers will refer HIV-positive clients to VCT and lay counselors for prevention for positive counseling. COOWs, in coordination with Health Extension Workers, will be responsive to local needs, distinctive social and cultural patterns. They will coordinate and assist in the implementation of HIV prevention efforts of local governments by supporting the provision of accurate information about correct and consistent condom use and supporting access to condoms for those most at risk of transmitting or becoming affected with HIV. COOWs will play an active role in broader community and family-based counseling including the distribution of GOE and PEPFAR Ethiopia IEC BCC materials.

Both case managers and COOWs will support the provision of counseling interventions with abstinence and fidelity messaging, and improve client knowledge and understanding of discordance. BERHAN will collaborate with existing prevention partners to not duplicate with ongoing PEPFAR Ethiopia and GOE activities.

This activity will consolidate the delivery of prevention messages to clients of MTCT, VCT, FP, TB and STI services, and PLWHA and ART clients to capture programming synergies and cost efficiencies. Case managers and COOWs will utilize interpersonal approaches to behavior change on topics including VCT, substance abuse, abstinence, faithfulness, correct and consistent use of condoms, STI referral, targeted condom promotion and distribution and other risk reduction education.

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This activity will be integrated and implemented alongside the host country's Health Extension Package (HEP) which is placing 27,000 primary health workers throughout Ethiopia by 2009/2010 to support the primary prevention of illnesses including HIV/AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,200,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	600	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Adults

- Community leaders
- Community-based organizations
- Family planning clients
- Most at risk populations
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Religious leaders

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5793
Planned Funds:
Activity Narrative: AIDS Resource Center Other Prevention.

This is an ongoing activity but new to OP in COP06. The project aims to expand access to HIV/AIDS information and services by maximize the relevance of the ARC's work and building the capacity of partners and HAPCO to implement IE/BCC activities.

The project aims to expand access to HIV/AIDS information and services by maximize the relevance of the ARC's work and building the capacity of partners and HAPCO to implement IE/BCC activities.

The project has four componets. The first component works to provide up-to-date and accurate information on correct and consistent use of condom and service uptake to government and non-government partners, journalists and media professionals, researchers and the general public. The second component focuses on strengheing and maintaining the best quality for a multi target focused website, to make it a virtual information center. The third component of the project aims to strengthen the clearinghouse function of the ARC on all HIV/AIDS, VCT, STI and TB materials (print and audiovisual), including the development of high-quality materials encouraging correct and consistent use of condom and better service uptake among high risk groups. The fourth comonent of the project focuses on continuing the service of the Wegen AIDS Talkline and provide accurate and valid information on condom use and various services including PMTCT and STI.

The fifth component focuses on the production of 968 IE/BCC kits on condom use and other services, including condom use, PMTCT and STI. The 968 kits will be used in 88 hospitals and 880 satellite health service delivery points (health stations, health posts and private clinics). Each kit will consist of 1 bag, 1 manual prepared on how to use the IE/BCC kit, one TV and one VCR set for each of the 88 hospitals, audio visual material (60 minutes) for 88 hospitals, 8,000 posters (Condom use, PMTCT and STI), 132000 leaflets for hospitals (1500 / year / hospital x 88 hospitals), 660,000 leaflets for satellites (750/ year / satellite x 880 satellites), 1,500 flip charts, i.e., three flip charts for each outlet for each area, i.e., Condom use, PMTCT and STI, 968 set of models consisting models to be used for condom use, FP commodities, STI, PMTCT, child feeding, etc.). This project is linked with another in COP FY 06 - "AIDS Resource Centers AB focused Prevention (Activity number NEW) - designed to expand access to AB focused HIV/AIDS information and services by maximize the relevance of the ARC's work and building the capacity of partners and HAPCO to implement IE/BCC activities. Thus, this particular project has an approximate of forty per cent (40%) share of the total funds while the complementing AB focused project will have sixty per cent (60%) share.

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,320,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Host country government workers
- Private health care workers
- Media Organizations

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5794
Planned Funds:
Activity Narrative: USAID Technical Assistance.

This activity represents the direct technical assistance that is provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Non-governmental organizations/private voluntary organizations
- Host country government workers
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5795
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance which is provided to partners by CDC. The represents the salary costs for CDC technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Host country government workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5800
Planned Funds:
Activity Narrative: Strengthening STI Services for MARPs.

This is an ongoing activity.

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This project will strengthen STI services for most at risk populations (MARPs) in the STI clinics at 89 hospitals in the ART network. In addition to averting HIV infections through diagnosis and treatment of STIs, this project will link to HIV counseling and testing services in order to enroll eligible STI patients in ART services. It will train 200 health care workers in the management of STI to prepare them for conducting site level supportive supervision. STI drugs for the 89 hospitals will be provided by GFATM resources.

In COP05, STI clinics in 58 hospitals provided STI diagnosis and management services to MARPs and HIV-positive individuals. Interventions included diagnosis and treatment of STI, prevention for HIV-positive individuals, risk reduction, counseling and testing, and care. 200 health workers were trained. GFATM resources are used to procure STI drugs for the 58 hospitals. Revised STI syndromic management guidelines were printed and distributed. A standard STI training manual was written. Supportive supervision and onsite training of health workers in the 58 hospitals were conducted.

In COP06, the project will expand to all 89 hospitals in the ART health network. Support will continue for STI diagnosis and treatment services for MARPs and HIV-positive individuals. GFATM and possibly GOE resources will be sought to procure STI drugs. PEPFAR will provide technical assistance, train 200 health workers and health managers, conduct needs assessments at 33 new sites and oversee supportive supervision services at the 89 hospitals that are delivering STI diagnosis and treatment services.

In COP07, this activity will be transferred to the U.S. university working in each region.

This activity will integrate its work with PEPFAR prevention partners through the ABOP sub-working group.

The program conforms to the PEPFAR Ethiopia prevention strategy of targeting groups who are at high risk of acquiring and transmitting HIV infections.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	<input type="checkbox"/>
Number of targeted condom service outlets	0	<input type="checkbox"/>

Target Populations:

Most at risk populations
People living with HIV/AIDS
Host country government workers
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
 Budget Code: HBHC
 Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

Though the importance of palliative care is recognized in Ethiopia, to date there are no clear national technical and implementation guidelines. Most activities, including GFATM submissions, focus on income generation activities for PLWHA and home based care kits. Palliative care remains largely perceived as end-of-life care, with the criteria of enrollment as a presumptive diagnosis of AIDS and bedridden for a period of one month. PEPFAR Ethiopia supports palliative care at facility and community levels has merged home-based care and facility-based care, yet a non-standardized approach to care and uneven referral linkages persist.

During COP05, PEPFAR Ethiopia, with input from OGAC, developed a standardized, simple and doable preventive care package. Elements include long lasting insecticide treated nets (LLITN) to prevent malaria in endemic areas, cotrimoxazole prophylaxis, screening for TB infection, prevention for positive counseling, condoms, referral of household contacts for VCT, safe water supply, nutrition counseling and multivitamin supplementation. It is anticipated that LLITNs and cotrimoxazole will be procured by the GFATM.

During COP06 PEPFAR Ethiopia will explicitly link the community and home, health center, and hospital palliative care programs as a major move towards strengthening and scaling up the comprehensive continuum of care. At both the hospital and health center levels, PEPFAR Ethiopia will support referral and networking within and between health centers and hospitals by deploying case managers who will ensure positive post test clients receive essential services including TB, PMTCT, OI, FP as well as ART when they are eligible. To address the human capacity constraints, all patients within the ART health network will be followed by case managers.

The profile of the case manager is envisioned as a lay, non health professional, literate 10th grade graduate, female and PLWHA-preferred, who will work with Community Oriented Outreach Workers (COOWs) to ensure that HIV-positive persons access all the services they require at health facilities and within their community. Clients are referred to the case manager from a variety of services within the health facility, e.g. VCT, TB, STI, outpatient, PMTCT, FP and from the community. If the patient fails to access the service and/or return for follow up, COOWs will locate the HIV-positive client and identify and resolve the constraint. In addition to referrals and follow up, a vital role of the case manager at health centers will be to collaborate with the case manager at the hospital. Together they will track patients between the ART hospital and health center when clients are referred up to ARV treatment at the hospital level and back to the health center for ARV patients for follow-up services at the health center and community level.

Recognizing the essential contributions of the family and community for care and support, the COOWs will represent the communities from where health center clients originate and will interface with one of the five health posts linked to their health center.

End-of-life care will remain an important component of palliative care, acknowledging the almost universal practice in Ethiopia of death occurring in the home. Spiritual care and psychosocial support are critical; with the extraordinary levels of faith observance throughout the country and at all levels of society, linkages with the Ethiopian Orthodox Church and the Islamic faith leaders are achieved with Activity 10.3.1. Wraparound activities with food are addressed with the ongoing Catholic Relief Services and REST P.L. 480 programs, with additional food available through the World Food Program Activity 10.3.9 and OVC Activity 11.3.8.

Early identification and referral of vulnerable children for OVC services and HIV screening, much earlier than before their parent(s) becomes seriously ill or dies, is another major development in overall care programs.

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Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	497
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	243,000
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: *
Prime Partner: International Orthodox Christian Charities
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5593
Planned Funds:
Activity Narrative: Community and Home-based Care for PLWHA

This is an ongoing activity. It links to activities 5592 "Faith-based AB Support - Orthodox" and 5591 "Community- and Home-based Care for PLWHA." This activity will contribute to achieving quality care for people living with HIV and AIDS within the health network.

During COP2005, PEPFAR Ethiopia supported IOCC to work in partnership with the development arm of the Ethiopian Orthodox Church (EoC), and the Development Inter Church AID Commission (DICAC) to utilize and mobilize the strong Orthodox network to reinforce HIV prevention efforts in Ethiopia and expand community-based care and support of orphans and vulnerable children, and community-based palliative care for PLWHA.

In COP04, care and support activities for PLWHA's were achieved mainly by providing spiritual, medical and financial support. This approach was modified in COP05, with IOCC developing additional strategies aimed at improving the welfare of HIV-affected households. Examples of these activities include skills development for income-generating activities, training in basic management and monitoring. PLWHA were encouraged to form their own support networks at both Parish and regional levels. IOCC-DICAC strongly believes in greater voluntary involvement and participation of PLWHA in all HIV/AIDS related interventions. PLWHA were therefore encouraged to play an active role in HIV/AIDS awareness and care and support activities.

In COP06, these activities and approaches will be continued, with an estimated 35,000 PLWHA benefiting from the project's care and support components such as post test and spiritual counseling, economic support, home based care services and IGA's. The activities planned at each project woreda will be undertaken in close collaboration with the local woreda HAPCO branch and other stakeholders in the area. Networking among these groups will be encouraged to strengthen the project's impact and sustainability.

Gender will be given heightened attention as a cross cutting theme. Efforts will be made to ensure the participation of women in youth groups, community-based discussion groups, counseling and training. A target of 50% female beneficiaries will be established. Another cross-cutting theme will be to counteract the significant stigma and discrimination related to HIV/AIDS that is so prevalent in Ethiopia. The EoC has taken a strong stand against stigma and discrimination and this welcomed support will be a key message that is widely disseminated.

During COP06 emphasis will be placed on achieving further quality in the training, counseling and networking components. In addition, IGA schemes for families with OVC and PLWHA will be implemented.

IOCC-DICAC will continue to integrate its work with the different faiths through participation on the National HAPCO's Partnership Forum and through the Inter Faith Forum for Development and Dialogue for Action and with PEPFAR Ethiopia prevention partners through the Care sub-working group.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	95	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	23,100	<input type="checkbox"/>

Target Populations:

Community leaders
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Stigma and discrimination
Gender

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: *High Risk Corridor Initiative
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5600
Planned Funds:
Activity Narrative: High Risk Corridor Initiative

This is an ongoing activity. This activity links to activities 5602 "HRCI AB," 5599 "HRCI OP" and 5719 "HRCI CT."

During COP05, PEPFAR Ethiopia supported Save the Children USA to work in 24 communities along the transport corridor from Addis Ababa to Djibouti to provide HIV/AIDS prevention, counseling and testing and care programs. The area covered includes Afar, Oromiya, and Somali Regions as well as the Dire Dawa Administrative Council. The program targeted transport workers, commercial sex workers, and other vulnerable groups, such as out of school youth, who engage in high risk activities. This activity will continue increasing access to and quality of care services in the communities along the corridor, and will develop improved referral mechanisms to care and treatment services within the communities.

In COP06, PEPFAR Ethiopia will continue to provide the following package of basic palliative care services in 24 communities along the Addis-Djibouti Corridor: home-based care by community volunteers, care-giver training and support, spiritual counseling, promotion of positive living/social gatherings, early identification of and referral for OIs, STIs, and TB treatment, financial/housing assistance, and in two large urban settings, food support. HRCI will build capacity of these community-based programs to monitor clients taking ART and promote ARV adherence and compliance.

HRCI will continue to work with and build the capacity of 24 local HIV/AIDS Committees, HAPCO facilitators, and kebele social services to assess the needs of persons and families affected by HIV/AIDS; plan interventions that do not encourage dependency on cash handouts; design wrap-around services, policies, and procedures that are user-friendly and confidential; mobilize resources, and coordinate community-based care and support services.

HRCI will also strengthen the management and supervision of the community palliative care services through a sub-grant process to build capacity of FBOs and CBOS (e.g. Iddirs, to manage community volunteer home-based care provided to HIV-positive persons and their families including children), promote prevention of HIV transmission between spouses or mother to child, and to establish community-based nutritional support services. Linkages between these community home-based care services and regional health care system will be formalized and strengthened to achieve consistent technical and supportive supervision of the home-based volunteers, early identification of OIs and appropriate treatment or referral, monitoring and support to clients to promote ART and TB therapy adherence and compliance, promotion of preventive health measures including condom usage and family planning by PLWHA and their spouses, and trained family care-givers. Community-based care volunteers will be trained to know and understand local, regional, national, and HRCI policies and procedures to help PLWHA and their families access available care and support resources using a "wrap-around" approach.

Major HRCI activities in COP06 will include: facilitation of networking and planning at the regional and local levels, training and capacity-building of new community and faith-based organizations to provide home-based care (organizational development including resource mobilization, supply/inventory, and supervisory, monitoring and reporting systems), workshops for new and current spiritual counselors, refresher training for the home-based care volunteers, strengthening of referral systems using a wrap-around approach, financial support for essential materials/supplies needed for

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home-based care and nutritional support services, continued facilitation of the Community Action Cycle, training for the twenty-two HIV/AIDS Care and Support Sub-Committees to build their capacity to establish strong representative committees with well-developed by-laws, policies and procedures, to plan, coordinate and mobilize internal and external resources for palliative care services (emergency funds, housing, etc.)

Using a sub-grant process, HRCI at least one PLWHA association will be supported to implement livelihood/income generating/saving schemes, positive living activities, and stigma-reduction interventions in the Afar region, currently un-served by PLWHA association.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,320	<input type="checkbox"/>

Target Populations:

Community leaders
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender
Stigma and discrimination
Wrap Arouds

Coverage Areas

Afar
Dire Dawa
Oromiya
Sumale (Somali)

Table 3.3.06: Activities by Funding Mechanism

Mechanism: *
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5616
Planned Funds:
Activity Narrative: BERHAN: Building Ethiopia's Response for a HIV/AIDS Network (translated from Amharic as light) – Supporting Health Centers and Communities

This is a new activity.

BERHAN is a comprehensive prevention, care and support activity and is described in the program areas of Prevention AB, Prevention OP, Care and Support CT, TB/HIV, Palliative Care and Other/Policy. BERHAN will work in health centers and health posts, the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, BERHAN will link with ART hospitals for referrals and work with clients and their families in the community. BERHAN will be established in the 267 health centers that are geographically linked to the 89 ART health networks, providing the complete preventive care package. An additional 125 health centers with preexisting PEPFAR VCT and TB services will continue to be supported with their full inclusion in the ART network anticipated in COP07.

Clinical care will be based on the IMAI materials and supported with technical assistance from The WHO (see Activity 5681). The multidisciplinary HIV Clinical Care Team will include the health officer, nurses, adherence counselors, data clerks, case manager and pharmacy technicians. Over the course of two-weeks, each HIV Clinical Care Team will be trained in chronic HIV care, OI management and prophylaxis, adherence counseling, clinician-initiated testing and counseling, patient monitoring for clinical teams, and TB/HIV co-management. ART, including pediatric ART, training activities will be linked to BERHAN and coordinated with the universities. Material adaptation will be coordinated with the MOH, WHO, and the ART universities.

Established in each region, in conjunction with the MOH and the WHO, training sites will be supported. More than one site may be necessary in larger regions. Master trainers will continue under BERHAN to train additional health workers in neighboring health centers to compensate for health worker turnover and expand the number of facilities providing integrated HIV services.

BERHAN will recruit case managers to work at the health center and ARV treatment center hospitals. The profile of the case manager is envisioned as a lay, non health professional, educated to the 10th grade level, female, and preferably a PLWHA, who will work with Community Oriented Outreach Workers (COOWS) to ensure access the services they require such TB, OI, RH/FP, STI, psychosocial, and VCT for TB patients. In addition to serving as the patient's advocate, the case manager will maintain a master record of clients and services to track referrals and follow up as well as to trace defaulters. Confidentiality and stigma reduction are recognized as fundamental operating principles at all levels of care, by all staff. If the patient fails to access the service, COOWS will locate them in their village and attempt to the problem. The case manager will ensure that referrals and results are communicated to the appropriate services and recorded. Case managers at health centers and hospitals will work to track patients between the ART hospital and health center when clients have been referred for ARV treatment at the hospital and back to the health center for follow-up services. Both the case manager and the COOW will be salaried positions.

During COP06, a total of 89 hospitals and 267 health centers will have BERHAN supported case managers - and COOWS based at the health centers - to build the partnership between ART hospitals, health center and communities for the provision of quality palliative care. COOWS will work with HEWs, health promotion volunteers, community-based reproductive health workers, agricultural extension agents,

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women's associations, peasant's association, idirs (the traditional funeral based organizations) PTAs, and teachers on community mobilization activities and with the family as the central unit of care. The COOWS will conduct enhanced outreach activities on bicycles to deliver preventive and palliative care messages and services to clients in more distant communities. COOWs will work with the nurse from the health center to assist them with their supervision of end-of-life care in the home.

Elements of the preventive care package will be provided or reinforced at the health post and community level including LLITNs in malarial endemic areas, TB referral, DOTS adherence, prevention for positive counseling, condoms, referral of household contacts for VCT, safe water supply, and nutrition counseling. PEPFAR Ethiopia and the GFATM will support the roll out of the Preventive Care Package through the procurement and distribution of commodities such as CT, condoms, pain management medication, vitamins, ORS, safe water disinfectant and LLITNs.

BERHAN will strengthen clinical services by deploying case managers and COOWS to 356 hospitals and health centers in all the 11 Regional states in Ethiopia. BERHAN will coordinate with hospital partners JHU, ITECH and CU on the use of the resources. Following is the list of regions by the number of network hospitals and health centers (1) Addis Ababa: eight hospitals and 27 health centers, (2) Afar: two hospitals and six health centers, (3) Amhara: 26 hospitals and 78 health centers, (4), Benshangul Gumz: two hospitals and six health centers, (5) Dire Dawa: one hospital and three health centers, (6) Harari: one hospital and two health centers, (7) Gambella: one hospital and three health centers, (8) Oromia: 26 hospitals and 78 health centers, (9) Southern Nations: 12 hospitals and 36 health centers, (10) Somali: four hospitals and ten health centers, and (11) Tigray: six hospitals and 18 health centers

To implement these large-scale health center and community-based HIV/AIDS activities nationwide PEPFAR Ethiopia will issue a full and open competition to award approximately four agreements or contracts that are regionally based and will cover the entire national ART health network. Through these agreements, 267 health centers will be linked to the 89 ART hospitals for the full range of palliative care services. The additional 125 health centers with VCT and TB/OI treatment services currently being supported by PEPFAR Ethiopia will receive sequenced technical assistance to enable their provision of palliative care in COP07.

It is anticipated that as the ARV program becomes more robust, health centers will add the capacity to track ART patient needs—prescription refills, monitoring side effects and adherence counseling—on an ongoing basis. Patients will be provided with the preventive care package and palliative care services. The MOH anticipates health centers will be accredited to provide ART by the end of 2006. It is expected that those facilities overlapping with BERHAN will provide ARV services at health centers in the coming years.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	267	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	65,700	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Religious leaders
Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5618
Planned Funds:
Activity Narrative: Palliative Care

During COPO6 this program will build on the existing capacity and cultures for each of the four regions of Addis Ababa, SNNPR, Benshangul Gumuz and Gambella.

At 20 hospitals, patients will be provided with basic medical and psychosocial support including management of symptoms and pain control. JHU will strengthen linkages and referrals to community services for other psychosocial and spiritual aspects of care. Support will include training and developing guidelines to integrate palliative care in the routine management of HIV. Through supportive supervision and mentoring JHU will ensure that palliative care is initiated for all patients and care is not interrupted.

To provide palliative care the support system for patient and families will also come from the community level and JHU will train health care providers to be able to educate community volunteers and family members on palliative care.

JHU will promote OI prophylaxis and treatment in accordance with national guidelines. Appropriate use of cotrimoxazole prophylaxis (pCTX) is an essential element of care for HIV-positive adults and children, and for HIV-exposed infants, and will be an important component of JHU's implementation activities, especially at those at sites not yet providing ART. Similarly, TB screening and isoniazid prophylaxis will be promoted for HIV-positive adults and children. (See also the separate section on HIV/TB activities). Supportive supervision and the institution of standard operating procedures will enhance the use of pCTX and INH. Attention will be given to the issue of HIV/malaria co-infection, and the use of bed nets and IPT will be included in the SOPs of HIV clinics. OI treatment will be provided following local protocols.

Linkages and referral systems with community services will build on the SI patient record effort – patient ID numbers and cards, data entry, storage and retrieval systems, etc. – to enable patients and providers to better manage treatment and care. The ART health network is essential to strengthening the nascent health network systems in Ethiopia.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,900	<input type="checkbox"/>

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Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Adis Abeta (Addis Ababa)

Southern Nations, Nationalities and Peoples

Table 3.3.06: Activities by Funding Mechanism

Mechanism: *
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5734
Planned Funds:
Activity Narrative: Care and Support for PLWHA

This is an ongoing activity that links to activity 5733 "Faith-based OVC Support."

This activity is a example of PEPFAR Ethiopia funds being complemented by P.L.480 Title II funds to achieve care targets. In COP05 these resources were used to work with Medical Missionaries of Mary and Missionaries of Charity to provide support to approximately 35,000 PLWHA in 17 urban communities in Addis Ababa, Afar, Amhara, Dire Dawa, Gambella, Oromiya, SNNPR, Somali and Tigray Region. Title II resources were used to work with Organization for Social Services for AIDS to provide support to 400 OVC in Addis Ababa, Dire Dawa, Harari and Oromiya. This included both home based care and support and institutional-based medical care for opportunistic infections and end of life care.

The 17 hospices provided medical care, spiritual support, basic nutrition and end of life care. The hospices are located as follows:

Addis Ababa Region - Asco Children's Home/Hospice and Sidist Kilo
 Afar Region - Dubti
 Amhara Region - Debre Markos Hospice, Debre Markos Children's Home/Hospice
 Dire Dawa Council - Dire Dawa
 Gambella Region - Gambella
 Oromia Region - Bale, Jimma and Kibre Mengist
 SNNPR - Awassa, Sodo
 Somali - Jijiga
 Tigray - Mekke, Alamata, Adwa

In COP06, PEPFAR Ethiopia and Title II funds will be utilized to work with these three partners to address basic care and support needs of 40,000 PLWHA both in the community and through the 15 hospices and 2 homes for HIV-positive orphans. P.L. 480 Title II funds will be distributed to needy PLWHA and supplemented with PEPFAR Ethiopia funds to support living costs (shelter) and medical care on an as needed basis. The local partners will provide physical, medical and psychosocial care on an as needed basis to destitute PLWHA both in their homes and through the hospices. Additional educational and lifeskills support will be given to children living with HIV/AIDS. Stigma reduction interventions (information, education and communications) will be undertaken within host communities. Counseling and psychosocial support services to asymptomatic PLWHA will be provided as well.

PEPFAR Ethiopia has helped to establish strong referral linkages between many community-based care and support programs and the hospices. In COP06 CRS will further strengthen these linkages as well as its collaboration with other PEPFAR Ethiopia partners in providing treatment, high quality clinical care and prevention services for PLWHA and their families.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	20	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	23,400	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBMC
Program Area Code: 06
Activity ID: 5767
Planned Funds:
Activity Narrative: Hospital-based Care and Support of PLWHA

In COP05, ITECH started its intervention in palliative care at three pilot sites, including urban and rural areas. Prior to setting up pilot programs, it developed working definition of palliative care and conducted a needs assessment to have a better understanding of the scope and priorities of palliative care in the Ethiopian setting. This assessment was the basis for piloting palliative care intervention in the selected areas. A curriculum on palliative care was then developed and integrated as part of the basic comprehensive HIV training, including ART, which was provided to physicians, nurses and pharmacists. Advocacy at the national, regional and site levels was also conducted not only to increase awareness on the importance of palliative care among health professionals, public health advisors and policy makers, but also to introduce palliative care as a new concept in the Ethiopian setting from national to site levels.

During COP06, ITECH will expand its palliative care interventions to 31 sites, adapting and integrating lessons learned from the initial pilot sites. In addition, it will work with the MOH and other PEPFAR Ethiopia partners to develop national palliative care implementation guidelines. Most importantly, it will assist the MOH in actualizing national policy on generic palliative care, translating palliative care policy into practical aspect of palliative care, i.e. negotiating and developing pain medication formulary and the authorization of disciplines other than MDs to prescribe under protocol. Overall, ITECH will advocate for the actual inclusion of palliative care into the practice of caregivers, spanning from hospital to home. It will also negotiate for the inclusion of palliative care into the pre-service curricula of physicians, nurses, pharmacists and medical social workers (MSWs).

At the national level, ITECH will provide technical assistance on the management of national implementation of palliative care. This will create the necessary human resource and technical expertise to integrate palliative care into HIV practice. Finally, ITECH will monitor performance and outcomes. Every patient will have a palliative status score. On a scale of one to ten, better than 60% of patient should have a positive outcome score of bigger than six or a negative score of less than four.

ITECH will promote OI prophylaxis and treatment in accordance with national guidelines. Appropriate use of cotrimoxazole prophylaxis (pCTX) is an essential element of care for HIV-positive adults and children, and for HIV-exposed infants, and will be an important component of palliative care activities, especially at those at sites not yet providing ART. Similarly, TB screening and Isoniazid prophylaxis will be promoted for HIV-positive adults and children. Supportive supervision and the implementation of standard operating procedures will enhance the use of pCTX and INH. Attention will be given to the issue of HIV/malaria co-infection, and the use of bednets and IPT will be included in the SOPs of HIV clinics. OI treatment will be provided following local protocols.

As palliative care is implemented along the continuum of care, including at the community level, ITECH will work with MOH and FHI to mobilize communities to recognize palliative care and provide supportive care in their localities.

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Emphasis Areas

Development of Network/Linkages/Referral Systems

% Of Effort

10 - 50

Local Organization Capacity Development

10 - 50

Policy and Guidelines

10 - 50

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing HIV-related palliative care
(excluding TB/HIV)

31

Number of individuals provided with HIV-related palliative care
(excluding TB/HIV)

21,800

Target Populations:

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Diego
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5770
Planned Funds:
Activity Narrative: UCSD Ethiopian Military Assistance PEPFAR - Palliative Care

This is an ongoing activity.

The Ethiopian Ministries National Defense and Health and the federal police have committed to supporting ART. An estimated 6,600 military members and dependants in the ENDF are infected with HIV, of which an estimated 30-50% of HIV-positive members potentially benefiting from immediate treatment, in accordance with national guidelines.

During COP06, UCSD will support the assessment of current capacity for palliative care for HIV-positive patients, Training and mentoring of uniformed services personnel, and improvement of space and equipment.

UCSD will establish regular training, assessments and mentoring of military physicians, health officers, nurses, lab workers, and pharmacists who support HIV-related palliative and care thru both our own local staff and visiting experts. UCSD will start with the larger Addis hospitals (three military and the one police) and systematically expand to the regional military hospitals and police clinics.

UCSD will partner with the training and evaluation program of San Diego Hospice, internationally known for its expertise in palliative care delivery, training, and evaluation. Each HIV CT delivery site will be assessed using a standardized instrument to identify opportunities to strengthen palliative interventions across the continuum of care. The palliative care evaluation will address both structural and process aspects of care. This will include attention to guidelines for symptom palliation, pain control, and both psycho-social and spiritual aspects of care. Structural assessment will include availability of and linkages among available residential and community-based palliative/hospice care programs, inpatient and ambulatory care sites, and step-down care programs. Access to needed pharmaceuticals (including narcotics) for symptom palliation will be assessed. Training in palliative care will be based on approved curricula including developed by the University of Washington, adapted to be consistent with Ethiopian national guidelines and resources.

UCSD will promote OI prophylaxis and treatment in accordance with national guidelines. Appropriate use of cotrimoxazole prophylaxis (pCTX) is an essential element of care for HIV-positive adults and children, and for HIV-exposed infants, and will be an important component of JHU's implementation activities, especially at those at sites not yet providing ART. Similarly, TB screening and isoniazid prophylaxis will be promoted for HIV-positive adults and children. (See also the separate section on HIV/TB activities). Supportive supervision and the institution of standard operating procedures will enhance the use of pCTX and INH. Attention will be given to the issue of HIV/malaria co-infection, and the use of bed nets and IPT will be included in the SOPs of HIV clinics. OI treatment will be provided following local protocols.

For expansion of palliative care training, UCSD will partner with the Defense University Medical College to build capacity thru on-site training and infrastructure development. UCSD will assist in implementation and assessment of thru (1) planning, (2) logistical and resource support for communications, data management, and clinical infrastructure and equipment, and (3) didactic training and on site mentoring of health care workers. Expanding capacity for PMTCT and will follow a staged approach, with the initial focus on the three referral centers, followed by the five smaller regional hospitals in phase 3, and the smaller division medical centers in phase

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Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Training	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,970	<input type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS

Coverage Areas:

National

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Columbia University
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAJ account)
 Program Area: Palliative Care: Basic health care and support
 Budget Code: HBHC
 Program Area Code: 06
 Activity ID: 5772
 Planned Funds:
 Activity Narrative: Palliative Care – Basic

During COP06, 32 Ethiopian hospitals to initiate or expand palliative care activities for HIV-positive individuals, encouraging the use of a multidisciplinary family-focused approach.

Programmatic support will be given to strengthen the internal and external linkages required to identify HIV-positive individuals and provide them with access to care. (Internal linkages include referrals to the HIV clinic from ANC, TB clinic, under-five clinics, OPD, and VCT. External linkages include referrals to and from community-based resources providing counseling, adherence support, home-based care, and financial and nutritional support). Columbia will provide on-site implementation assistance, including support for staff to enhance these linkages where necessary.

Columbia's support activities will promote OI prophylaxis and treatment in accordance with national guidelines. Appropriate use of cotrimoxazole prophylaxis (pCTX) is an essential element of care for HIV-positive adults and children, and for HIV-exposed infants, and will be an important component of Columbia's implementation activities, especially at those at sites not yet providing ART. Similarly, TB screening and isoniazid prophylaxis will be promoted for HIV-positive adults and children. Supportive supervision and the institution of standard operating procedures will enhance the use of pCTX and INH. Attention will be given to the issue of HIV/malaria co-infection, and the use of bednets and IPT will be included in the SOPs of HIV clinics. OI treatment will be provided following local protocols.

Counseling of HIV-positive individuals will be provided to promote secondary prevention of HIV, to enhance adherence to care and treatment, to provide psychosocial support, to link patients to community resources, and to identify household members in need of testing, care, and treatment. Peer educator programs will be piloted at a minimum of five hospitals. Columbia will also ensure that patients have access to nutritional counseling and micronutrient supplementation, providing financial support for such activities where needed.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	32	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	47,000	<input type="checkbox"/>

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Target Populations:

People living with HIV/AIDS

Public health care workers

Coverage Areas:

National

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Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Food Program
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5774
Planned Funds:
Activity Narrative: Food Support for PLWHA

This is a new activity for COP06. This activity will combine Food Aid and PEPFAR Ethiopia resources for the care and support for PLWHA.

The total food and related operational costs will be from non-PEPFAR sources. This activity will provide from PEPFAR Ethiopia wrap around funds to cover capacity building and impact documentation activities. Specific activities include nutrition and HIV/AIDS, gender, and monitoring and evaluation training; CSB demonstration and training to care givers and beneficiaries, and reprint and distribute the Famix/CSB recipe book to beneficiaries.

The WFP supports the GOE's Strategic Plan for the Multisectoral Response to HIV/AIDS by strengthening care and support for HIV/AIDS affected households through the provision of nutritional assistance. The following actions will be taken, (1) improvement of the nutritional status and quality of life of ART, PMTCT and end-of-life patients, (2) promotion of uptake and adherence to ART and PMTCT programs, and (3) support to the stabilization of orphans' school attendance.

PEPFAR Ethiopia will provide food assistance to 652 HIV-positive pregnant and nursing women enrolled in PMTCT from their first consultation until six months after delivery, an equal number of infants born to mothers attending PMTCT as of their sixth month of age for a period of 18 months, 5,775 food insecure end of life adults and ART patients identified as requiring ongoing nutrition support, and 17,325 HIV/AIDS orphans attending primary schools. As well, 790 care givers will be provided with food incentive for their home care services. Beneficiaries will be targeted in fourteen major urban areas in Ethiopia, with higher rates of HIV/AIDS prevalence and existing structures and partners for implementation. The activity will be closely coordinated with relevant programs and projects to ensure the availability of complimentary financial, technical and material resources. The program will be integrated within the existing PMTCT and ART service delivery structure and established networks for end-of-life care.

PEPFAR Ethiopia will continue to participate in dialogues to address the fundamental issue of food insecurity for HIV/AIDS patients in Ethiopia and to find solutions to the challenges that arise.

This activity is expected to have a number of benefits. For pregnant women and nursing mothers accessing PMTCT services food aid is expected to provide a food supplement to meet the additional nutritional requirements of pregnancy and lactation, support and facilitate feeding for infants during the period of higher nutritional risk and infection (6 and 24 months), provide an incentive for mothers to regularly attend ANC and utilize PMTCT services and following AFASS adopt safe (optimal) breast feeding and act as a resource transfer to alleviate socio-economic stress on affected households. For end of life clients and ART patients in food insecure households, food aid will provide a nutritional supplement to meet the increased energy requirement to fight opportunistic infections; encourage adherence of patients taking ART, which is directly linked to treatment success; act as a resource transfer to the affected households to allow them to spend more on other essential needs, such as medical and school-related expenses.

WFP will seek to decrease the amount of imported food and convert to local purchase. This will be phased in as local resources are mobilized and support from GOE partners increased. Local purchase will enable WFP to provide a more culturally

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acceptable and flexible basket support local markets.

In COP06, this activity will target 14 high prevalence urban settings within the ART health network. This will maximize the synergies within the PEPFAR Ethiopia program and ensure that beneficiaries can be easily identified and referred to this food and nutrition support.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	23,100	<input type="checkbox"/>

Target Populations:

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Coverage Areas

Adis Abeba (Addis Ababa)

Amhara

Dire Dawa

Oromiya

Southern Nations, Nationalities and Peoples

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5775
Planned Funds:
Activity Narrative: USAID Technical Assistance

This activity represents the direct technical assistance which is provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Non-governmental organizations/private voluntary organizations
- Host country government workers
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA1 account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5776
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance that is provided to partners by CDC staff. The represents the salary costs for CDC Ethiopia technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Non-governmental organizations/private voluntary organizations
- Host country government workers
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ethiopian Public Health Association
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 6376
Planned Funds:

Activity Narrative: This is a new activity in COP06.

This activity enlists the involvement of PLWHA residing within the catchment areas of hospitals and health centers in HIV/AIDS and other infection prevention services, and mobilizing the community to participate in HIV/AIDS and other infection prevention activities.

PLWHA will be supported by EPHA to develop skills in mobilizing the public and provide services in ART health networks. They will work among clients attending health facilities and with the general public in their respective catchment areas to generate awareness so that people utilize hospitals and health centers without a fear of HIV infection. The EPHA will work with PLWHA and MOH to implement medical infection prevention activities in ten ART health networks which will result in clean and safe facilities for patients and staff. PLWHA will work with health care providers and the community to provide a clean and hygienic environment in the health facilities. The project will foster direct PLWHA involvement and community ownership. Project activities will complement the efforts of JSI's and JHPIEGO's injection safety programs and subsequently contributes to prevention of HIV and other infections in health care settings. The program conforms to the PEPFAR Ethiopia prevention strategy of reducing medical transmission of HIV through interventions in selected health networks and will subsequently be expanded in phases. The program contributes to improved uptake and quality of services by creating a clean and safe hospital environment.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)		<input checked="" type="checkbox"/>

Target Populations:

Public health care workers

Coverage Areas:

Populated Printable COP
 Country: Ethiopia

Fiscal Year: 2006

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National

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Table 3.3.07: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

The TB/HIV Advisory Committee (THAC), which is composed of the MOH's TB and HIV/AIDS programs, major multilateral and bilateral donors, research institutions, academic institutions and professional associations was established in 2002. Sensitization of policy makers and stakeholders, advocacy, communication and social mobilization activities, assessment and selection of sites, training of health workers and provision of supplies, and the recruitment of a national TB/HIV coordinator were major achievements in COP04 and COP05. The inclusion of TB/HIV collaborative activities in the revised national TB manual is a significant achievement.

During COP05, nine pilot health facilities, five hospitals and four health centers, initiated TB/HIV control interventions. Reports from these sites indicate 10,661 clients were provided with VCT service at six sites from January – August 2005, out of which 1,415 tested positive. Out of the 688 HIV-positive clients who accepted INH Preventive Therapy (IPT), the adherence rate was 69%. Out of 108 active TB cases provided with HIV counseling and testing service at TB clinics in three sites, 61 tested positive. The total number of clients on Cotrimoxazole Preventive Therapy (CT) is 127 at six sites.

During COP06, TB/HIV activities will be implemented at the 89 university supported ART hospitals and the 392 BERHAN supported health centers to deliver TB/HIV related services. The activities will increase the number of TB-infected patients receiving HIV counseling and testing and appropriate care, including ART. HIV counseling and testing for TB patients, prevention and care for opportunistic infections and the provision of ART; TB screening and treatment for PLWHA; and strengthening of monitoring and evaluation of TB/HIV activities will be expanded.

The WHO received directly from OGAC (not part of the PEPFAR Ethiopia country budget) to assist with TB/HIV activities in Ethiopia. The targets set for the WHO activities are 20,000 TB patients to be counseled and tested for HIV and 5,000 eligible TB patients to be started on ART during 2006. The WHO will work in conjunction with supplemental funds from PEPFAR Ethiopia COP05 that were awarded for a pilot of provider-initiated HIV counseling and testing program in TB clinics.

Government programs: Slow progress in the implementation of TB/HIV collaborative activities was due to poor fund disbursement and utilization of resources at the MOH and RHs. Activities have been strengthened after the reestablishment of THAC in late 2004. The International TB/HIV Working Group meeting, held in Addis Ababa September 2004, provided further impetus for progress.

Other donors: The WHO has provided and UNAIDS has contributed for the implementation of TB/HIV activities. TB activities in Ethiopia are also supported by a Round 1 GFATM grant. Key activities include community-based DOTS, training, and expansion of TB control to include the private sector. To date has been disbursed. In Phase 2 the Secretariat plans to ensure that improvements to the procurement process are undertaken and that the Phase 2 work plan and budget are revised to re-include the objectives of establishing operational structure for program management, supervision and monitoring. The Secretariat has also recommended that the Board commit additional funding for this proposal of .

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Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	526
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	1,315
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	35,515
Number of HIV-infected clients given TB preventive therapy	50,140

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Table 3.3.07: Activities by Funding Mechanism

Mechanism: Abt Private Sector Partnership
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5604
Planned Funds:
Activity Narrative: Private Sector Programs

This is an ongoing activity and linked to activities 5605 "PSP AB," 5603 "PSP OP," and 5718 "PSP CT."

Building on COP05 activities, PEPFAR Ethiopia will continue engaging additional very large (1000+ employees) and large companies (500+ employees) in multiple regions of Ethiopia to improve access to TB/HIV activities for employees and dependents. PSP focuses on demand-driven programming to the local private sector by creating management/labor ownership of activities and establishing cost sharing agreements.

By September 2007, PSP will have activities in up to 65 of the largest workplaces in Ethiopia and will ensure the presence or improved access to quality HIV/AIDS TB/HIV services including TB/HIV prevention, TB case detection, active referral for VCT, TB diagnosis and DOTS therapy. PSP will ensure the presence of quality TB/HIV services in all the workplaces or establish referral linkages with private and public health facilities including MOH and PEPFAR Ethiopia health network.

In COP06, PEPFAR Ethiopia will educate the workforce and families about basic facts and prevention of TB and its correlation with HIV/AIDS in an expanding number of workplaces and reach families and surrounding communities with a consistent message during family days and program launching events.

A major focus in COP06 will be to ensure intensive workplace peer-based support for behavioral norms that support a greater uptake of TB and HIV services and a "Know Your Status" interpersonal communication program that reinforce and model positive behavioral norms. This will be accomplished through the peer education component which utilizes eight modules on TB and HIV/AIDS delivered through small group discussions (45 min) on company time.

PEPFAR Ethiopia will strengthen the capacity of workplace and referral clinics through professional training of staff and building strong functional referral linkages. Efforts to establish readiness will enable the facilities to provide quality services for employees, dependants and the community within the surrounding area. PEPFAR Ethiopia will continue activities to expand its DOTS in workplace clinics and referral sites. PEPFAR Ethiopia will collaborate with the Medical Association of Physicians in Private Practice and other PEPFAR Ethiopia partners to achieve maximum coverage of employees, their dependants and members of the community.

Services to meet the needs of workplace and referral clinics concerning HIV/AIDS and TB support services including Prophylaxis therapy, PMTCT, ART, VCT and TB/DOTS will be identified. TB Champions- employees who volunteer to be a DOT supporter to administer TB drugs and/or CT or IPT to colleagues will be promoted. Finally, PEPFAR Ethiopia will cost share with the private sector on the provision of a preventive care developed by the GOE.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	65	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	60	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,980	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	660	<input type="checkbox"/>

Target Populations:

Business community/private sector
Factory workers (Parent: Business community/private sector)
HIV/AIDS-affected families
Truck drivers (Parent: Mobile populations)
People living with HIV/AIDS

Key Legislative Issues

Addressing male norms and behaviors
Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)
Afar
Amhara
Oromiya
Southern Nations, Nationalities and Peoples

Table 3.3.07: Activities by Funding Mechanism

Mechanism: *
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5749
Planned Funds:
Activity Narrative: This is a new activity.

BERHAN will work in health centers and health posts, the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, BERHAN will link with network hospitals for referrals and work with clients and their families in the community. By September 2007, BERHAN will be established in 267 health centers that are geographically linked to the 89 ART hospitals, providing the complete preventive care package. An additional 125 health centers with preexisting PEPFAR Ethiopia VCT and TB services will continue in COP06 with their full inclusion in the ART health network anticipated in COP07.

The BERHAN approach conforms with the PEPFAR Ethiopia Five-Year Strategy of building up the public health sector and to promote a set of palliative care interventions that are appropriate to specific partners in the ART health network, improving the quality of life, and fostering linkages between treatment, high quality clinical and community and home based care.

Ethiopian TB/HIV policy is currently being revised to support an integrated service roll out at all levels of health facilities. The TB/HIV Technical Working Group has continued to develop guidance, norms and standards for TB/HIV collaboration. A variety of records and reporting registers and forms have been modified to capture TB/HIV data. Data on TB/HIV activities will be recorded and reported up the system to the national level. Interventions will be focused on increasing intra-health center referral, particularly between the VCT and TB clinics.

During COP05, much experience has been gained from the TB/HIV Care. Interventions to decrease the burden of TB in PLWHA were achieved through screening for active TB in all HIV care and support settings and HIV testing settings, preventing active TB disease by IPT. Decreasing the burden of HIV in tuberculosis patients was attempted through HIV counseling and testing for TB patients, Cotrimoxol prophylaxis for HIV-positive TB patients, and establishing an improved patient referral system between the TB and HIV programs. However, the services CT, IPT, and improved referral between TB and HIV were hampered because the TB/HIV policy and guidelines were still under development. Important lessons learned were (1) the need to strengthen patient referral systems, (2) the need for a case manager for HIV-positive patients to ensure that services required by individual patients were accessed, recorded and monitored, and (3) the need to facilitate the referral of patients "up the line" for ARV treatment centers in hospitals, and conversely referral of patients for follow-up services at health centers and community level.

In COP06, BERHAN will coordinate with RHBs and the IMAI WHO partnership to provide regionally-distributed trainings to support TB/HIV service provision including OI counseling, bi-directional referral systems between TB, VCT, OI, FP, and STI services through a case manager, data management, customer service, performance standards and ethics using nationally accepted curricula to public health providers including VCT counselors and laboratory technicians.

TB/HIV collaborative interventions are a key component of the preventive care package. Health center provide TB diagnosis and treatment through the DOTS strategy and VCT services. In COP06, the TB clinic will conduct the following (1) all TB patients will be provided with HIV testing and counseling (opt out), (2) co-infected patients will be provided CT along with their TB drugs, (3) after the intensive phase of TB treatment is over, the patient will be referred formally to the

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ART treatment center for evaluation as to eligibility for ARVs, (4) co-infected patients will be provided with the preventive care package at the health center and community levels, (5) VCT clients will be screened for signs of active TB and formally referred to the TB clinic for diagnosis and treatment if necessary, (6) HIV-positive clients who have no symptoms of TB will be referred to the TB clinic for appraisal and approval for IPT treatment, and (7) approved HIV-positive clients for IPT will receive monthly supply of isoniazid tablets from the VCT clinic.

Of particular emphasis will be increasing case detection by providers at health center and within the community, specifically family-oriented case detection. Social mobilization activities will be supported through the COOWs establishing relationships with Health Post Health Extension Workers to provide community-oriented group and household level education regarding TB/HIV and TB/HIV support to individuals and households most-at risk of infection to ensure functional referral. BERHAN TB/HIV interventions will have COOWS and (1) HEWs will screen PLWHA for TB by asking if they have coughed for more than two weeks and refer these people to health centers for diagnosis, (2) counsel TB/HIV patients to adhere to TB treatments, and (3) confirm that TB/HIV patients receive CT and HIV-positive patients receive IPT after active TB is ruled out.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	372	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	850	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	12,955	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	10,560	<input type="checkbox"/>

Target Populations:

- Adults
- Family planning clients
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- People living with HIV/AIDS
- Pregnant women
- Men (including men of reproductive age) (Parent: Adults)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5750
Planned Funds:
Activity Narrative: TB/HIV at Hospital Level

This is an ongoing activity. It is linked to activities 5722 "CT Support at 32 Hospitals," 5661 "Technical Support for ART Scale-up," 5772 "Palliative Care and PMTCT," 5569 "JHPIEGO," and 5637 "Regional PMTCT Service Delivery."

During COP06, Columbia University will coordinate TB/HIV activities for four U.S. universities: Columbia, JHU, UCSD, and ITECH (University of Washington). Columbia will take the lead in coordinating these activities with the MOH's TB and Leprosy Control Team (TLCT) and with RHBs.

During COP06, Columbia University will build on existing TB/HIV activities in Ethiopia including the TB/HIV initiative (launched at nine pilot sites and now scaling up to all ART health networks), the WHO/OGAC initiative, the provider-initiated counseling and testing pilot (coordinated by JHPIEGO), and other activities planned by the MOH. Key activities include (1) support to provider-initiated HIV counseling and testing for TB patients, (2) referrals of HIV-positive TB patients for HIV-related care (including CTz and ART), (3) TB screening in HIV care and treatment settings, and (4) Isoniazid preventive therapy (IPT) for HIV-positive patients in whom active disease has safely been ruled out.

Columbia University will work closely with RHBs in four regions (Operation Zone 2) to develop TB/HIV working groups at regional level and strategies to provide supportive supervision for TB/HIV activities, collaborate in interventions related to MDR-TB, and develop strategies for staff retention.

In addition, Columbia University will select several sites to serve as demonstration centers for TB/HIV activities. The TB Hospital in Harari will likely be one such site. These demonstration centers will serve to (1) adapt existing TB/HIV training materials, and provide both didactic and on-the-job training at the regional level, (2) evaluate the success of TB/HIV interventions, (3) develop a multidisciplinary care model in the hospital setting, and (4) adapt and implement TB infection control strategies for hospital settings.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	32	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	130	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10,900	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	13,685	<input type="checkbox"/>

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5751
Planned Funds:
Activity Narrative: HIV/TB at Hospital Level

This is a new activity:

Proposed activities for COP06 will build on existing activities and plans for TB/HIV in Ethiopia.

ITECH will support TB/HIV activities in ART Operation Zone 1 (Amhara, Tigray, and Afar regions). Working with Columbia and other U.S. universities, ITECH will implement a package of key interventions, including (1) expansion of provider-initiated HIV counseling and testing for TB patients, (2) referrals of HIV-positive TB patients for HIV-related care including CTx and ART, (3) TB screening in HIV care and treatment settings, and (4) isoniazid preventive therapy (IPT) for HIV-positive patients in whom active disease has safely been ruled out.

ITECH will work closely with the National TB and HIV program and RHBs in the regions where they are working. This will include working with RHBs to develop (1) TB/HIV working groups at regional level, (2) strategies to provide supportive supervision for TB/HIV activities, (3) assistance with monitoring and evaluation of TB/HIV activities, (4) collaborate in interventions related to MDR- TB and (5) strategies for staff retention.

ITECH will also support the strengthening of TB diagnosis among HIV-positive patients through strengthening smear microscopy services, quality assurance of the laboratory network, and support of the regional referral labs.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	31	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,535	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	14,115	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Public health care workers

Coverage Areas

Afar
Amhara
Tigray

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Diego
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5752
Planned Funds:
Activity Narrative: HIV/TB at NDFE Hospital Level

This is a new activity.

Proposed activities for COP06 will build on existing activities and plans for TB/HIV in Ethiopia.

UCSD will provide TB/HIV support to the Ethiopian National Defense Force (ENDF) and Police Force. Working with Columbia and other U.S. universities, UCSD will implement a package of key interventions, including (1) expansion of provider-initiated HIV counseling and testing for TB patients, (2) referrals of HIV-positive TB patients for HIV-related care including CTx and ART, (3) TB screening in HIV care and treatment settings, and (4) Isoniazid preventive therapy (IPT) for HIV-positive patients in whom active disease has safely been ruled out. Armed Forces General Hospital (AFGH) is one of the original nine TB/HIV pilot sites, and thus lessons learned from this pilot will be used to scale up activities in other facilities.

In addition, UCSD will specifically support ENDF and police force in the areas of (1) TB/HIV clinical co-management, including with ART, (2) adaptation and implement TB infection control strategies for hospital settings, (3) renovation of physical space and lab infrastructure for TB/HIV activities, and (4) improvement in medical informatics for health data management and information systems.

Expanding capacity for TB/HIV will follow a phased approach, with the initial focus on the three referral centers, followed by the five smaller regional hospitals in phase 2, and the smaller division medical centers in phase 3.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	6	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	130	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,190	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	2,560	<input type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5754
Planned Funds:
Activity Narrative: HIV/TB at Hospital Level

This is a new activity.

Proposed activities for COPO6 will build on existing activities and plans for TB/HIV in Ethiopia.

JHU will support TB/HIV activities in Operation Zone 3 (Addis Ababa, SNNPR, Benshangul Gumuz, and Gambella). Working with Columbia and other U.S. universities, JHU will implement a package of key interventions, including (1) expansion of provider-initiated HIV CT for TB patients, (2) referrals of HIV-positive TB patients for HIV-related care including CTx and ART, (3) TB screening in HIV care and treatment settings, and (4) isoniazid preventive therapy (IPT) for HIV-positive patients in whom active disease has safely been ruled out. These activities will be closely coordinated with the National TB and HIV control programs and RHBs in the areas covered by JHU.

JHU will work closely with RHBs in the regions where they are working. This will include working with RHBs to develop (1) TB/HIV working groups at regional level, (2) strategies to provide supportive supervision for TB/HIV activities, (3) assistance with monitoring and evaluation of TB/HIV activities, (4) collaborate in interventions related to MDR-TB, and (5) strategies for staff retention.

JHU will also support the strengthening of TB diagnosis among HIV-positive patients through strengthening smear microscopy services, quality assurance of the laboratory network, and support of the regional referral labs.

JHU will identify at least one site and provide support in collaboration with Columbia University to upgrade the site to serve as demonstration center for TB/HIV activities. The TB hospital in Addis Ababa (St. Peter Specialized TB Hospital) is one likely site. Approximately 2,500-3,000 new TB patients are diagnosed in this hospital each year. The hospital has a total bed capacity of 200 patients a year and provides care for 1,000 inpatients per year of whom 60-70% are HIV infected. A new 50-bed inpatient facility is planned in the coming year to meet the increasing demand for TB/HIV services. This and other coordinating centers will serve to: (1) adapt existing TB/HIV training materials, and provide both didactic and on-the-job training at the regional level, (2) evaluate the success of TB/HIV interventions, (3) develop a multidisciplinary care model in the hospital setting, and (4) adapt and implement TB infection control strategies for hospital settings.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	20	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	50	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,960	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	8,550	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Public health care workers

Coverage Areas

Adis Abeba (Addis Ababa)
Binshangul Gumuz
Gambela Hizboch
Southern Nations, Nationalities and Peoples

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5755
Planned Funds:
Activity Narrative: USAID Technical Assistance

This activity represents the direct technical assistance provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Target Populations:

Policy makers (Parent: Host country government workers)
Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5756
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance provided to partners by CDC staff. The represents the salary costs for CDC Ethiopia technical staff and U.S.-based technical assistance.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Target Populations:

Policy makers (Parent: Host country government workers)
Public health care workers

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
 Budget Code: HKID
 Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

During COP05, the PEPFAR Ethiopia OVC program scaled up significantly. Improved surveillance data reveals the level of need with an estimated orphan population of over four million orphans in Ethiopia of which over 500,000 can be attributed to HIV/AIDS.

The PEPFAR Ethiopia OVC program focused on a number of key interventions. These included maintaining partnerships with CRS, IOCC and REST focusing on ensuring OVC access to food, health care and education.

The Positive Change: Children, Communities and Care (PC3) activity became operational. This activity is building the capacity of local non-governmental, faith-based, community-based and governmental organisations, to develop and support community responses to meet both the physical and psychosocial needs of children orphaned by and vulnerable to HIV/AIDS.

The focus on providing psychosocial support in addition to basic physical needs represents a major paradigm shift in OVC care and support in Ethiopia. During COP05, the PC3 program carried out extensive capacity building interventions with 25 indigenous organisations addressing both technical and organisational areas such as community mobilisation and psychosocial needs assessment and activity identification. A major success in COP05 has been the growing recognition among local partners that children's needs extend beyond the physical to the psychological and social. PC3 has also linked to 93 schools supported under USAID/Ethiopia's Basic Education Service Overall (BESO) program as well as other government schools where the OVC are identified and registered. PC3 works with the Parent Teacher Associations (PTAs) to support the education of OVC within the school setting.

In COP06, PEPFAR Ethiopia will increase the numbers of OVC reached with interventions that support the communities and caregivers to identify and address the physical and psychosocial needs of the children. Capacity building of local partners will continue to be a focus as this will enable significant numbers of orphans to be reached and will be a key element in ensuring sustainability of the interventions beyond the PEPFAR program period.

New areas of focus in COP06 include interventions aimed at improving the nutritional security of households caring for orphans and vulnerable children. Two models are being developed, expansion of an ongoing USAID-funded urban nutrition gardens program and a partnership with the USAID Food for Peace Office to target vulnerable households with food support. Another focus is to improve the referral linkages and referrals will enable children to be referred to CT, care and support services and pediatric treatment services within the ART health network.

Community based OVC programming is a long-term process. Focusing on capacity building alongside providing increased levels of care and support means that reaching the PEPFAR Ethiopia OVC target of 500,000 by 2008 will not be linear. Rather, substantial increases should be expected in the last two program years.

Government Programs: PEPFAR Ethiopia has been a leading participant in the OVC National Task Force (NTAF) led by the Ministry of Labour and Social Affairs. During 2005, the GOE launched "Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response in Ethiopia" as well as Accelerating Access to HIV/AIDS Treatment in Ethiopia" both of which identify OVC as a key target group. Areas of focus for the GOE in 2005/6 include the refinement of the National OVC Action Plan, the development of regional OVC taskforces and the development and publication of Care and Support Guidelines for PLWHA and OVC.

Other Donors: Ethiopia's Round Two GFATM award includes funding to reach 500,000 OVC over three years; no Round Four OVC funding was requested. UNICEF provides considerable support to OVC affected by HIV/AIDS.

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Program Area Target:

Number of OVC served by OVC programs

196,200

Number of providers/caretakers trained in caring for OVC

17,170

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Table 3.3.08: Activities by Funding Mechanism

Mechanism: *Positive Change: Communities and Care (PC3)
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5578
Planned Funds:
Activity Narrative: Positive Change: Communities and Care (PC3)

This is an ongoing activity. The umbrella Cooperative Agreement called Positive Change: Children, Communities and Care (PC3) was awarded in September 2004 to Save the Children – U.S. as prime recipient, with CARE, FHI, HACI, World Learning and World Vision as key partners. The PC3 team brings significant experience and geographic coverage and relationships in six regions to addressing the needs of OVC in Ethiopia. The strategy is two-pronged: to provide community-based care and support to orphaned and other vulnerable children and, while so doing, to increase the capacity of Ethiopian CBOs and FBOs to provide such care and support over time. 75% of funding will be provided as capacity building and sub-grants to Ethiopian CBOs and FBOs to achieve common results.

During COP06, PEPFAR Ethiopia will collaborate with 25 seasoned Ethiopian NGOs that will in turn mentor an estimated 250 CBOs and FBOs to reach 100,000 OVC in 250 communities in six regions with care and support. A HACI small grants fund will provide small grants to approximately 15 burgeoning NGOs to support their development into larger sustainable organizations. The OVC programs will be within the ART health networks and linked to PEPFAR Ethiopia programs in prevention, care, and treatment.

Strengthening the community capacity to undertake long-term, child-friendly interventions is a core commitment of PC3. OVC-focused interventions will support the (1) provision of "school kits," including uniforms, book packs, and school supplies to enable OVC to attend school; (2) provision of skills training to out-of-school OVC; (3) formation of community-managed savings and credits groups and linkages to micro-credit; (4) provision of group and individual psychosocial counseling; (5) provision of legal aid to protect property rights and individuals from abuse; (6) provision of life skills to youth for making healthy life choices; (7) development of oversight mechanisms by which to assure that OVC are served by health facilities and assisted in referrals for VCT and PMTCT; (8) nurturing of household-centered preventive practices and treatment seeking behavior for common childhood illnesses; and (9) protection of young girls from sexual exploitation.

Building upon the PEPFAR Ethiopia BESO project, 200 PTAs will be supported to expand their work on OVC issues, and grants for activities to support OVC within the school environment will be awarded to PTAs.

PEPFAR Ethiopia will also provide assistance to NGOs with OVC programs to (1) ensure that they are providing a uniform quality of care and support, build their sustainability; (2) expand their coverage and diversify, to help them expand their coverage as well as diversify their resource base; and (3) carry out participatory capacity assessments and building plans of partner NGOs.

PEPFAR Ethiopia will build on a relationship established with Coca Cola during COP05 to encourage other large businesses to expand their support of OVC through scholarships, internships, and other projects. Finally, the PC3 consortium representatives will be active members of the National OVC Task Force and will promote the codification and dissemination of the national OVC care and support guidelines, norms, and standards.

In COP06, Save the Children US will collaborate with other PEPFAR Ethiopia partners particularly those working on prevention activities targeted at youth (IOCC/DICAC, EMDA, CRS) to improve linkages with prevention, palliative care, and

treatment, if possible.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	100,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	16,500	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Street youth (Parent: Most at risk populations)
- HIV/AIDS-affected families
- Orphans and vulnerable children

Key Legislative Issues

- Gender
- Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Relief Society of Tigray, Ethiopia
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5579
Planned Funds:
Activity Narrative: HIV/AIDS Prevention and Impact Reduction in Tigray

This is an ongoing activity.

During COP06, PEPFAR Ethiopia will support children and families affected by HIV/AIDS in Tigray. The support will include: provision of psychosocial support; financial direct support for living expenses and school materials, providing skill training; and information, education and counselling services to break the cycle of the epidemic.

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Emphasis Areas

Information, Education and Communication

10 - 50

Linkages with Other Sectors and Initiatives

10 - 50

Local Organization Capacity Development

10 - 50

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of OVC served by OVC programs

400

Number of providers/caretakers trained in caring for OVC

55

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Orphans and vulnerable children

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Tigray

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Project Concern International
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5580
Planned Funds:
Activity Narrative: BELONG (OVC Track 1)

The BELONG Project (Better Education and Life Opportunities for Vulnerable Children through Networking and Organizational Growth) is designed to increase the numbers of orphans and vulnerable children (OVC) in Ethiopia accessing quality services through sustainable, community-based programs that effectively reduce their vulnerability. PCI and its partners will build upon and adapt successful experiences integrating support for OVC into existing home-based care (HBC) services and other programs providing services to OVC to expand and improve coverage for vulnerable children and their families. Partners implementing the BELONG project include: Pact, Futures Group, WFP, and the HIV/AIDS Prevention, Care and Support Organization (HAPCSO), as well as other local partners in Ethiopia, with PCI serving as the prime agency. The project will coordinate closely with all relevant implementing and coordinating agencies to maximize impact and minimize duplication, and will strategically utilize a variety of channels or platforms to deliver a comprehensive package of needed services and support to OVC and caretakers during a five-year program. These channels include formal and informal primary schools, women's groups, community-based organizations (CBOs), CBO networks, and cultural and faith bodies such as Idirs (local funeral societies).

Pact's WORTH model of women's empowerment through savings, loans, literacy skills building and business training, will be adapted for use with female caretakers and older OVC to increase livelihood opportunities and the ability of OVC and caretakers to meet their own basic needs. Organizational strengthening between and among participating CBOs will be fostered through a variety of practical, on-the-job mechanisms, including exchanges between CBOs in Ethiopia and Zambia. The programmatic progress of the project will be measured and documented with support from the Futures Group.

The BELONG Project will focus on assisting partner NGO HAPCSO in strengthening its organizational capacity to incorporate comprehensive OVC services and support into its HBC program in three to five of the ten sub-cities of Addis Ababa where HAPCSO currently operates, starting with three sub-cities in the first 18 months. HAPCSO will engage Idirs in stigma reduction and the process of recruiting and preparing sufficient numbers of volunteer OVC caretakers. HAPCSO will serve as a hub in a "partnership of learning" designed to strengthen the capacity of several additional CBOs in integrated and comprehensive OVC service delivery, which will include Pact's WORTH model of women's empowerment for households caring for OVC. PCI will build on its successful collaboration with WFP in Zambia to design an Ethiopia-appropriate program of support through the existing school-based feeding program. PCI will meet priority needs in up to 200 schools and their communities. Such needs will be identified through a well-established methodology of participatory community-based planning supported by WFP and local government.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	20,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	40	<input type="checkbox"/>

Target Populations:

- Adults
- Community-based organizations
- Orphans and vulnerable children

Key Legislative Issues

- Gender
- Wrap Arouds

Coverage Areas

- Adis Abeba (Addis Ababa)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: *
Prime Partner: International Orthodox Christian Charities
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5591
Planned Funds:
Activity Narrative: Community and Home-based Care for PLWHA

This is an ongoing activity. It relates to activities 5592 Faith-based AB support and 5593 Community and home based care for PLWHA (palliative care). This activity will contribute to achieving quality care for orphans and vulnerable children within the ART health network.

During COP05, PEPFAR Ethiopia supported IOCC to work in partnership with the development arm of the Ethiopian Orthodox Church (EOC), the Development Inter Church AID Commission (DICAC) to utilize and mobilize the strong Orthodox network to reinforce HIV prevention efforts in Ethiopia and to expand community-based care and support of orphans and vulnerable children and community-based palliative care for PLWHA.

IOCC-DICAC focused on building the quality and sustainability of its care program for orphans and vulnerable children. Under COP04, care and support activities for OVC were achieved mainly by providing spiritual, economic and educational material support to identified beneficiary households. This approach was modified in COP05, with IOCC developing additional strategies aimed at improving the welfare of HIV-positive orphan households. Examples of these additional activities include skills-development for income-generating activities, and training in basic management and monitoring for care givers.

In COP06, these activities and approaches will be continued, with an estimated 5,800 OVC benefiting from the project's care and support components such as post test and spiritual counseling, economic support, home based care services and IGA's.

The activities planned by each project wereda will be undertaken in close collaboration with the local HAPCO branch and other stakeholders in the area. Networking among these groups will strengthen the project's effectiveness and sustainability.

Gender will be given maximum attention as a cross cutting theme and comparable effort will be made to ensure the participation of women in youth groups, community-based discussion groups, counseling and training. A target of 50% female beneficiaries will be set. Another cross-cutting theme will be to counteract the significant stigma and discrimination related to HIV/AIDS that is so prevalent in Ethiopia. The church has taken a strong stand against stigma and discrimination and this will be a key message that is delivered.

During COP06, emphasis will be placed on achieving further quality in the training, counseling and networking components. In addition, the implementation of IGA schemes for families with OVC and for PLWHA will be a focus with the objective of leaving the communities and beneficiaries with viable projects and community-based systems in place to ensure sustainability of all program components.

PEPFAR Ethiopia will continue to integrate different faiths into its work through participation on the National HAPCO's Partnership Forum and through the Inter Faith Forum for Development and Dialogue for Action, and with PEPFAR Ethiopia prevention partners through the OVC sub-working group.

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Emphasis Areas

% Of Effort

Community Mobilization/Participation

10 - 50

Information, Education and Communication

10 - 50

Local Organization Capacity Development

10 - 50

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of OVC served by OVC programs

5,800

Number of providers/caretakers trained in caring for OVC

0

Target Populations:

Community leaders

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

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Table 3.3.08: Activities by Funding Mechanism

Mechanism: Scale-Up HOPE
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5731
Planned Funds:
Activity Narrative: Scale-Up HOPE (OVC Track 1)

The International Save the Children Alliance (SC Alliance) and Hope for African Initiative Children (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, by strengthening local community-based organizations and programs. The program will be implemented in five regions in a range of urban, peri-urban and rural communities: Addis Ababa, Gondor, Debrezeit, Fiche, Ambo, Nono, Negelle, Awassa and Jijiga.

The capacity of community-based organizations will be strengthened to ensure program sustainability. The community groups will manage all community-based service delivery processes in their respective sites. Educational support will be provided to OVC through these structures. Communities will negotiate with MOH officials and schools to facilitate waiver. OVC, particularly girls, will be supported through tutorial classes to improve their performances. Comprehensive psychosocial support activities including counseling, succession planning, provision of skills in play therapy and other stress coping mechanisms will be implemented through guardians and community volunteers to ensure the psychosocial well-being of OVC and care givers.

SCALE-UP HOPE program will promote child right issues among target communities to ensure access for services and protection of OVC. Health and medical care activities will also be promoted through referral linkages in order to improve the quality of life of OVC and their HIV-positive parents to ensure extended parent-child relationship. The program will form linkages with MOH and other facilities to improve access for health care and treatment including PMTCT, ARV and other services.

Livelihood support services, including provision business and entrepreneur skills training to older OVC and care givers, creating access for credit, minimal material and financial support, etc will be provided for identified beneficiaries in the program sites. When appropriate, social safety-nets will also be provided.

The program will continue to share information and materials on OVC issues with all relevant stakeholders through electronic media, review meetings and workshops. Referral linkages for service delivery will be strengthened among stakeholders and partners in each target site. Review meetings will be conducted at project sites and national levels respectively with relevant partners and stakeholders.

Program lessons will be shared with national OVC task force and SC Alliance HIV/AIDS taskforce.

The SCALE-UP HOPE program will intensify its advocacy and awareness raising related engagement to contribute towards reducing stigma and discrimination against HIV/AIDS infected and affected children and families and child right.

During COP06, the SCALE-UP HOPE program will finalize phase-out strategy and implement its process thereby facilitating smooth transition of the OVC support activities to the community-based mechanisms and support systems. The program will also consolidate CBIMS. Final evaluation will take place.

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	200	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Disabled populations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers (Parent: Host country government workers)

Key Legislative Issues

Gender
Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)
Amhara
Oromiya
Somale (Somali)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: *
Prime Partner: Catholic Relief Services
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5733
Planned Funds:
Activity Narrative: Faith-based OVC Care - Catholic

This is an ongoing activity that links to activity 5734 Care and Support for PLWHA (Palliative Care).

This activity is a successful example of PEPFAR Ethiopia funds being complemented with additional development resources towards the achievement of PEPFAR Ethiopia OVC targets. Catholic Relief Services combines P.L.480 Title II and PEPFAR Ethiopia resources to provide care and support for orphans and vulnerable children. In COP05 CRS utilized both these resources to work with Medical Missionaries of Mary and Missionaries of Charity to provide support to 8,860 OVC in 17 urban communities in Addis Ababa, Afar, Amhara, Dire Dawa, Gambella, Oromiya, SNNPR, Somali and Tigray Regions. In addition CRS utilized Title II resources to work with Organization for Social Services for AIDS to provide support to 1,100 OVC in Addis Ababa, Dire Dawa, Harari and Oromiya.

The care and treatment of infants and children will be a new focal area in COP06. CRS will collaborate with PEPFAR Ethiopia to provide ART services for 370 HIV-positive children in Addis Ababa, 150 who are in immediate need of treatment. Additional opportunities to provide treatment services for HIV-exposed infants and for HIV-positive infants and children will occur nationally.

In COP06 CRS will continue to utilize both resource categories to work with these partners to provide P.L. 480 Title II to OVC and supplement this with PEPFAR Ethiopia support for living costs (shelter), school fees and supplies, and medical care on an as needed basis. The local partners also undertake stigma reduction interventions (information, education and communications) within host communities and provide counseling and psychosocial support to OVC.

The program conforms with the PEPFAR Ethiopia Five-Year Strategy of focusing on the community as the key actor in the health network for care and promoting a holistic set of interventions. In COP06 CRS will expand the links between its Track 1 AB youth activity, in Dire Dawa, Oromiya and Tigray Regions, and its OVC work and will reach a total of 7,500 OVC. It will also strengthen the ability of VCT and OVC counsellors as well as Catholic Church pastoral leaders to respond to the needs of OVC. CRS will work with new partner SIM to support OVC in Addis Ababa.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)
Amhara
Dire Dawa
Gambela Hizboch
Oromiya
Southern Nations, Nationalities and Peoples
Sumale (Somali)
Tigray

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Development Associates Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5736
Planned Funds:
Activity Narrative: Urban Nutrition Program for HIV/AIDS Affected Women and Children

This is a new activity for PEPFAR Ethiopia in COP06. This activity will build on the experiences of a two-year program funded through the USAID Agricultural Office, to improve the food security and nutritional status of HIV/AIDS-affected women and their households. In COP06, the program will expand to include HIV/AIDS-affected orphans and vulnerable children.

At its inception, the purpose of the program was to develop a nutrition and income support program for low-income women, affected and infected by HIV/AIDS, in selected urban areas of Addis Ababa, Bahir Dar and Amhara. The program introduces low cost, low labor, intensive urban gardening systems to these beneficiaries. Combined with appropriate training, organization and market linkages, urban gardening systems generate food for household consumption and improve household nutrition in addition to providing surplus for income generation. The program introduces simple micro irrigation and gardening technologies to reduce labor, water, and land requirements, which are the main limiting factors for food production. The drip irrigation system is a low cost, low-labor intensive technology, which has been found to compensate for shortfalls in labor productivity. It increases crop yields per area, consumes less time, energy and water. The drip irrigation systems use 50% less water and labor of normal gardens, allowing the sick and elderly to participate. The beneficiaries receive the drip irrigation kits, training in gardening and how to use and maintain the kits and are eventually linked to the markets.

The program works through a network of NGOs that are already on the ground running programs in the target areas with the target population. Partners in Addis Ababa include Integrated Services for AIDS Prevention and Support Organization (ISAPSO), Hiwot HIV/AIDS Prevention, Care and Support Organization (HAPCSO), Emmanuel Development Association (EDA), ENDA, Welfare for the Street Mothers and Children Organization (WeSMCO).

To date substantial progress has been made towards the achievements of the original program objectives. By the end of COP05, it is anticipated that 4,000 beneficiary households will be benefiting from produce and income secured through the urban gardens program. DAI has also been extremely successful in working with sub-city administrations to secure urban wasteland areas for cultivation under the program.

In COP06, DAI will continue to implement the above activities. However, the program will focus in this period on working with its implementing partners to target households with HIV/AIDS-affected orphans and vulnerable children, with particular emphasis being given to female and orphan-headed households, recognizing the increased vulnerability of these groups. This activity will work towards the achievement of the PEPFAR Ethiopia OVC objectives. Activities in this period will include developing and implementing detailed targeting criteria to identify OVC beneficiaries, in keeping with the PEPFAR Ethiopia guidance; assuring linkages with ongoing PEPFAR Ethiopia OVC programs; maintaining and extending technical and community outreach partner networks; working with local entities (either commercial or development projects) to produce drip irrigation and water containers in Ethiopia, continuing delivery of training and capacity building to technical and community partners; working with technical and community partners to identify, develop and deliver training inputs to target households and communities (areas of training and technical support to cover site selection, installation, use and maintenance of drip irrigation systems, gardening skills); continuing advocacy work with kebele and other

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local government officials, private landlords etc in terms of access to and use of urban land to address long-term sustainability and identifying and developing linkages with markets to support the income-generating components of the program.

DAI will work with other PEPFAR Ethiopia partners working in the fields of OVC care and support, ART and PMTCT to improve referral linkages for OVC-headed households between the partners.

DAI has established partnerships with seven sub-partners in Addis Ababa and Bahir Dar that have successful HIV/AIDS care programs and networks, and/or successful urban agricultural development and market development, in the target communities. The extension of this program will enable these partnerships to mature and to build on the lessons learned in the initial phase. It is expected that DAI will identify sub-grantees with multiple local partners in each new urban area for project implementation.

By September 30, 2007, it is expected that 2,500 total households will have been reached, with beneficiary numbers of at least 10,000 persons served. Referral linkages to care and support services will substantially increase the number of orphans and vulnerable children who gain access to these care and support services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	6,600	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Coverage Areas

Adis Abeba (Addis Ababa)
Amhara
Southern Nations, Nationalities and Peoples
Tigray

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Hope for African Children Initiative
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5741
Planned Funds:
Activity Narrative: Gender Violence on OVC and Families

This is a new activity.

In the Ethiopian context, several studies have revealed that the most common forms of gender violence are rape, abduction, early marriage, spousal abuse, Female Genital Cutting (FGC) and trafficking. These forms of gender-based violence correlate with the sexual transmission of HIV/AIDS. The economic, social and cultural power imbalances between women and men have left women less protected legally and greatly hampered in accessing health and social support services.

Gender violence is damaging to orphans and vulnerable children, particularly girls. In addition to the disproportionate share of the problems orphan girls face in caring for the family due to parental death, they are exposed to gender violence by close relatives, guardians and the community at large. So they are twice challenged to support siblings and ill parents by working in private homes where the potential for physical and sexual abuse runs high. Certain types of work they perform such as peddling and street vending expose them to forms of gender violence too.

In COP06, the project will contribute to the reduction of gender violence in selected HAI operational areas by working in partnership with local communities, NGOs, FBOs and the GOE. The project will tackle the root causes of the problem by using different strategies to reduce the violence and simultaneously sensitize community, government and legal leaders. The project primarily targets 5,200 OVC and their families affected by HIV/AIDS, while a total of 7,800 community members and elders, law-enforcement bodies and policy makers will benefit.

HAI will mobilize the efforts of its international and local partners including, FBO, community-based organizations, women's right activists to address the relationship between gender-based violence and HIV/AIDS. Existing community structures will be used to mobilize the community and referral linkages will be established with women's right activists, policy makers and law-enforcement officials to handle the cases of victims. The project will change attitudes and behaviors through awareness building, community engagement, and the development of legal mechanisms with legal body for girl child and women.

Model gender-based violence protection units will be established at the woreda and kebele levels. They will be where community members and victims will report cases of violence. These units will be comprised of respected community elders who will play an instrumental in encouraging community members to report gender violence without fear to law enforcement officials, as appropriate.

In COP06, PEPFAR Ethiopia partners will (1) train the governmental GBV unit staff; (2) create awareness about gender relations at all levels of and with all groups in a community, (this includes working with sex workers, housewives, students, OVC and other community members on causes of gender violence); (3) educate people on the human and legal rights of women and girls including the various laws and policies such as the family law, penal and civil code and child rights convention; (4) support the empowerment of women and girls through gender sensitization, reproductive health education and assertiveness development; (5) create alternative job opportunities and IGA for women and girls; (6) assist in protecting the rights of women and girls by advocating that all acts of violence against women and girls be reported to the appropriate legal institutions; (7) conduct behavioral change education on regular basis; and (8) encourage role models by inviting experienced

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women and working girls to the community to discuss the problems and opportunities they have encountered.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,200	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	7,800	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender

Coverage Areas

Adis Abeba (Addis Ababa)
Oromiya
Southern Nations, Nationalities and Peoples

Table 3.3.08: Activities by Funding Mechanism

Mechanism: *Positive Change: Communities and Care (PC3)
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5744
Planned Funds:
Activity Narrative: OVC Food Support

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is a new activity. It will combine 14,318 metric tons worth USD 1,604,753, from the USAID's Food for Peace Office, with PEPFAR Ethiopia resources for the care and support for OVC. This activity will contribute to providing quality care for orphans and vulnerable children.

This program will support the GOE's "Strategic Plan for the Multisectoral Response for HIV/AIDS" by strengthening care and support for HIV/AIDS-affected households through the provision of nutritional assistance.

Household food insecurity is one of the major problems encountered by OVC since most begin to suffer with the onset of the task to care for family members. Lack of food and lack of other resources are some of the "push" factors for children to go out of their homes and to join the street life. This is a serious problem throughout the country in rural as well as in urban settings. Those in the food insecure areas encounter food shortage in the household more than those in the city, but when the adult breadwinner is ill or has died, the situation is the same in both food secure and insecure areas. The children become more vulnerable.

In COP06, PEPFAR Ethiopia will strengthen support for OVC and strategically link with food aid programming in Ethiopia through the Office of Food for Peace (FFP). Currently, through a WFP-supported grant, SC/US provides food support to OVC and other HIV/AIDS affected groups in Nazareth and Dire Dawa, along the "High Risk Corridor". This activity will expand food programming to an additional six sites where OVC work is currently ongoing, and link it to community-based OVC work ongoing throughout the country. Support will provide critically needed nutritional resources to the most vulnerable OVC households in these areas.

This activity will scale up food support to an additional 15 sites through its links to Activity number 11.3.1. This will ensure coverage of programs being implemented by partners and support efforts in areas supported by Scale Up Hope resources. All identified sites are areas where Scale Up Hope and PC3 will have interventions in the coming fiscal year, and where rapid impact can be shown. Sites that have been chosen for food support in high prevalence areas where there are critical needs for support to OVC and affected households.

Although this will be an initial scale up of food programming for OVC, over a multi-year period PEPFAR Ethiopia expects that food resources will be provided to OVC at additional sites over the life of the PC3 program.

Selection of OVC for food distribution will be based on the needs of the households since general school feeding might not be possible. The program will ensure that OVC are included in the food distribution system. Existing PTAs, as well as community committees will be involved in its management and ensure that all designated food is directed and used by the OVC.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	415,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

Orphans and vulnerable children
 Caregivers (of OVC and PLWHAs)

Coverage Areas

Amhara
 Dire Dawa
 Oromiya
 Southern Nations, Nationalities and Peoples

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5747
Planned Funds:
Activity Narrative: USAID technical assistance.

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity represents the direct technical assistance provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:



Program Area Context:

As a key entry point to care and treatment, VCT is critical to the PEPFAR Ethiopia program. PEPFAR Ethiopia is the largest donor in the establishment and expansion of VCT in the country beginning in 2001. In COP05 there were approximately 55 hospitals and 370 health center VCT PEPFAR Ethiopia-assisted sites out of 550 total VCT sites throughout Ethiopia. Two national model VCT sites provided practical training for over 1,500 professionals.

During COP06, a strategic mix of different approaches to counseling and testing in single setting will be used to reach 880,000 clients. Achieving this target is dependent on the availability of a supply of test kits, introduction of lay counselors and the capacity of the facilities. PEPFAR Ethiopia will provide support to a total of 596 VCT centers, which include the 89 ART health networks, as well as 240 additional sites that include health centers and NGO facilities. The four U.S. universities will focus mainly on strengthening site level implementation in their respective regions and JHPIEGO will develop training materials and train counselors. BERHAN will provide technical and material support to strengthen counseling and testing services in 392 health centers.

Improving quality of HIV counseling and post-test support tailored to HIV-positive individuals ("prevention for positives"), healthy individuals and couples and discordant couples is needed. In COP06 PEPFAR Ethiopia will improve quality assurance, support periodic monitoring and accreditation, expand activities to reduce stigma, promote VCT to increase uptake and provide post-test support to reach these target groups.

The MOH will introduce lay counselors in public facilities to overcome the acute shortage of human resource for VCT services. The Ministry's strategy also includes initiating routine diagnostic counseling and testing. In COP05, with the support of PEPFAR Ethiopia, the MOH adapted two training manuals for lay counselors and health care workers. PEPFAR Ethiopia will support both VCT and provider-initiated counseling and testing during COP06. It will work closely with the MOH to launch and disseminate the revised counseling and testing guidelines, train counselors and health care workers using the adapted training manuals, initiate routine offer counseling and testing ("opt-out") in outpatient and inpatient clinics, including 100% testing of TB patients.

The 5th Edition of AIDS in Ethiopia provides epidemiological data indicating that an increasing number of HIV-positive people reside in rural areas. To address the large need for testing in the rural population PEPFAR Ethiopia partners, particularly BERHAN, will concentrate their work at the community level. In COP06 PEPFAR Ethiopia will work closely with implementing partners to improve VCT access to disabled communities, especially the deaf.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	596
Number of individuals who received counseling and testing for HIV and received their test results	880,000
Number of individuals trained in counseling and testing according to national or international standards	2,175

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5576
Planned Funds:
Activity Narrative: Military VCT

This is an ongoing activity.

DHAPP has been working with ENDF HIV/AIDS Projects since 2001 and in 2003 the first integrated VCT was established at Armed Forces Teaching General Hospital. Collaboration with PEPFAR Ethiopia on project activities has reinforced the capabilities of NDFE in counselor's training of trainers and development of training and operating manuals.

The integrated VCT approach within the NDFE includes HIV counseling and testing, TB diagnosis and treatment, STI diagnosis and treatment and provision of pharmacy services for all of these infectious diseases including providing ARVs. Diagnostic and routine counseling and testing are currently provided to TB and STI patients, and pregnant women at hospital-based (1 integrated, 6 stand-alone) military sites. The integration of the hospital-based VCT sites with TB and STI clinics, that started at the AFTGH and Bella Defense Referral Hospital will be extended to Air Force Hospital establishing the opportunities for prophylaxis treatment of TB and STI for HIV-positive people as well as providing easy access to pre- or post- test counseling for inpatients, outpatients or patients with active TB referred from clinics at deployment areas. The integration of VCT with STI and TB clinics combined with access to the Information Resource Center has reduced stigma.

In COP06, provision of mobile VCT facilities based at four field referral hospitals in addition to the existing two will strengthen their capacity to provide routine counselling and testing services to troops, veterans, defense civilian employees, and the civilian population living in the vicinity of military camps.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	11	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	10,995	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	0	<input type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: Department of State
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5606
Planned Funds:
Activity Narrative: Refugee VCT Activities at Sherkole -BSG

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 established 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 acknowledged as one of the few Emergency Plan countries with an active focus on refugees.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	1	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	800	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	4	<input type="checkbox"/>

Target Populations:

Refugees/internally displaced persons (Parent: Mobile populations)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Binshangul Gumuz

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5607
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance that is provided to partners by CDC staff. The represents the salary costs for CDC Ethiopia technical staff.

Emphasis Areas

% Of Effort

Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

Host country government workers
 Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prima Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5627
Planned Funds:
Activity Narrative: Increase Use of Voluntary Counseling and Testing and Expansion of Provider Initiated Counseling and Testing in 89 Hospitals

This is an ongoing activity.

During COP05, JHPIEGO supported VCT services at 55 hospitals. As the demand for VCT services is expected to grow during COP06, JHPIEGO will conduct two courses on basic counseling skills and the use of VCT protocol to train a total of 40 providers. JHPIEGO will also conduct a two-day review meeting for the counselors and their supervisors to share experiences and plan for specific support.

During COP06 JHPIEGO will coordinate with the U.S. universities to conduct site assessments in a further 34 hospitals. In addition, they will conduct a two-day meeting for the medical directors from these sites to orient them to VCT program activities under PEPFAR and share the assessment findings. Based on the site assessment findings, JHPIEGO will train at least three providers from each of the 34 new hospitals and train a total of 100 providers in basic counseling skills and the use of VCT protocol. JHPIEGO will also train 20 VCT providers as trainers and 34 on-site managers in supervisory skills training.

JHPIEGO will introduce MOH-approved record keeping and reporting systems at the 89 hospitals. A key person responsible for preparing periodic reports will be trained in data management with focus on VCT and will train participants from all 89 hospitals. The training will be followed by two on-site visits for ensuring appropriate transfer of learning on the job.

During COP05, JHPIEGO provided technical assistance in pilot testing the provider-initiated testing and counseling. This included piloting training materials and approaches, service delivery, and data management issues. A draft protocol was developed to help clinicians offer testing and counseling to patients.

During COP06 the lessons learned from the pilot testing will guide expansion of provider-initiated testing and counseling at all 89 ART health networks. JHPIEGO will provide training of providers in provider initiated CT and supportive follow up for transfer of learning.

With a dearth of healthcare providers available to provide counseling services, and the high turnover of staff, there is a critical need for trained lay counselors to provide these services. PEPFAR Ethiopia will work closely with the MOH in developing criteria for participant's selection, issues related to the hiring of these counselors, and other administrative issues related to deploying such a cadre. The existing national training package will be adapted and translated for training the lay counselors. Training of lay counselors will be carried out as appropriate for lay counselors selected and deployed at ART health networks.

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	89	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	725	<input type="checkbox"/>

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5647
Planned Funds:
Activity Narrative: National and Regional Support to Scale up Counseling and Testing Services

This is a new activity.

The establishment of regional demonstration VCT sites is important to improving the quality of VCT service, and integrating local experience and lessons learned into the national standard for the service.

During COP06, PEPFAR Ethiopia will closely work with MOH and RHBs to establish two regional VCT demonstration sites which will likely be attached to medical school hospitals. These sites will serve as venues for training in the region and where newly translated materials can be tested. The model sites will provide support to other VCT sites in the region on data management and utilization, and also serve as venues for counselors to conduct case conferences to maintain quality of service.

The 5th Edition of AIDS in Ethiopia epidemiological data showed that most people living with HIV reside in rural areas. PEPFAR Ethiopia will support the MOH and RHB to pilot an approach to reaching rural communities through a marketplace outreach program using mobile VCT units located at and under the supervision of the model sites.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
<i>Development of Network/Linkages/Referral Systems</i>	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	6,600	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	280	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: *

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5654

Planned Funds:

Activity Narrative: BERHAN: Building Ethiopia's Response for a HIV/AIDS Network (translated from Amharic as light) – Supporting health centers and Communities

This is a new activity.

BERHAN is a comprehensive prevention, care and support activity and is described in the program areas of Prevention AB, Prevention OP, Care and Support CT, TB/HIV, Palliative Care and Other/Policy. BERHAN will work in health centers and health posts, the facilities that deliver most preventive and curative health services throughout Ethiopia. As part of the ART health network, BERHAN will link with ART hospitals for referrals and work with clients and their families in the community. BERHAN will be established in the 267 health centers that are geographically linked to the 89 ART health networks, providing the complete preventive care package. An additional 125 health centers with preexisting PEPFAR VCT and TB services will continue to be supported with their full inclusion in the ART network anticipated in COP07.

The BERHAN design conforms with the PEPFAR Five-Year Strategy of building on the public health sector as the key actor in Ethiopia, promoting a set of palliative care interventions that are appropriate to specific partners in the health network, improving the quality of life, and fostering linkages between treatment, high quality clinical and community and home based care.

BERHAN will support VCT services in 392 health centers to reach approximately 75 percent of all currently operational health centers throughout Ethiopia. Recognizing the need to accelerate counseling and testing to meet PEPFAR Ethiopia ART targets, provider-initiated CT will be introduced into the health centers using a phased approach. BERHAN will continue COP04 and COP05 investments in rolling out VCT at health centers and will ensure a consistent, high-quality operational status of VCT services. Regionally-based training approaches and supervision will support VCT service provision, lay counseling, bidirectional referral systems to TB, OI, STI and FP services, data management, performance standards and ethics using nationally accepted curricula for VCT counselors and laboratory technicians. GOE VCT policy is currently being revised to allow lay counselors to participate at health facilities. Interventions will be focused on increasing the capacity to counsel and test clients at health centers. To address the critical shortage of health professionals, lay counselors will be included in the provision of testing at health centers.

During COP06, BERHAN will support HIV counseling, referral and testing that is delivered according to recommended MOH protocols. All clients either recommended or receiving HIV testing will be provided with information regarding transmission, prevention, and the meaning of HIV test results. Confidentiality of clients will be protected, informed consent obtained before testing and the option of anonymous HIV testing provided. GFATM will procure all test kits for health centers. (Commodity quantification, procurement and distribution are described in Activity 12.3.2.)

VCT is one of the major gateways to care and treatment. During COP06, the position of case manager will be established in all health facilities within the ART health network. Every HIV-positive VCT and CT client will be assigned a case manager following post-test counseling. The case manager will provide intra-facility service referral and intra-network ART referral and work closely with the facility's Community Oriented Outreach Workers (COOWs) on social mobilization, patient follow-up and community services for each assigned patient.

The Community Oriented Outreach Workers will support social mobilization activities

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by establishing relationships with Health Post Health Extension Workers for community-oriented group and household level VCT education. Support for VCT uptake will be provided to individuals most at-risk of being infected with HIV (in particular, potentially positive family members) and pre-marital testing in regions with high early age of marriage rates.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	392	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	505,100	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	1,035	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Religious leaders
Host country government workers
Public health care workers
Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Gender
Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Humanitarian Aid and Development Agency
USG Agency: Department of State
Funding Source: GAC (GHA1 account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5657
Planned Funds:
Activity Narrative: Refugee VCT Activities in Gambella

This is a new activity.

The existing situation in the refugee camps is characterized by a large proportion of the refugees who have heard about HIV/AIDS, but who have very little or no knowledge of prevention methods. Approximately 66% of the beneficiaries have not used condoms or use them only occasionally. Evidence has also shown that misconceptions about HIV/AIDS are high (especially among refugee youths) with care and support for PLWHA low. 44% of the target [not identified] population does not have access to HIV/AIDS information and services. There is a large gap between people's knowledge about HIV/AIDS and their sexual behavior and practices. VCT, coverage among th refugees who need the service is very minimal at only 0.15 %.

During COP06, in response to the problems that affect the survival, development and well being of refugees, PEPFAR Ethiopia will launch HIV counseling and testing services for refugees and their host communities in the Gambella area.

Services will be provided by a mobile VCT center, which will be a truck modified to have a counseling room and a laboratory. It will be staffed by two AHADA personnel (one laboratory technician and one mobile VCT officer/counselor) and one refugee counselor. It will serve all three camps in the Gambella are and their host communities on a regular service delivery schedule.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	1	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	1,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	15	<input type="checkbox"/>

Target Populations:

Refugees/internally displaced persons (Parent: Mobile populations)

Key Legislative Issues

Gender

Populated Printable COP

Country: Ethiopia

Fiscal Year: 2006

Coverage Areas

Gambela Hizboch

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Addis Ababa HIV/AIDS Prevention and Control Office
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5667
Planned Funds:
Activity Narrative: Strengthening National Model VCT Sites in Addis Ababa City

This is an ongoing activity.

During COP05 PEPFAR Ethiopia supported two national model VCT sites. These sites provided quality services to individuals and couples, conducted regular quality assurance activities, and provided practical training for counselors. Their reach was expanded with the opening of satellite sites at workplace and teaching clinics. These model VCT sites piloted mobile outreach services to high risk populations and rural small business individuals coming to marketplace, strengthened post test clubs at the OSSA VCT site and were involved in VCT promotion to increase uptake.

In COP06 PEPFAR Ethiopia will strengthen the services at these sites and undertake three new activities. VCT services will be initiated for the deaf community in the city. Counselors with sign language skills will be recruited. Pilot out reach VCT services - Home based VCT type by integrating within the existing OSSA home based care services for PLWHA. Finally, 56 new lay counselors will be trained to ensure adequate staffing for the model and satellite sites, and mobile unit.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	25,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	37	<input type="checkbox"/>

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Abt Private Sector Partnership
Prime Partner: ABT Associates
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5718
Planned Funds:
Activity Narrative: Private Sector Programs

This is an ongoing activity. It is linked with activities 5605 Private Sector Program (AB), 5603 Private Sector Program (OP) and 5604 Private Sector Program (TB/HIV).

Building on COP05 activities, Private Sector Programs (PSP) will continue engaging additional very large (1000+ employees) and large companies (500+ employees) in multiple regions of Ethiopia to ensure improved access to VCT service for employees and dependents. PSP focuses on demand-driven programming to the local private sector; a major focus of this activity is to establish local management/labor ownership of activities and establish cost sharing agreements with local companies.

By September 2007, PSP will have activities in up to 65 of the largest workplaces in Ethiopia and will ensure the presence or improved access to quality HIV/AIDS VCT services including targeted vouchers for VCT, counselor training, quality assurance linkages, and active referral for TB/HIV. PSP will ensure the presence of quality TB/HIV services in all the workplaces or establish referral linkages with private and public health facilities including MOH and PEPFAR health network.

PSP will continue providing quality HIV/AIDS services expand into newly selected very-large (1000+ employees) or large (500+ employees) companies to identify gaps for intervention. Critical service delivery gaps will be identified through a performance improvement approach and the necessary support will be extended to meet the needs of workplaces concerning HIV/AIDS. To a limited scale, PSP will also work with the Medical Association of Private Professional Practitioners to improve the counseling and customer service standards of CT by private providers.

The major intervention component of PSP, the peer education program, will increase the number of employees and dependants who will come forward for VCT and for the subsequent clinical care and treatment service and support. Through both clinical and non-clinical interventions, VCT will be supported either by establishing and maintaining VCT service provision at selected workplaces in cost-share with employers, or alternatively establishing a referral linkage and using voucher subsidies to access community-based VCT.

The major focus of the PSP program will be ensuring intensive workplace peer-based support for behavioral norms that support a greater uptake of TB and HIV services and "Know Your Status" interpersonal communication program that reinforce and model positive behavioral norms.

PSP will be involved in educating the workforce and families about basic facts and prevention of VCT in all 65 workplaces and reach families and surrounding communities with similar messages during family days and program launching events. This will be accomplished through the peer education component which utilizes 8 modules on TB and HIV/AIDS delivered through small group discussions (45 min) on company time.

PSP will be involved in educating the workforce about the transmission and prevention of HIV/AIDS and encourage employees and families for voluntary confidential counseling and testing. 30 percent of companies already under the program had previously established VCT services. In such instances, PSP will strengthen confidential systems, counseling rooms, train counselors, and quality assurance.

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PSP will strengthen the capacity of workplace clinic staff through training and on the job mentoring. Such capacity building endeavors will enable the facilities to provide quality VCT service for the employees, dependants and surrounding communities.

PSP works with employers on establishing HIV policies to protect HIV-positive employees from stigma and discrimination.

Emphasis Areas	% Of Effort
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	45	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	5,050	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	60	<input type="checkbox"/>

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Adis Abeba (Addis Ababa)

Afar

Amhara

Binshangul Gumuz

Dire Dawa

Gambela Hizboch

Hareri Hizb

Oromiya

Southern Nations, Nationalities and Peoples

Sumale (Somali)

Tigray

Table 3.3.09: Activities by Funding Mechanism

Mechanism: *High Risk Corridor Initiative
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5719
Planned Funds:
Activity Narrative: High Risk Corridor Initiative

This is an ongoing activity. This activity relates to activities High Risk Corridor Initiative (AB), 5599 High Risk Corridor (OP) and 5600 High Risk Corridor (Palliative Care-basic).

During COP05, PEPFAR Ethiopia supported Save the Children USA to work in 24 communities along the transport corridor from Addis Ababa to Djibouti to provide HIV/AIDS prevention, counseling and testing and care programs. The program targeted transport workers, commercial sex workers, and other vulnerable groups, such as out of school youth, who engage in high risk activities. This activity aims to continue increasing access to and quality of VCT services in the communities along the corridor, and develop improved referral mechanisms to care and treatment services within the communities.

In COP06, HRCI will continue to support CT in 18 health centers along the Addis - Djibouti corridor by strengthening and stabilizing the personnel supervision, data management, procurement and inventory management and referral systems. The ART, TB, OI treatment services will be evaluated and improved as needed. The supply of rapid HIV test kits will be increased in the 18 HRCI-established local health clinics and centers in Afar, Dire Dawa, and Oromiya, Small Regions/Administrative Council where VCT has been integrated with primary health/preventive care, STI, and TB services.

HRCI will support the creation of two new sites for additional stand-alone or mobile VCT services as are found to be needed to reach hard-to-reach high-risk groups including migrant and mobile workers, youth, and commercial sex workers along the Addis-Djibouti Corridor.

HRCI will develop a specialized counseling program for highly vulnerable women that address occupational issues and provide skills-building training to CT counselors in sites with special health clinics for highly vulnerable females (that is linked to activity number 7.3.8). Counseling services will be expanded to encourage newly-diagnosed HIV-positive clients to become involved in "positive living" and post-club activities (this is linked to activity number 10.3.2 palliative care).

The organizational capacity of local Community HIV/AIDS Committees in nine communities along the Corridor will be established to monitor and resolve challenges that emerge that hinder the delivery of CT services or encourage stigma and discrimination.

Finally, new CT counselors and laboratory staff will be trained to address the loss of personnel caused by attrition. Annual training interventions for CT counselors from the PEPFAR Ethiopia sites and other local NGO, private, and public sites will be held on the MOH/CDC guidelines and referral protocols for TB and ART.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	23	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	17,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	40	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Most at risk populations
Mobile populations (Parent: Most at risk populations)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Gender
Stigma and discrimination
Wrap Arouns

Coverage Areas

Afar
Dire Dawa
Oromiya
Sumale (Somali)

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5722
Planned Funds:
Activity Narrative: CT Support at 32 Hospitals

This is a new activity

During COP06, PEPFAR Ethiopia will assist sites to expand access, improve quality, and improve linkages between VCT services and ART services. This will include coordinating the increase in the number of VCT sites as required, in collaboration with other donors and PEPFAR Ethiopia partners, as well as working with sites to manage the increase in staff supporting VCT services. PEPFAR Ethiopia will promote the use of routine opt-out models of HIV testing and counseling services in clinical settings such as TB and STI clinics, and for inpatients and outpatients to facilitate enrollment and entry into treatment programs. The needs of special populations such as children and young people will be addressed through, for example, student health services.

Columbia University will focus on strengthening site level VCT service delivery in 32 ART hospitals. Counseling and testing cadres will be expanded and same-hour result models through HIV testing at point of service instituted. The formation of multi-disciplinary care teams with representatives from VCT services will improve the efficiency of care services. Mechanisms to facilitate smooth referral from VCT to ART will be introduced. The use of lay counselors provider-initiated HIV testing, and opt-out HIV testing models in ANC and TB clinics will round out the services to be provided. Columbia University will assist the sites to establish administrative and technical coordination mechanism to improve the management system of the service.

All activities will be closely monitored by Columbia regional staff and headquarters technical personnel. Closely work with Partners and USG agencies in training and promotion of VCT service.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	32	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	111,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5725
Planned Funds:
Activity Narrative: CT Support at 31 Hospitals

This is a new activity

VCT is an entry point for everything in HIV prevention and care. Treatment targets and plans are based and driven by the assumptions that actual testing had occurred and there are patient in queue to be enrolled. Actually, the numbers are estimates and projections. Therefore, in Amhara with a population of 24 million and the highest HIV prevalence, the region will be expected to test proportionally higher number of patients in order to reach target of care and treatment in FY06. There has been recent burst of VCT center establishment activities in the area, mostly supported by the regional governments.

University of Washington (ITECH) will focus on strengthening site level VCT service delivery in 31 ART hospitals. Counseling and testing cadres will be expanded and same-hour result models through HIV testing at point of service instituted. The formation of multi-disciplinary care teams with representatives from VCT services will improve the efficiency of care services. Mechanisms to facilitate smooth referral from VCT to ART will be introduced. The use of lay counselors provider-initiated HIV testing, and opt-out HIV testing models in ANC and TB clinics will round out the services to be provided. University of Washington (ITECH) will assist the sites to establish administrative and technical coordination mechanism to build strong management system at the hospital. Closely work with Partners and USG agencies in training and promotion of VCT service.

All activities will be closely monitored by University of Washington regional staff and headquarters technical personnel.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	31	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	107,500	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5728
Planned Funds:
Activity Narrative: CT Support at 20 Hospitals

This is a new activity

During COP06, PEPFAR Ethiopia will support the implementation of integrated counseling and testing activities as part of ART/VCT/PMTCT/TB/STI and the comprehensive care package at all hospitals in the four regions of Addis Ababa, SNNPR, Gambella and Benishangul Gumuz. Technical assistance will be provided to ensure counseling and testing protocols are followed appropriately and consistently. In addition, commodities will be purchased and a modest level of site renovation will be done.

JHU will focus on strengthening site level VCT service delivery in 20 ART hospitals. Counseling and testing cadres will be expanded and same-hour result models through HIV testing at point of service instituted. The formation of multi-disciplinary care teams with representatives from VCT services will improve the efficiency of care services. Mechanisms to facilitate smooth referral from VCT to ART will be introduced. The use of lay counselors provider-initiated HIV testing, and opt-out HIV testing models in ANC and TB clinics will round out the services to be provided. JHU will assist the sites to establish administrative and technical coordination mechanism to build strong management system at the hospital. Closely work with Partners and USG agencies in training and promotion of VCT service.

All activities will be closely monitored by JHU regional staff and headquarters technical personnel.

Emphasis Areas

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	69,380	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

Adults

Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Diego
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5737
Planned Funds:
Activity Narrative: CT Support at 6 Military Hospitals

This is a new activity

The NDFE and Police Force have committed to building capacity to care for members with HIV, being actively involved with PEPFAR Ethiopia collaborators from the CDC, DoD, and affiliated NGOs such as UCSD, JHU, ITECH increasing capacity and training for HIV care for three years. The Ethiopian Ministries National Defense and Health have committed to allocating ART to fight the epidemic. An estimated 6,600 military members and dependants in the ENDF are HIV-positive, of which an estimated 30 to 50% of HIV-positive members potentially benefiting from immediate treatment, in accordance with national guidelines.

PEPFAR Ethiopia provides the ideal opportunity to build on an ongoing collaboration between NDFE and physicians at UCSD. Our projected major interventions with the ENDF and police force will include (1) assessment of current capacity for care, laboratory testing, and nursing support of VCT; (2) support the sites to provide a same hour HIV test result at VCT sites; (3) initiate provider initiated CT in all hospitals; (4) site level refresher training and mentoring for VCT personnel thru UCSD experts; (5) support for minor renovation of physical space to ensure privacy, test kits and lab supply; (6) improvement of data management system of CT and reporting; (7) establish quality assurance system for counseling and testing service for both client and provider initiated CT; and (8) strengthen the referral link between counseling and testing with different post test services.

To administer the program, UCSD will hire local personnel for program administration and training, rent office space in conjunction, purchase a vehicle and hire a driver for transportation, set up an office with telecommunications and computer support. UCSD will establish regular telecommunications and in-country liaison with their military colleagues and university partners, train the staff and trainers, and begin regular assessments of the quality and quantity of therapy. They will establish regular training, assessments and mentoring of VTC military providers and supporting lab workers thru both local staff and visiting UCSD experts. UCSD will start with the larger Addis hospitals referral military and police hospitals and systematically expand to the regional military hospitals and police clinics.

Overall the scope of assistance in collaboration between the NDFE and UCSD will focus on (1) site level training of counselors in relevant skills, capacity building, staff educational programs, and outcomes assessment; (2) Laboratory enhancement of capacity for HIV-testing and quality assurance.

Expanding capacity for VCT and will follow a staged approach, with the initial focus on the three referral centers, followed by the five smaller regional hospitals in phase 3, and the smaller division medical centers in phase 4.

UCSD will partner and coordinate with JHU, the currently responsible PEPFAR Ethiopia contractor for VCT, other university partners (ITECH and Columbia University) and CDC Ethiopia.

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	6	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	20,700	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
 Budget Code: HTXD
 Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement:

67

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The free distribution of ARVs was officially launched in Ethiopia on January 25, 2005. To date, adult and pediatric ARVs have been distributed to 20 ART hospitals. The number of patients put on ARV drugs supplied through PEPFAR Ethiopia in COP04 amounted to 6,601 as of September 18, 2005.

In COP05, PEPFAR Ethiopia is procuring drugs starting from early October 2005, for an additional 10,000 eligible patients for one year with a three-month buffer stock. Thirty-five percent of the COP05 budget allocated for the purchase of drugs has been reserved for cautionary purposes as PEPFAR Ethiopia transitions into the purchase of second line adult and pediatric formulations, while the GFATM assumes responsibility for procuring all first line adult regimens.

Beginning in mid-September 2005, each month 2,640 new patients must be placed on ARVs to achieve the GOE national target of 41,000 by the end of March 2006. The stock of first line ARV drugs, including buffer stocks, supplied by PEPFAR Ethiopia in COP05 will be exhausted by April 2006. The GFATM will begin providing first line drugs to patients initiated on ART starting in April 2006. At that time, PEPFAR Ethiopia will be responsible for providing second line adult ARVs, first and second line pediatric ARVs, and the emergency reserve stock of first line adult ARVs.

Uptake was relatively slow at the beginning of the free ART program due largely to an economic eligibility screening system introduced by the GOE at the kebele (district) level. A recommendation by PEPFAR Ethiopia to dismantle the screening system, which was further supported by the recent ART SWAT team, helped to abolish the program, and uptake in COP06 is expected to increase rapidly.

During COP06, five regional laboratories will provide diagnostics and 89 hospitals will provide ARVs. In addition, 356 hospitals and health centers combined will provide CT and PMTCT services including test kits and Nevirapine.

Five experienced pharmacists are stationed at RHBS to support overall collaboration with RHBS and local PHARMID branches, and are responsible for ARV stock monitoring, reporting, supportive supervision, providing training and promoting treatment adherence.

Government programs: As of September 2005, some 11,000 patients are receiving generic ARV drugs through a government-subsidized scheme in operation since July 2003. ARV drugs registered on the National Drug List for Ethiopia are procured through local private companies.

During COP05, PEPFAR Ethiopia led the way in preparing the 20 existing hospitals by providing drugs, commodities, facility renovations and equipment, and planned to collaborate with the GFATM on the 35 new sites. PEPFAR Ethiopia would contribute technical assistance, training, and supportive supervision, and the MOH/GFATM would provide drugs, commodities, renovations and equipment. However, by the end of COP05 it became apparent that the MOH/GFATM needed increased assistance from PEPFAR Ethiopia, and that the two initiatives should work together in every facility under the auspices of one national program.

Other donors: The Ethiopian North American Health Professionals Association (ENAHPA), in collaboration with Christian Children's Fund-Canada (CCF-C), will provide ART for 800 patients this year and will provide ART for an estimated 10,000 patients over five years. MSF Holland provides ARVs to 500 patients in one district in Tigray region. Ratson is providing ARVs for 300 patients in one hospital in Oromia region.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Working Capital Fund
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5644
Planned Funds: [Redacted]
Activity Narrative: Procurement of ARV Drugs and Related Commodities

This is an ongoing activity. This activity is linked to section 3 (PMTCT), section 6 (IP), section 8 (CT), section 9 and 10 (Palliative Care), section 11 (OVC), section 13 (ART services) and section 14 (Laboratory).

Procurement of ARVs [Redacted]:
 In COP06, PEPFAR Ethiopia and the GFATM will further strengthen their relationship by working more interdependently to support the national scale-up efforts. The GFATM will supply first line drugs and PEPFAR Ethiopia will purchase second line and pediatric formulations. PEPFAR Ethiopia, through the Working Capital Fund, will procure FDA-approved, second line adult and first and second line pediatric ARVs, plus a safety stock of first line drugs. The number of pediatric AIDS patients to be put on ARV drugs is taken from the COP06 guidance (Annex 5: Information on Soft Targets, Pediatrics AIDS). The lower limit of the patient range (5,250 – 10,500) for Ethiopia was taken from calculations of pediatric drug requirements. The cost for drugs is based on the target of reaching 60,000 patients by the end of September 2006. Due the gap in PEPFAR's program and fiscal calendars, there is a shortfall of [Redacted] to reach the target of 80,000 by March 2007. It is anticipated that these funds will be recovered once more generic drugs come online. The calculation of second line adult ARV drugs is based on the assumption that 4% (3,200) of the 80,000 patients on first line drugs will be shifted to second line regimens. In addition, PEPFAR Ethiopia plans to set aside enough funds to purchase 10% of the national ART requirement for emergency purposes.

Procurement of ARVs for 2nd line, pediatric and safety stock 1st line drugs. Below is the estimated budget for ARVs procurement in COP06.

Drug	Price/pt/month	Target	Price/month	Total (15 months)
Pediatric 1st line	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Pediatric 2nd line	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Adult 2nd Line	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Adult 1st Line (Safety Stock of 10%)	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Shipping and Insurance Fees	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Total	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Total Resources Budgeted	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Shortfall	[Redacted]	[Redacted]	[Redacted]	[Redacted]

* There is shortfall of [Redacted] to supply 2nd line and pediatric formulations for the target of 80,000 by March 2007. However, it is anticipated that cost savings will occur as more generic drugs are approved by FDA.

In consultation with MOH/PASS and other stakeholders, PEPFAR Ethiopia, through USAID's Working Capital Fund, will enter into an agreement for the procurement of all second line and pediatric ARVs, while the MOH/GFATM will procure all first line ARV drugs for the entire country starting in April 2006. As recommended by the ART SWAT team, joint procurement planning, including selection, quantification, and shipment schedule, will be worked out between the partners.

It is projected that there will be a higher potential for increased pediatric enrollment as soon as adequate liquid preparations are available for children. It is also projected that there may be an increase in the number of cases requiring second line formulations as more patients are put on ARVs. This is in line with the recommended procurement scheme that all first line drugs be bought with GFATM funds, while

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second line and pediatric drugs are procured with PEPFAR Ethiopia funds.

Commodities

All ARVs and associated ART products (OI drugs, test kits, PMTCT supplies, etc.) procured will be consigned to MOH/PHARMID so that all the products will flow through a functioning and tested mechanism under the direction of PASS in collaboration with PEPFAR Ethiopia.

All management and reporting on ARV drug distribution and use will be the responsibility of MOH/PASS and PEPFAR Ethiopia. MOH/PASS and PEPFAR Ethiopia will work closely to harmonize the supply of ARVs so that there is a single ARV procurement and distribution system in the country.

The recently-proposed donation such as Pfizer will also be integrated into the common practice.

Procurement for lab reagents and test kits: There are reports of frequent disruptions in services due to a shortage of test kits and lab reagents. This is primarily due to the lack of an adequate supply chain management system. Lab supplies are integrated in terms of procurement and storage at the facility level with the pharmacy services. It is the pharmacy that places orders and distributes supplies to the labs. Most facilities do not have proper storage and handling systems due to space constraints. Some facilities lack effective cold chain. All these limitations compromise the quality of results.

PEPFAR Ethiopia will collaborate with EHNRI and regional labs for the development of an SOP for the supply chain management and LMIS of lab commodities. Appropriate tools will be developed to track stock status and use.

PEPFAR Ethiopia will assist in reagent quantification, procurement, storage, distribution and inventory control at all levels.

Five outreach laboratory professionals (Regional Laboratory Management Associates or RLMAs) will be recruited and based at five regional hubs. RLMAs will provide technical assistance to regional and hospital laboratories in the areas of training, quality assurance, monitoring of stock status of reagents and test kits, accurate completion of registers/forms, and reporting. The RLMAs will serve as links between the facilities, EHNRI/MOH/RHBs and PEPFAR Ethiopia to ensure the uninterrupted supply of reagents and kits. Stock status and use reports will be produced regularly and sent to relevant partners.

Emphasis Areas

% Of Effort

Commodity Procurement

51 - 100

Targets

Target

Target Value

Not Applicable

TA in Policy Development (HIV-related), Number of local organizations provided

TA Institutional capacity building (HIV-related), Number of local organizations provided

HIV-related policy, Number of individuals trained

HIV-related institutional capacity building, Number of individuals trained

HIV-related stigma and discrimination reduction, Number of individuals trained

HIV-related community mobilization for prevention, care and treatment, Number of individuals trained

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Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

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Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5645
Planned Funds:
Activity Narrative: Distribution and Management of ARVs and Related Commodities

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity. This activity is linked to activities: Mother to Child Transmission, Injection Safety, Counseling and Testing, Palliative Care, ART services, Laboratory and Strategic Information.

Inventory management of ARVs drugs for OIs, laboratory reagents, test kits and other PMTCT products: MSH will oversee, through the system established with PHARMID, the clearing, warehousing and nationwide distribution of ARVs and related commodities purchased by PEPFAR Ethiopia using the mechanism described under 12.3.1 and other sources. This entails a 5% service fee as was the case with previous PEPFAR Ethiopia procurements.

ARV drugs: Recommendations were made by the ART SWAT Team on harmonizing procurement with proper selection and quantification of ARVs and integrating ARV drug distribution and management at all levels. A system will be devised, in collaboration with MOH/PASS and DACA, in which ARVs, drugs for OIs, PMTCT products, laboratory reagents and test kits from various sources will be stored and distributed through a centrally coordinated mechanism. MSH will assist MOH/PASS in the quantification, procurement and distribution of drugs and related commodities.

Based on data collected using the forms and registers for drugs and related commodities, MSH will document the pattern of utilization of the items and use this information to harmonize treatment and guide selection and quantification of the items. In addition, MSH, in collaboration with partners, will document and make use of lessons learned to support the roll-out of ART in line with the Road Map for Accelerating Access to HIV/AIDS Treatment in Ethiopia.

MSH will assist MOH/PASS in strengthening the system whereby all requests for drugs and related commodities are initially approved by RHs to avoid duplication of supplies. MSH will also assist MOH/PASS in the development of a mechanism for product exchange between over- and under-stocked sites to enable sites use the drugs and related products before expiration.

PMTCT commodities: MSH will continue providing quantification and procurement services for the critical products, most of which are obtained as donations from the Axios program.

It is expected that MSH will shoulder huge responsibility in FY06 in overseeing and assisting the clearing, warehousing and distribution of ARVs and related commodities supplied through all sources in Ethiopia. It is apparent that a cadre of professionals needs to position at key locations, including relevant departments at the MOH, RHs, and selected facilities.

The current number of Regional Pharmacy Management Associates (RPMAs) is not sufficient to cover all sites, given the size of the regions. Therefore, MSH plans to put in place three pharmacists in Oromiya, two in Amhara, two in Eastern Ethiopia (East and West Oromiya zones, Harari, Dire Dawa and Somali), two in SNNPR, one in Tigray, two in Addis Ababa who can also assist the other emerging regions, one at MOH/PASS and two at the MSH office in Addis Ababa. The need could also arise to employ approximately 10 pharmacists/pharmacy technicians at certain hospitals as

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there is little response from the concerned bodies for hiring additional staff.

There is also a need to deploy pharmacy data clerks at ART sites as overburdened pharmacy personnel are having difficulty properly filling the ART registers and formats while serving the increasing pool of patients on ARVs in addition to other patients.

It is increasingly becoming apparent that MOH wants MSH to be involved in all activities related to drugs and related commodities, training and technical assistance. In addition, far-reaching policy decisions have been made in the ART program in Ethiopia such as the integration of commodity supply and management at ART sites. Some "contingency" budget is required to address these unexpected and unplanned activities, which undoubtedly will recur as PEPFAR Ethiopia moves forward in implementing its plan of actions.

Emphasis Areas	% Of Effort
Logistics	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
TA in Policy Development (HIV-related), Number of local organizations provided	11	<input type="checkbox"/>
TA Institutional capacity building (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
HIV-related policy, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related institutional capacity building, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related stigma and discrimination reduction, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained		<input checked="" type="checkbox"/>

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5646
Planned Funds:
Activity Narrative: Improve Infrastructure of Pharmacies, PMTCT Sites and Provide Necessary Equipment

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity. This activity is linked to PMTCT and ART Services.

Infrastructure Renovation and Upgrading of Pharmacies
 Many of the health facility pharmacies where ART is to be initiated are in poor condition and have inefficient inventory control. The current system whereby dispensing is done through narrow windows to patients in crowded rooms is unprofessional and does little to promote confidentiality. MSH will provide assistance in improving storage and dispensing conditions to address the above problems. This is a short-term strategy meant to enable health facilities to meet the minimum requirements to initiate ART. The long-term strategy of building comprehensive ART units, as per the recommendations of the ART SWAT team, is addressed separately.

MOH/GFATM has distributed funds to the regions for the renovation of 63 hospitals and 189 health centers, all of which are within the ART health network (89 hospitals and 267 feeder health centers in COP06), in support of ART services and PMTCT supplies management. To date, MSH has renovated 15 hospitals and 5 health centers. The remaining 11 hospitals and 73 health centers will be renovated through PEPFAR Ethiopia in COP06 so that they can meet the minimum requirements stipulated in the National ART Guideline. Renovations will focus on the main bulk drug store, dispensing pharmacy and counseling areas. Necessary storage cabinets and shelving will also be provided. Laboratories in the 84 health facilities, 11 hospitals and 73 health centers will also be provided with proper storage areas for reagents, test kits and other perishables. Refrigerators will be provided for efficient cold storage.

COP06 Estimate for Renovation of hospitals and health centers:

Facility Type	Number of Facilities	Unit Cost	Total for 1 year
Hospital	11	<input type="text"/>	
Health Center		<input type="text"/>	
Total	84	<input type="text"/>	

MSH will provide technical assistance to RHBS/MOH/GFATM for the renovation and upgrading of pharmacy, PMTCT and laboratory infrastructures funded by GFATM.

Renovations and Upgrading of PMTCT Sites
 Similar to past experiences with commodities, major expansion to 89 hospitals and 267 health centers requires adequate site readiness to provide clinical care including ART maintenance, CT, TB/HIV and PMTCT. In many instances, health centers and hospitals do not have facilities to adequately deliver services. Targeted short-term renovations to ensure PMTCT and clinical care sites have adequate facilities to maintain services will serve as an important contribution to the PEPFAR program and will allow the program to reach COP06 targets.

This funding will be coordinated with existing renovations in Treatment Services for ART roll-out and with GOE efforts. This activity will standardize any additional renovations at a selected number of facilities. Site preparedness, health provider performance and ultimately PEPFAR Ethiopia's achievement of OGAC targets are severely impacted by critical commodity stock-outs.

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Emphasis Areas

% Of Effort

Infrastructure

51 - 100

Targets

Target

Target Value

Not Applicable

TA in Policy Development (HIV-related), Number of local organizations provided

TA Institutional capacity building (HIV-related), Number of local organizations provided

11

HIV-related policy, Number of individuals trained

HIV-related institutional capacity building, Number of individuals trained

HIV-related stigma and discrimination reduction, Number of individuals trained

HIV-related community mobilization for prevention, care and treatment, Number of individuals trained

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5648
Planned Funds:
Activity Narrative: Improve Quality Assurance of ARVs and Related Commodities

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity. This activity is linked to Laboratory and Strategic Information.

In collaboration with United States Pharmacopoeia (USP), MSH will continue to assist the national drug quality control laboratory of DACA by providing training, reference books, reference standards and equipment, and by assisting in the development of a standard operating procedure (SOP), electronic data base and reporting.

MSH will support DACA with 12 person months technical assistance through the secondment of a quality control pharmacist to ensure that quality control needs of ARVS, TB and malaria drugs are met according to prescribed norms.

In support of DACA's post-marketing surveillance efforts and drug quality monitoring drug at regional level, MSH will provide six mini-labs that will enable DACA to conduct physico-chemical tests on about forty essential drugs including ARV, TB and malaria drugs. PHARMID will also be a beneficiary.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
TA In Policy Development (HIV-related), Number of local organizations provided	1	<input type="checkbox"/>
TA Institutional capacity building (HIV-related), Number of local organizations provided	1	<input type="checkbox"/>
HIV-related policy, Number of individuals trained	5	<input type="checkbox"/>
HIV-related institutional capacity building, Number of individuals trained	5	<input type="checkbox"/>
HIV-related stigma and discrimination reduction, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained		<input checked="" type="checkbox"/>

Target Populations:

Host country government workers

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Coverage Areas:

National

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Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5649
Planned Funds:
Activity Narrative: Technical Activity Coordination for ARV Drugs and Related Commodities Supplies Management

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity. This activity is linked to PMTCT, Injection Safety, Counselling and Testing, Palliative Care, OVC, ART services and Laboratory.

Technical Activity Coordination for ARV Drugs and Related Commodities Supplies Management: MSH will continue to provide supervisory field visits and mentoring through its seven full-time professionals and four support staff based at its office in Addis Ababa. A pharmacist with many years of experience in pharmacy training, drug distribution systems and management heads the office, and provides technical and management support in all aspects of the program. A procurement pharmacist tracks ARV drug procurement by IDA, monitors PHARMID's clearance, storage and distribution of ARVs, and updates pipelines and stock status.

A PMTCT pharmacist ensures that Axiol-donated products are distributed to all PMTCT sites without interruption. A training and MIS pharmacist ensures that the SOP for ARV drug management and tools developed for patient and drug tracking and reporting are available at all sites and used properly. An engineer will continue renovation work in all target facilities and provide professional advice to MOH/GFATM to follow the work so far accomplished in the remaining facilities. An IT specialist will provide training and technical support to health facilities and related partners in computerized MIS.

MSH will continue supporting the RHBs and targeted health facilities with the five full-time outreach pharmacists (Regional Pharmacy Management Associates or RPMAs) based in five regions (Awassa, Bahir Dar, Dire Dawa, Jimma and Mekele). Through a memorandum of understanding the RPMAs were officially introduced to the RHBs. RPMAs will provide on-going technical support to all the RHBs, health facilities and other partners in training, quality assurance, monitoring stock status, accurate completion of forms, and reporting. The RPMAs are now based at regional branch offices of PHARMID and will be moved to RHBs when space is made available with the support of MSH.

This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, communication with partners and collaborators, and operating a country-support office.

PEPFAR Ethiopia will design a program by which through which to engage the services of experienced pharmacy experts who will support the implementation of activities related to the procurement, warehousing and nationwide distribution of ARVs and related commodities in Ethiopia.

In processing procurements, MSH will go through the process of USAID waiver for source and origin to take advantage of price and time.

Fluconazole, one of the potent drugs for OIs, is being donated free of charge by Pfizer. In advance of the donation, MSH will work with MOH to coordinate quantification and procurement as well as distribution of Fluconazole to the target hospitals and health centers.

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Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
TA in Policy Development (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
TA Institutional capacity building (HIV-related), Number of local organizations provided	11	<input type="checkbox"/>
HIV-related policy, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related institutional capacity building, Number of Individuals trained		<input checked="" type="checkbox"/>
HIV-related stigma and discrimination reduction, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained		<input checked="" type="checkbox"/>

Target Populations:

- Host country government workers
- Pharmacists (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5651
Planned Funds:
Activity Narrative: Strengthening Pharmacy Human Resources Capacity

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity. This activity is linked to PMTCT, IP, CT, TB/HIV, Palliative Care, OVC, ART services and Laboratory sections of the COP.

Hindering the expansion of ART services is a critical shortage of skilled human resources in Ethiopia's pharmaceutical sector. Some facilities are refusing to enroll more patients because their pharmacy staff is overburdened. ARV counseling, dispensing and recording are time-intensive activities. A small mistake in dispensing and advice given to the patient can lead to disastrous results.

Using a mobile TA approach, two pharmacists and a lab associate will form a supportive supervision/QA/training team and make visits to the regions at regular intervals. This approach will keep the participants close to their working areas and will also facilitate a good rapport with the PEPFAR Ethiopia pharmacy support team.

About 1,000 pharmacy and 500 laboratory personnel from 515 target facilities (89 hospitals and 267 health centers) will be trained in commodities supply management, focusing on proper storage, inventory control, product quality assurance and reporting.

About 200 personnel from the target facilities will be made computer-conversant in basic Word and spreadsheet programs as well as in Power Point, graphics, and the Internet so that they can address the MIS needs. Training will also focus on the newly-introduced inventory management and dispensing tool, both paper-based and electronic.

External short-term training in relevant areas will be facilitated for participants from the regions, MOH/PASS, DACA and PEPFAR Ethiopia.

Arrangements will be made with all the schools providing pharmacy education so that internship programs will be initiated with the ART sites as bases for the service. Orientation and support will be provided by MSH. This approach has the added advantage of familiarizing the graduating students with ART and encouraging them to consider future employment in this area.

To counter the high turn-over and attrition rates of pharmaceutical staff, PEPFAR Ethiopia will introduce incentive packages such as simple improvements in the condition of the stores and dispensing areas, internet access and ability to refer to current developments, awards of reference books, and the provision of telephone lines/equipment.

MSH will work with MOH/PASS, DACA and other CAs to identify opportunities for providing technical assistance in commodity management issues related to TB, malaria and ART programs at the central, regional and facility level.

PEPFAR Ethiopia will support the Ethiopian Pharmaceutical Association (EPA) in implementing a continuing education program on ART for pharmacy professionals that imparts the latest knowledge and practice in the field. At least 500 pharmacy professionals will get an up to date on ART and roles in public awareness.

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The EPA will also be supported to provide education to the general public in promoting the rational use of ARV drugs and encourage adherence to therapy. At least 100 pharmacy outlets and all the 89 hospitals will have ARV education posters displayed in public places to increase awareness and promote adherence to ARVs.

The School of Pharmacy will be supported to assess the need of mid-level pharmacy personnel, design a curriculum to fill gaps in the knowledge of these professionals, and conduct trainings to make these personnel proficient in handling ARVs. The skills of 200 pharmacy technicians will be upgraded.

In collaboration with DACA and USP, technical assistance will be provided to establish and strengthen drug information centers (DICs) and drug therapeutic committees (DTCs) at health facilities. Computers, reference books, internet access and other resources will be provided so that professionals have access to up-to-date technical information.

PEPFAR Ethiopia will organize workshops for profit and non-profit pharmacies (such as KENEMA, Red Cross, NGOs and private hospitals) that are providing ART services and share tools for record-keeping in order to promote uniformity of practices in ART. The number of participants is expected to be 500.

Training activities will be periodically evaluated and the findings used for quality improvement of services.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
TA in Policy Development (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
TA Institutional capacity building (HIV-related), Number of local organizations provided	2	<input type="checkbox"/>
HIV-related policy, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related institutional capacity building, Number of individuals trained	1,700	<input type="checkbox"/>
HIV-related stigma and discrimination reduction, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained		<input checked="" type="checkbox"/>

Target Populations:

Pharmacists (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5652
Planned Funds:
Activity Narrative: Drug Logistics Management System

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity. It is linked to ART Services, Laboratory and Strategic Information.

Provide technical assistance to PASS, RHBS, PHARMID and health facilities in the development and implementation of practical MIS and monitoring and evaluation

MSH will build on the experience so far acquired to refine and scale up the use of MIS. All the 89 hospitals will be provided with printed: ARV drugs management SOP ARV, ARV use treatment, register, patient sheet, monthly report form, and various forms to track expiry and patient attendance.

Patient treatment sheet, daily patient treatment register, monthly stock status and use report, treatment default and expiry tracking charts, and routine audit systems will be further strengthened and institutionalized.

At least two pharmacy professional and one pharmacy clerk will be trained in the use of manual forms and computerized system

Each facility will be provided with a computer and printer. The current manual drug inventory and patient drug-use monitoring tools will be fully computerized at all the target facilities.

Training and on-going technical support in MIS will be provided to the regions and facilities. Five MSH Regional Pharmacy Associates, assigned to the regions will help to ensure that accurate, timely and consistent information is available at all levels.

As an interim measure, where the facilities have critical shortage of manpower to handle information, MSH will avail the services of data clerks to ensure that information is made available and experience is shared for future sustainability.

300 copies of the SOP will be printed and distributed to all the current and planned health facilities. Assistance will be provided to MOH in the refinement and printing of the national ARV drugs management SOP and make them available to facilities involved in ARV handling. MSH will ensure that adequate forms are supplied to the facilities to avoid shortage.

MSH will provide technical assistance to PASS, RHBS, DACA, PHARMID and health facilities in the implementation of the National MIS and monitoring and evaluation.

In consultation with PASS, CDC, USAID and other partners MSH will introduce an electronic LMIS system ("Orion" developed by MSH) for national and regional level forecasting, tendering, procurement, receipt, storage, distribution, costing and financial accounting.

MSH will produce and disseminate a quarterly update or newsletter for information sharing with partners and stakeholders.

MSH in collaboration with EHNRI will review existing laboratory operating procedures for laboratory and commodities management and develop standard operating

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procedures (SOPs) for lab commodities procurement, storage, distribution, use and reporting.

MSH will assist in the production of laboratory stock management tools, disseminate for use at all selected sites; implement a system of scheduled requisitioning of laboratory reagents and test kits and other supplies and institute a quarterly reporting system for laboratory product consumption and stock status.

MSH through its five regional laboratory management associates will monitor the quality of record keeping and inventory control in the laboratory.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
TA in Policy Development (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
TA Institutional capacity building (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
HIV-related policy, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related institutional capacity building, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related stigma and discrimination reduction, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (informatics)	267	<input type="checkbox"/>
Number of local organizations provided with TA for strategic information	4	<input type="checkbox"/>

Target Populations:

Pharmacists (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5653
Planned Funds:
Activity Narrative: This activity represents the direct technical assistance provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
TA in Policy Development (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
TA Institutional capacity building (HIV-related), Number of local organizations provided		<input checked="" type="checkbox"/>
HIV-related policy, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related institutional capacity building, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related stigma and discrimination reduction, Number of individuals trained		<input checked="" type="checkbox"/>
HIV-related community mobilization for prevention, care and treatment, Number of individuals trained		<input checked="" type="checkbox"/>

Target Populations:

- Pharmacists (Parent: Public health care workers)
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

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

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

During COP05, PEPFAR Ethiopia, in collaboration with the GFATM, supported the provision of free ART services in 56 hospitals and two health centers. Through COP05 supplemental funding a regionalized strategy was developed involving U.S. and Ethiopian universities, the public sector, military, and NGO and private health networks. U.S. universities supported different geographic operation zones of the country. RHBS and local universities were being supported to build capacities that will enable them to initiate and sustain regional ART programs. See supporting document "The ART Health Network Model and Regionalization Plan" for further detail.

In COP06, PEPFAR Ethiopia will provide increased technical assistance to the national ART program. ART services support will be provided to all 89 ART health networks. In partnership with the GFATM, resources and support will be made available including commodities, equipment and physical infrastructure. The availability of adequate space will be crucial for rapid ART scale-up and consequently addressed in COP06. Program uptake will be enhanced through the promotion of services and by strengthening leadership at various levels.

The expanded scale of the ART program demands an expanded, better trained personnel force. Teams of physicians, nurses, pharmacy personnel and laboratory technicians will receive in-service trainings. In addition, nurses will be given supplemental training in ART management to support the establishment of a nurse-centered model. With this model two important and needed shifts in responsibilities will occur: shifting tasks from physicians to nurses and shifting some activities from hospitals to health centers. Additional human resources for ART program implementation will be deployed through twinning partnerships. ART will be incorporated into basic curricula of health professional schools.

It is estimated that the number of children 0-14 years that will be provided with ARV treatment during COP06 will be 5,250.

Government program: The MOH has recently developed an operation plan, "Accelerated Access to HIV/AIDS Treatment in Ethiopia: Road Map 2005-2006". The Road Map affords a unique opportunity for cooperation, coordination and communication among implementing and supporting partners. The national program started working more closely with all 11 regions of the country to establish regional ownership of the program which will foster wider participation and support local capacity development to ensure program implementation and sustainability. Implementation of ART services will fully be regionalized in COP06.

Other donors: The GFATM is the other major partner in ART program implementation in Ethiopia. PEPFAR Ethiopia and the GFATM will jointly support the national plan to implement ART in the 89 ART health networks in COP06. Support for infrastructure renovation and supplies, including drugs, will be provided by both partners based on roles and responsibilities clearly defined in a Memorandum of Understanding. Ethiopian North American Health Professionals Association in collaboration with Christian Children's Fund - Canada will be providing ART for 3,000 patients by COP06 and for an estimated 10,000 patients over the next five years. Other partners like Ratson and MSF will contribute on a smaller scale.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	89
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	52,500
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	88,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	80,000
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	4,290

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Association of State and Territorial AIDS Directors
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5636
Planned Funds:	<input type="text"/>
Activity Narrative:	Community Planning

This is an ongoing activity. It is linked to activities 5677 (Public Awareness on ART, 5678 Twinning Initiative and 5682 PLWHA.

One of the foremost concerns in the ART program is the ability of users to maintain nearly perfect adherence to a life-long treatment. In order to meet treatment goals, patients are required to achieve and maintain adherence rates of 90 to 95%.

In COP05, NASTAD worked with PEPFAR Ethiopia to develop "Community ART Strategy and Adherence Guidelines" to effectively involve community health workers, PLWHA, woreda and kebele HIV/AIDS committees, and community- and faith-based organizations in local, regional and national programs. Consensus among stakeholders was build through numerous discussion forums. Community planning materials were created and distributed to target groups. A train-the-trainer intervention was held for 25 HIV/AIDS program managers, community health workers, and representatives of community-based organizations.

In COP06, NASTAD's community ART adherence program will be expanded to all ART health networks. ART community strategies will be translated into two major local languages and 2,000 copies of the guidelines will be printed and distributed. A second train-the-trainer intervention will be scheduled for staff from MOH, ROH and HAPCO. Additional to this training, eleven others - one in each of the regions - will be conducted. In collaboration with the twinning initiative, students from higher institutions of learning will be trained and involved during their summer internships to assist in community ART program activities.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	69	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	245	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations

Key Legislative Issues

- Stigma and discrimination

Coverage Areas:

- National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5658
Planned Funds:
Activity Narrative: Technical Support for ART Scale-up

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

ITECH (University of Washington) will provide intensive technical support to a total of 25 hospital networks and six selected health centers in the Amhara, Tigray and Afar Regions (Operation Zone 1 for ART Regionalized Support). The technical support for the new sites will include initial site assessments and preparation visits, followed by ART practice set-up through close on site mentoring and monitoring of ART activities and regular follow-up visits. Site level ART practice setup will be a crucial intervention, as new sites with no prior ART experience will start providing ART. In order to assure enough human resources for this extensive on site follow-up, ITECH will accelerate certification of ART TOTs who will conduct on site preceptorship and follow-up. These TOTs will provide technical assistance to their own sites as well as other sites within the regions.

ITECH will provide technical assistance to the ART health networks in the three regions (Operation Zone 1) through ongoing faculty attachment to assure uninterrupted technical guidance. In addition to site level technical assistance, TOTs will be able to conduct basic ART training for the regions. These trainings will be given at regional level and followed up by intensive mentoring at the actual implementation sites. In COP06, 30 additional trainers will be trained and certified to meet the activities stated above. Training on basic and advanced ART training will be provided to 306 health providers (physicians, nurses and pharmacists) working the three regions. As part of the training package, on-site follow-up will also be conducted.

ITECH will continue to support site level ART implementation by hiring necessary staff, including case managers, to enable the sites to deliver ART services effectively. It will involve PLWHA in client counseling and enhancing treatment adherence. It will collaborate with International Twinning Center to expand on voluntary health care corps by recruiting retirees with experience in project management and by involving students during summer vacation. These will be deployed to strengthen human capacity at regional and site level. As a lead for training activities, ITECH will work with MOH and other universities to develop an incentive package, including remuneration based on measurable deliverables in order to reduce high turnover among the TOTs.

ITECH will support Gondar and Mekele Universities to enable them provide technical assistance to their respective RHBs and catchment health networks. The local universities will, in the long-term, takeover activities currently provided by external partners. As part of its continuation of the FY '05 plan, ITECH will set-up its second demonstration site at Gondar University. This center will be used to demonstrate the ideal ART practice setup and will be used as a venue for training and clinical preceptorship for health providers in the Amhara Region. This demonstration center will also include the structure of care beyond the hospitals for ART services.

In COP06, ITECH will provide assistance to Amhara, Tigray and Afar RHBs and help to translate their road maps to action plans. Such management support and training will

also be provided to the sites by training hospital network administration teams on ART program management. ITECH will also provide ongoing support to the national ART Program by supporting the national HIV/AIDS team on various ART program management issues. In COP06, a total of 600 persons will be trained on ART program management. Direct hires or short-term consultants on ART program management will be available to fill in national, regional and facility requests.

As the MOH plans to expand ART services to health centers in COP06, ITECH will work with the RHBs to strengthen linkages across the ART hospitals - health center networks in Operation Zone 1. It will link and collaborate with partners working at the health center and community level and provide technical support in the assessment of health center to ensure their readiness to deliver ART services. This will entail ensuring that health centers meet the minimum package for ART delivery at health centers level. Findings will guide identification and filling of gaps to enable health centers initiate ART services that match actual capacities.

At the national level, ITECH will take the lead in ART training related activities. This process involves in working closely with MOH, regions and other partners to standardize the curricula on comprehensive HIV, including ART for each discipline (MD, Nurses, Pharmacists and community health care workers). ITECH will assist MOH's effort to coordinate and monitor ART training activities and assure its integration into the national ART training plan. ITECH will also work closely with the universities to expand the ART content of the curricula of medical school and schools of pharmacy, nursing and laboratory technology. It will liaise with the Carter Center to support Health Officers training currently being provided on a large scale.

ITECH will support development of systems and tools to assure quality of ART training and knowledge transfer after training. The tools will be used to assess ART training activities conducted by partners, making sure that the minimum content, standard materials and duration are used and these trainings are integrated with national ART training plan. ITECH will also develop standardized providers' reference tools on ART. These include health providers' pocket guides, ART 3 x 5 cards, posters, ART SOP and ART patient resources. This national ART training approach will enable to standardize ART care delivery across all regions and provide a unified USG support to achieve the intended targets.

ITECH will assist the ART health networks in Operation Zone 1 to follow standardized clinical procedures and use of tools agreed upon by all partners providing technical support to the country. In its lead area of training, ITECH will coordinate developmental, planning, implementation and quality assurance activities. In the intensive nurse training initiative, ITECH will coordinate privation of other U.S. Universities in country as well as local universities. For both lead areas, ITECH will work with the Regions and the local universities to establish coordination and harmonization mechanisms within each and across all regions in Operation Zone 1. The technical assistance provided by ITECH and other U.S. universities in different regions (Operation Zones) and across the health networks will be coordinated through mechanisms that will be established and implemented by PEPFAR Ethiopia.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	31	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	15,750	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	27,869	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	25,082	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	273	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Afar

Amhara

Tigray

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5661
Planned Funds:
Activity Narrative: Technical Support for ART Scale-up

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Treatment of HIV/AIDS in adults and children will be the centerpiece of Columbia's activities in Ethiopia. Following Ethiopian national guidelines and standards and building on Columbia's experience providing care and treatment for HIV/AIDS in nine countries in sub-Saharan Africa, Columbia will support the development and expansion of hospital-based clinical programs providing ART in the setting of multidisciplinary family-focused care and treatment. Working at the national, regional, and facility levels, Columbia will assist the GOE to dramatically expand access to ART.

At the national level, Columbia will provide technical support in the areas of pediatric and family-centered HIV care and treatment. It will work closely with the National ART Program to ensure that the growing Ethiopian PMTCT program is closely linked to care and treatment services, and that the challenges of caring for pregnant women and their families are addressed at the national level. Columbia will contribute its extensive experience with treatment of HIV-positive infants and children to the proposed National Pediatric Treatment Working Group, assist with the expansion of national pediatric treatment guidelines, work to improve access to infant diagnostics, and work with partners to expand pediatric training materials. Columbia will also support establishment of two Pediatric Centers of Excellence that will enhance the ability of all partners to provide ART to infants and children.

At the regional level, Columbia will work in Oromiya, Dire Dawa, Harari, and Somali (Operation Zone 2). It will establish regional offices, partner with RHBs, and coordinate facility support activities. As one of its focus areas of support, Columbia will build the capacities of Jimma and Alemaya universities, two local universities in Operation Zone 2. These universities will be the hub for technical support to their respective regions and will takeover the responsibilities of providing technical assistance to the health networks in Operation Zone 2, thus providing opportunity for the external partners to exit smoothly.

At the facility level, Columbia will support ART services at 32 hospital networks in COP06. Specific activities will include programmatic and technical support including: coordination of training and quality improvement activities for clinicians, laboratorians, and pharmacists; provision of supportive supervision; enhancement of linkages with testing and counseling sites, antenatal care and PMTCT programs, TB clinics, and other entry points to care; and support for staff. On-site implementation assistance will include careful attention to strengthening systems of care, including medical records management, referrals, patient follow-up and adherence support, and HIV clinic management, involvement of PLWHA, hiring of case managers and other critically needs staff.

Clinical teams will also have access to the ongoing support provided by the Multicountry Columbia AntiRetroviral Program Clinical Unit, including monthly technical updates, newsletters, and answers to frequently asked questions. Programs with internet access such as Jimma University's will be able to utilize internet resources, including the Clinical Unit website and email case consultation service. Columbia will

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also provide on-site technical assistance with data management and monitoring and evaluation. Renovation and construction will be supported where needed. Focus areas of Columbia's facility-level support will include improving access to ART for pregnant HIV-positive women, children, and individuals with tuberculosis. TB/HIV activities will be prioritized and are described in detail elsewhere; Columbia will support establishment of a TB/HIV Center of Excellence at the TB hospital in Harari.

Columbia will assist the ART health networks in Operation Zone 2 to follow standardized clinical procedures and use of tools agreed upon by all partners providing technical support to the country. In its lead area of TB/HIV, Columbia link treatment and care services and will coordinate developmental, planning, implementation and quality assurance activities. Columbia will work with the Regions and the local universities to establish coordination and harmonization mechanisms within each and across all regions in Operation Zone 2. The technical assistance provided by Columbia and other U.S. universities in different regions (Operation Zones) and across the health networks will be coordinated through mechanisms that will be established and implemented by PEPFAR Ethiopia.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	32	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	8,630	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	28,768	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	25,891	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	285	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Key Legislative Issues

Twining

Coverage Areas

Dire Dawa

Hareri Hizb

Oromiya

Sumale (Somali)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5662
Planned Funds:
Activity Narrative: Pediatric Care and Treatment

For country level program management purposes, major activities for this prime partner within this program area have been separated.

The care and treatment of infants and children will be a focus area for Columbia's HIV/AIDS activities in Ethiopia. Building on Columbia's experience treating children and families with HIV/AIDS in nine sub-Saharan countries, Columbia will support activities to decrease the morbidity and mortality of infants born to HIV-positive women and of children with established HIV infection by maximizing interventions for prevention of mother-to-child transmission, enhancing care and treatment for HIV-exposed and -infected children, and engaging families in comprehensive HIV care and treatment.

Columbia's work has four program elements: (1) increasing availability of infant HIV diagnostics; (2) enhancing pediatric case finding and referral to care and treatment services; (3) ensuring comprehensive care and treatment services for HIV-exposed infants and for HIV-positive infants and children; and (4) increasing access to pediatric ART.

At the national level, Columbia will (1) assist the GOE to update and expand national policies, protocols, and guidelines on pediatric HIV, (2) assist the GOE to expand a national capacity-building plan for pediatric care and treatment, (3) assist in the design and development of a national training program for pediatric HIV care and treatment, (4) assist with the integration of pediatric monitoring and evaluation into existing care and treatment tracking systems, (5) provide technical input, as needed, with the establishment of a national system for infant diagnosis, (6) provide technical input, as needed, with the procurement of pediatric ARVs, and (7) develop and maintain a pediatric resource website that includes clinical and training materials, frequently asked questions, illustrative case studies, and technical updates.

At the regional level, Columbia will (1) support two pediatric model centers. These centers of excellence will provide care and treatment to HIV-exposed and HIV-positive infants and children. They will serve as regional training and consultation resources and as pilot sites for assessing the feasibility of routine infant diagnostics with dried blood spot testing; and (2) collaborate with Jimma and Alemaya Universities on pre-service HIV/AIDS curricula and in-service training initiatives to develop local capacity to train health care professionals and provide regional technical assistance.

Columbia will support pediatric care and treatment at 18 hospitals in Oromiya, Jimma, Dire Dawa, and Harari in COP06, strengthening services at facilities already providing pediatric ART and initiating or expanding preparatory activities at others. Columbia will also support preparatory activities at an additional 14 hospitals. At the facility level, Columbia will (1) assess lab services for pediatric diagnostics and design improvement plans, (2) establish and strengthen HIV testing at entry points to pediatric services (e.g., in-patient wards, PMTCT programs, hospital-based VCT programs, adult ART clinic, and under-five clinics), (3) provide and promote routine CD4 screening of pregnant HIV-positive women, (4) establish expedited initiations of treatment for ART-eligible pregnant women, (5) establish or strengthen referral mechanisms between ART clinic and entry points to pediatric services, (6) assess staff capacity for pediatric ART and provide targeted supplementary trainings, (7) provide specialized training and mentorship to one to two pediatric providers at designated sites that include site exchange visits and financial support for attendance at pediatric specialty

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trainings, (8) strengthen care services (including CTX prophylaxis, nutrition and growth monitoring, and parental counseling) for all HIV-exposed and HIV-positive children, (9) assess feasibility of co-located services for HIV-positive women and their children and of coordinated scheduling of appointments for mother, child, and other family members, (10) assess the feasibility of initiating pediatric support groups, and (11) continue ART for 885 children and treat 509 new children.

Two hospitals will receive additional funding for staff, infrastructure, and operating costs to establish pediatric model centers of excellence. Columbia will work closely with other U.S. universities operating in other regions of the country (Operation Zones 1, 3 and 4) to ensure that addressing the needs of children with HIV is a priority activity across the country.

Columbia will assist the ART health networks in Operation Zone 2 to follow standardized clinical procedures and use of pediatric tools as agreed upon by all partners providing technical support. Columbia will coordinate developmental, planning, implementation and quality assurance activities. Columbia will work with the regions and the local universities to establish coordination and harmonization mechanisms across all regions in Operation Zone 2. The technical assistance provided by Columbia and other U.S. universities in different regions and across the health networks will be coordinated through mechanisms that will be established by PEPFAR Ethiopia.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	89	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	5,000	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)	5,250	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	4,725	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	279	<input type="checkbox"/>

Target Populations:

HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Key Legislative Issues

Twining

Coverage Areas:

National

Populated Printable COP
Country: Ethiopia

Fiscal Year: 2006

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5664
Planned Funds:
Activity Narrative: *Technical Support for ART Scale-up*

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Under this project JHU will provide technical assistance to strengthen the implementation of comprehensive ART services as part of a continuum of HIV/AIDS care and treatment in Addis Ababa, Southern Nations, Nationalities and Peoples Region (SNNPR), Gambella and Benishangul Gumuz Regional States (Operation Zone 3). Assistance will focus primarily on training, supportive supervision, and quality assurance, with supplementary support in supplies and materials to all the hospitals implementing ART according in the four regions in Operation Zone 3.

JHU will work to strengthen the RHBs and support the hospitals to prepare them to begin the provision of free ART based on the Bureaus' timetables and PEPFAR Ethiopia's targets. The clinical, infrastructural, management and informatics needs of Ethiopian ART facilities in the four regions in Operation Zone 3 will be evaluated and the necessary plans ready so that they meet national standards. Assistance will be provided to support implementation of standard operating procedures.

JHU will support the implementation of a comprehensive HIV care model that will include palliative care and the complete preventive care package as well. VCT, STI, PMTCT and TB services on site will be strengthened to ensure standard procedures for patient referrals and flow from other providers to the ART clinics. Under the ART health network, the JHU program will work to establish and strengthen links between hospital services and PLWHA groups, different levels of health care facilities and communities through other PEPFAR Ethiopia partners working at these facilities. This will ensure patients access to and utilization of a comprehensive continuum of HIV/AIDS care and support.

JHU will assist Addis Ababa University, Debu University, and two local universities in Operation Zone 3 to establish and strengthen training and support units. It is envisioned that the regional training offices and their universities will form a consortium to eventually create a national ART training and support network that will provide expertise to assist regional and facility HIV working groups and ART service delivery in operation Zone 3. JHU's program would provide continuing medical education and advanced training on ART provision to develop a corps of clinical experts in the partner universities. A distance learning program to build on the basic ART trainings will be provided. This will be initiated in Addis Ababa with clinical conferences held to solve unexpected problems.

At the site level, training will focus on an integrated team approach to care. New sites starting ART will be provided with basic ART training according to national guidelines and curriculum including practical management skills. In COP06, ongoing training and supervision will be carried out to care teams at the twenty public hospitals and some private hospitals that are implementing ART. JHU will work with the university regional training and support unit to provide supportive supervision and mentoring services to hospitals implementing ART. A rotating corps of experts from JHU and diaspora groups such as the Ethiopian North American Health Professionals Association and their counterparts in other countries will travel to Ethiopia to provide

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on-site training and advice. Educational materials, including a pocket guide to HIV/AIDS care and ultimately, clinical management software for hand-held devices, will be developed, produced and shared with all partners.

As part of its human capacity development scheme JHU will collaborate with the International Twinning Center to recruit and deploy volunteers from among local retirees with experience in management and other beneficial expertise. Students too will be recruited to serve in the regions during their summer internships. PLWHA will be trained and assigned to assist at hospitals as case managers. Recent university graduates and others will be recruited to fill the ever-present staffing gaps.

JHU will work with MOH and other partners establish standardized HMIS that can be instituted at various levels. JHU will provide assistance to assure the quality of HIV/AIDS treatment through ongoing monitoring and performance evaluation of ART services. The data obtained from the monitoring and performance evaluation activities will be used to guide the implementation of quality improvement measures at participating hospitals. Performance on indicators will be measured on at least an annual basis. The regional committee and hospital teams will be trained on quality improvement methodology and on performance assessment. JHU experts in quality improvement will work with the regional committees and each facility to identify and address areas of potential improvement and the source of problems affecting the program. To the extent that performance measurement identifies gaps in knowledge or clinical performance by health care providers, direct or indirect assistance will be provided to address needs.

JHU will assist the ART health networks in Operation Zone 3 to follow standardized clinical procedures and use of tools providing technical support to the country. JHU will work with the regions and the local universities to establish coordination and harmonization mechanisms within each and across all regions in Operation Zone 3. The technical assistance provided by JHU, and other U.S. universities in different Operation Zones and across the ART health networks will be coordinated through a mechanism that will be created by PEPFAR Ethiopia.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	20	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	5,394	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	17,980	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	16,182	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Key Legislative Issues

Twining

Coverage Areas

Adis Abeba (Addis Ababa)

Binshangul Gumuz

Gambela Hizboch

Southern Nations, Nationalities and Peoples

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of California at San Diego
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5666
Planned Funds:
Activity Narrative: Military ART Support

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Ethiopian National Defense Force (ENDF), Police Force and the Ethiopian Ministries of National Defense and Health have committed to building in capacity to care and providing free ART for their members. An estimated 6,600 military members and dependants in the ENDF are infected with HIV, of which an estimated 30-50% of HIV-positive members potentially benefiting from immediate treatment, in accordance with national guidelines.

PEPFAR Ethiopia provides the ideal opportunity to build on an ongoing collaboration between ENDF and physicians at the University of California, San Diego. Projected major interventions with the ENDF and the police force will include (1) assessment of current capacity for clinical care, laboratory testing and nursing and pharmacy support of ART; (2) training and mentoring for clinical, laboratory and infection control personnel thru regular conferences in each facility or via videoconferencing with JHU and UCSD experts; (3) support for physical space and equipment and reagents; and (4) improvement in medical informatics for health data management and information systems.

To administer the program in Ethiopia, UCSD will hire local personnel for program administration and training, rent office space in conjunction, purchase a vehicle and hire a driver for transportation, set up an office with telecommunications and computer support. UCSD will establish regular telecommunications and in-country liaison with its military colleagues and university partners, train the staff and trainers, and begin regular assessments of the quality and quantity of therapy. UCSD will establish regular training, assessments and mentoring of military physicians, health officers, nurses, lab workers, and pharmacists who support HIV diagnosis and care (ART) thru both its own local staff and visiting UCSD experts. UCSD will start with the larger Addis Ababa hospitals - three Military and the one Police - and systematically expand to the regional military hospitals and police health clinics.

Overall the scope of assistance in collaboration between the NDFE and UCSD will focus on (1) ART deployment strategies, clinical, laboratory, and informatics capacity building, staff educational programs, and outcomes assessment; (2) protection of medical personnel from occupational exposures to HIV; and (3) laboratory enhancement of capacity for HIV- and ARV-related testing.

Expansion of ART deployment: UCSD will partner with the Defense University Medical College to build capacity thru on-site training and infrastructure development for management of HIV (including ART), TB, and STIs in a multidisciplinary model of HIV care. UCSD will assist in implementation and assessment of expanded ARV programs thru (1) planning; (2) logistical and resource support for communications, data management, and clinical infrastructure and equipment; and (3) didactic training and on site mentoring of health care workers.

Protection of medical personnel from occupational exposures to HIV: The risk of occupational exposures to blood borne pathogens (HIV and HCV) in HCWs is low, but significant threat to HCW willingness to provide HIV care in Ethiopia. The provision of PEP to HCW accidentally exposed to HIV-positive blood/body fluids, in the occupational setting, is crucial to creating and maintaining a safe and productive

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workplace. Avoidance of occupational exposure to infectious body fluids requires increased perception of risk and management systems for sharp objects (e.g. needles) among HCW as well as consistent adherence to precaution for all patients, regardless of their infection status. For exposed HCW, a program of post-exposure prophylaxis (PEP) with ART has been introduced at the major referral hospitals and will be expanded. Training and support for infections control and PEP will be strengthened and expanded.

Enhancement of HIV, STI, and mycobacterium laboratory capacity: Building up the laboratory capacity will require several stages. The first step will be to build the capacity and perform HIV monitoring at the major referral hospitals. PEFAR Ethiopia is providing the equipment and training to these hospitals for HIV diagnosis and monitoring.

Expanding capacity for ART will follow a phased approach, with the initial focus on three referral centers and the three other hospitals, followed by the two smaller regional hospitals and the division medical centers. UCSD will also take the lead to establish alliances between military and other public health services, supported by PEFAR Ethiopia. This will be initiated in specified military and police ART health networks.

UCSD will assist the ART health networks in Operation Zone 4 to follow standardized clinical procedures and use of tools, agreed upon by all partners, providing technical support to the country. In its lead area of training, military - civil alliance in ART delivery, UCSD will coordinate joint planning and implementation. UCSD will work with the military and policy health structure and the Defense University to establish a coordination mechanism to monitor alliance activities across the ART Operation Zones. The technical assistance provided by all U.S. universities to different regions (Operation Zones) will be coordinated through mechanisms that will be established and implemented by PEFAR Ethiopia.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)	6	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (Includes PMTCT+ sites)	5,000	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	5,394	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	4,855	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	115	<input type="checkbox"/>

Target Populations:

- Military personnel (Parent: Most at risk populations)
- Public health care workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Addis Ababa University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5670
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is a new activity.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Addis Ababa University (AAU), the oldest university in Ethiopia, is a major contributor of skilled health manpower development for the country. With assistance from PEPFAR Ethiopia, AAU is expanding its support to the national HIV/AIDS program, including ART services.

Through COP05 an array of HIV/AIDS-related activities was initiated by AAU including, trainings for health workers to help meet the high demand for personnel to implement HIV/AIDS, TB and STIs programs. Prevention activities for university students and staff linked to VCT services were initiated on several campuses. An inventory of HIV activities and a review of curricula and course syllabi were completed in COP05. This contributed to further mainstreaming HIV/AIDS training in graduate and undergraduate education at AAU. A database for clinical patient monitoring was established in the teaching hospital at the university.

In COP05, a HIV/AIDS Projects Support Office to coordinate HIV/AIDS-related activities was established. As anticipated, the office has become the focal point for HIV/AIDS for most of the colleges and departments of the university, including the Faculty of Medicine, School of Social Works, Institute of Developmental Research, Departments of Sociology and Social Anthropology, School of Law, Center for Research and Training for Women Development. Several advantages gained by the creation of this office was a unified university response that has supported AAU in becoming an important contributor to the national ART program.

During COP06, by building on a partnership with JHU, AAU will be expanding the HIV/AIDS Projects Support Office. Simultaneously AAU will be increasing its involvement with MOH in four major regions of the country (ART Operation Zone 3 - Addis Ababa Administrative Council, Southern Nations, Nationalities and Peoples Region, Gambella, and Benshagul Gumuz). AAU will strengthen its support of training and direct technical assistance to MOH and initiate pre-service trainings. In addition it will strengthen its management systems with an emphasis placed on the required activities presently provided by JHU.

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Emphasis Areas

Human Resources

% Of Effort

10 - 50

Local Organization Capacity Development

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy
(includes PMTCT+ sites)

8

Number of individuals newly initiating antiretroviral therapy during
the reporting period (includes PMTCT+ sites)

Number of individuals who ever received antiretroviral therapy by
the end of the reporting period (includes PMTCT+ sites)

Number of individuals receiving antiretroviral therapy at the end
of the reporting period (includes PMTCT+ sites)

Total number of health workers trained to deliver ART services,
according to national and/or international standards (includes
PMTCT+)

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (5 - 14 years)

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Adis Abeba (Addis Ababa)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Debu University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5671
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

This is an new activity.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Debu (South) University located in Awassa, the seat of the Southern National, Nationalities and Peoples Regions (SNNPR), is offering training in general medical practice (MDs), public health and a number of mid-level training courses for health professionals. It is currently the hub of public health education for SNNPR and the adjoining regions and participates in various activities of the RHB. Its teaching hospital is used as a referral facility for the heavily populated southern part of the country. As SNNPR is scaling-up its response to HIV/AIDS, Debu University has not adequately mainstreamed HIV/AIDS interventions into its strategic plan. As a result, HIV/AIDS activities are in the initial stage of implementation.

Through COP05 the university initiated a modest HIV/AIDS program and created the HIV/AIDS Affairs Unit with support staff provided by the Awassa College of Health Sciences. The unit has coordinated the university's activities. An association of the Anti-AIDS clubs was established by the student councils at all five branches of the university. Coordination of activities with the Gender Office at the University also commenced. The association has been evolving into a region-wide youth movement to support regional and national efforts by networking with other Ethiopian and overseas universities.

In COP06, PEPFAR Ethiopia partners will coordinate the university's HIV/AIDS activities and launch a program to develop its administration and management systems, in order to raise them to the standards needed to support the ART health networks to eventually assume management of PEPFAR Ethiopia activities. The university and its teaching hospital will work with the ART health networks delivering care and treatment services in ART operation zone 3. It will establish stronger relationships with the regional HAPCO, the RHB, and NGOs like Tilla (the regional association of PLWHA), as well as private sector institutions.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	13	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Southern Nations, Nationalities and Peoples

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Jimma University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5672
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Jimma University (JU), the first community-oriented educational institution of higher learning in Ethiopia, also contributes to the education of health sector personnel. Through COP05, the University's teaching hospital participated in the development and implementation of the national HIV/AIDS program. An array of HIV/AIDS activities were initiated by the hospital, including PMTCT and ART services that are supported by PEPFAR Ethiopia. It has been educating the health workers who will roll-out HIV/AIDS activities in Oromia.

In COP05, the University initiated HIV prevention activities for university students and staff, on different campuses and has scaled-up its ART services at the teaching hospital.

During COP06, PEPFAR Ethiopia will support the expansion of HIV/AIDS programs in Oromia and the adjoining regions in ART Operation Zone 2. ART services will be further developed. The University will use operational research, designed to the development of technical materials, for local use.

PEPFAR Ethiopia partners will coordinate the University's HIV/AIDS activities and launch a program to develop its administration and management systems in order to raise them to the standards required to support the ART health networks with the objective to assume management of PEPFAR Ethiopia activities in the future.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	16	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Oromiya

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Alemaya University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5673
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

In COP06, PEPFAR Ethiopia partners will coordinate the university's HIV/AIDS activities and launch a program to develop its administration and management systems, in order to raise them to the standards needed to support the ART health networks to eventually assume management of PEPFAR Ethiopia activities. The university and its teaching hospital will work with the ART health networks delivering care and treatment services in ART operation zone 3. It will establish stronger relationships with the regional HAPCO, the RHB, and NGOs like Tilla (the regional association of PLWHA), as well as private sector institutions.

PEPFAR Ethiopia partners will coordinate the University's HIV/AIDS activities and launch a program to develop its administration and management systems in order to raise them to the standards needed to support the ART health networks and to eventually assume management of PEPFAR Ethiopia activities.

Emphasis Areas

- Health Care Financing
- Local Organization Capacity Development

% Of Effort
 10 - 50
 51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	16	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

- Dire Dawa
- Hareri Hizb
- Oromiya

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Gondar University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5674
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Gondar University is located in north-west Ethiopia. The teaching hospital is a referral hospital providing health services to people coming from different areas within the Amhara and adjoining regions, where HIV/AIDS is most prevalent. The University has, in its strategic plan of COP04, identified HIV/AIDS as one of the major health and social threats.

In COP05 the university created a comprehensive set of HIV/AIDS programs, including activities in its teaching, research, management and community outreach departments.

During COP06, Gondar University will establish a HIV/AIDS coordination unit. With the support of PEPFAR Ethiopia partners, the University will (1) provide assistance to the RHB and the ART health networks in ART Operation Zone 1 (Amhara, Tigray and Afar Regions); (2) mainstream HIV/AIDS in the curricula of all faculties; (3) conduct baseline studies on the impact of HIV/AIDS on students, staff and other groups at the university; (4) strengthen the VCT services; and (5) confront stigma and discrimination, and their affects on the university community.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	17	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Amhara

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mekele University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5675
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

Mekele University located in Mekele Town, is a relatively new university and educates its students to become general medical doctors, nurses and public health specialists. The university works with the Tigray RHB to plan and implement numerous health programs in the region.

Through COP05, the University and its teaching hospitals initiated HIV/AIDS activities and services among the University community and clients seen at the hospitals. It began developing the requisite systems for implementing broad-based programs. Student and staff anti-AIDS clubs were strengthened and other prevention activities started.

In COP06, with PEPFAR Ethiopia support, the University, and its teaching hospitals, will strengthen its coordination, implementation, and monitoring capacity, and expand their activities to the ART health networks, delivering care and ART services in ART Operation Zone 1. It will work closer with the regional HAPCO office, RHB as well as NGOs, FBOs and private sector institutions.

PEPFAR Ethiopia partners will coordinate the University's HIV/AIDS activities and launch a program to develop its administration and management systems in order to raise them to the standards required to support the ART health networks with the objective to assume management of PEPFAR Ethiopia activities in the future.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	16	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Tigray

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Defense University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5676
Planned Funds:
Activity Narrative: HIV/AIDS ART Program Implementation Support

This is an ongoing activity.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

The Defense University, located in Addis Ababa, is the only institution of higher learning, educating the uniformed services on HIV/AIDS. The University, with its teaching hospital, is the major referral facility for the members of the uniformed services and as a result, has high patient loads.

In COP05, the teaching hospital became one of the 20 ART hospitals in the first cohort supported by PEPFAR Ethiopia. It developed a strategic plan to develop the required personnel resources and refined a management system to coordinate all HIV/AIDS activities. The efforts undertaken to coordinate activities with AAU were very successful resulting in shared training, research and treatment activities.

During COP06, with support from the Defense University, PEPFAR Ethiopia will build on established partnerships within military ART health networks in Operation Zone 4 to deliver care and ART services. In conjunction with MOH, HAPCO, and the RHB the ART health network will be strengthened and technical support to each facility will be expanded.

PEPFAR Ethiopia partners will coordinate the University's HIV/AIDS activities and launch a program to develop its administration and management systems in order to raise them to the standards required to support the ART health networks with the objective to assume management of PEPFAR Ethiopia activities in the future.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	6	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

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Target Populations:

Military personnel (Parent: Most at risk populations)
 Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5677
Planned Funds:
Activity Narrative: Public Awareness on ART

This is an ongoing activity.

PEPFAR Ethiopia and its partners have successfully initiated collaborations that result in mass media public awareness campaigns about prevention and other aspects of HIV/AIDS programs.

In COP06 ART, one of PEPFAR Ethiopia's core activities, will undergo rapid scale up. Media campaigns and other forms of promoting public awareness will be launched and evaluated throughout the country. The objective will be to enhance demand and increase uptake of ART services in urban and rural settings.

The Walta Information Center and the AIDS Resource Center will be charged with development and dissemination of the ART campaign and with following the "ART Communication Strategy Guidelines." When appropriate, experience gained from previous general awareness campaigns will be used to help guide the development of new campaigns.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)	89	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- Most at risk populations
- People living with HIV/AIDS
- Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Twinning Center
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5678
Planned Funds:
Activity Narrative: Twinning Initiative

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

During COP05, PEPFAR Ethiopia completed preliminary efforts to initiate twinning between Ethiopian organizations, with counterparts in the U.S, as a tool for building human and organizational capacity. At the same time, PEPFAR Ethiopia partners were working closely with the AIDS Resource Center (ARC) to strengthen the community AIDS hotline services and recognized the need for a hotline that will provide technical information to health care providers.

In COP06, PEPFAR Ethiopia will initiate twinning and voluntary service initiatives through the International Twinning Center. The initial focus will be to recruit Ethiopian health professional in the Diaspora and affiliated with U.S. - and Israeli universities to render services in an expedited manner.

To reach the targeted health professionals efficiently, utilization of the worldwide web will be maximized. Announcements by ART clinics seeking extra physicians, nurses, pharmacists or other health workers; orientation and training schedules for visiting professionals; and training materials posted to a website for fast access and revision. This online approach will be augmented by using U.S. universities to recruit retired professors and clinicians as well as university students. A program designed to recruit infectious diseases residents and fellows will also be launched. Health care professionals in Ethiopia and the U.S. will be offered opportunities to train and work in a HIV/AIDS program in the other country.

Collaboration between ARC, the International Twinning Center and PEPFAR Ethiopia partners will lay the foundation for a health care provider telephonic consultation service, Communication specialists in the U.S., with particular experience in developing and operating both telephonic and online assistance services, will be targeted.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	89	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
Private health care workers

Key Legislative Issues

Twinning

Volunteers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of Washington
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5680
Planned Funds:
Activity Narrative: Intensive Nurse Education Initiative

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is a new activity. This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

The shortage of qualified health care professionals in Ethiopia has been cited several times in this COP06 as the justification for an activity.

In COP05, ITECH developed a three-pronged strategy for addressing the critical shortage of nurses. To increase the number of Ethiopian nurses, (1) the Ethiopian Nursing Association's (ENA) standing must be improved in order for it to provide effective leadership for and advocacy on behalf of nurses, (2) the position of Advanced Registered Nurse Practitioners (ARNP) to staff health centers and independently prescribe ARVs must be created, and (3) a certification program for ART nurses who are members of the multidisciplinary teams must be developed to advance nurse's technical knowledge and improve their professional credentials.

In COP06, support to ENA, universities, schools of nursing, and federal and regional hospitals will be expanded to take advantage of every opportunity to address the nurses shortage through the ITECH strategy.

ENA will be assisted to network with international associations to broaden understanding of the roles of nurses, members of ENA will be provided with the opportunity to travel and learn state-of-the-science patient care practices. The capacity of the ENA office will be developed while simultaneously it will be re-positioned to provide leadership and advocacy services and the national level.

ITECH will educate registered nurses to become ARNPs. It will help in the development textbooks and reference resources for the schools. ITECH international nurse trainers will be responsible for pre- and post-graduation clinical mentoring of the ARNPs.

Finally, ITECH will work with MOH and other PEPFAR Ethiopia partners to create a national health worker registry and information system (modeled on the one being used in Kenya) to track critically important information about nurses and other health workers such as their initial and continuing education, recruitment, and employment patterns.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	256	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	256	<input type="checkbox"/>

Target Populations:

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5681
Planned Funds:
Activity Narrative: ART Integrated Services Strengthening

This activity is linked to sections TB/HIV, Palliative Care and ART Services.

Fully integrated under the BERHAN mechanism, the utilization of IMAI builds the capacity for decentralized ART services, including chronic disease management, within the ART health network. It further strengthens the ART health network by focusing at the health center level while coordinating training efforts with PEPFAR Ethiopia universities at the hospital level. ART satellite health centers have been selected by RHBs based on several important factors (1) forecasted patient load for the network, (2) geographical accessibility to patients, (3) availability of health officers, (4) population density in the catchment areas, (5) capability to initiate ART in future scale-up, and (6) demonstrated leadership to carryout the activities. 267 satellite health centers have been selected as the initial implementers of the IMAI service integrated model. All sites selected in the 11 regions are designated feeder sites to ART hospitals.

At each health center, a multidisciplinary "HIV Clinical Care Team" will be selected for initial training. Each team will include doctors/health officers, nurses, counselors, case managers, card clerks and pharmacy technicians. In collaboration with BERHAN, in each region a cadre of master trainers and facilitators will be identified to train neighboring health networks. The WHO will work with RHBs to ensure the coordination, quality and required core competencies of the trainings are of the highest standards. The total number of health workers trained will be as follows:

267 - Health Centers
 1 - doctor or health officer
 2 - nurses
 1 - case manager
 3 - counselors (2-VCT and 1-TB)
 1 - pharmacy technician
 1 - card clerk
 Staff trained at health center level: 2,473

The Care Team training will be based on the MOH standardized training package that incorporates IMAI, ITECH and Columbia training materials, which have been previously reviewed and adapted in a process involving representatives of WHO, FMOH, PEPFAR Ethiopia partners, universities and NGOs. Over the course of two-weeks, each HIV Clinical Care Team will be trained in chronic HIV care, ART, OI management and prophylaxis, adherence counseling, clinician-initiated testing and counseling, patient monitoring for clinical teams, pediatric OI/ART management, and TB-HIV co-management. Participants will be separated by cadre into small groups of no more than 15 and receive training appropriate to their level and responsibilities on the Care Team. Training methods include classroom exercises, simulated standardized cases ("expert patients"), and inpatient/outpatient clinical practice.

Training sites will be set up in each region and will run continuously for ten weeks; more than one site may be necessary in larger regions. Each site will be able to accommodate approximately 100 trainees in one, two-week training cycle. Such capacity enables one training cycle to engage Care Teams at 14 satellite health centers. ART training activities will be linked to BERHAN and coordinated with the universities in the selected regions.

To build regional capacity to conduct HIV-related training, approximately ten master

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trainers per training site will be selected from government and university health facilities, and will be supervised during at least two cycles by experienced International trainers. These local master trainers will continue under BERHAN to train additional health workers in neighboring networks during the remainder of 2006. This will compensate for health worker turnover and expand the number of facilities providing integrated HIV services.

Patients diagnosed with HIV at one of the satellite health centers will be managed by the facility's HIV Clinical Care Team. Services will include education and counseling, management and prophylaxis of OI, and referral to the hub hospital's ART program. All Care Teams will manage TB-HIV co-infection (in coordination with the TB clinic) and pediatric cases, including pediatric ARV's, when appropriate. Care Teams will refer complicated cases to the hospital within the ART health network.

Care teams will be supervised by a coordinator at the woreda level, and receive on-going clinical mentoring. Both these activities are described under BERHAN.

Emphasis Areas

Local Organization Capacity Development
Training

% Of Effort

10 - 50
51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing antiretroviral therapy
(includes PMTCT+ sites)

Number of individuals newly initiating antiretroviral therapy during
the reporting period (includes PMTCT+ sites)

Number of individuals who ever received antiretroviral therapy by
the end of the reporting period (includes PMTCT+ sites)

Number of individuals receiving antiretroviral therapy at the end
of the reporting period (includes PMTCT+ sites)

Total number of health workers trained to deliver ART services,
according to national and/or International standards (includes
PMTCT+)

2,473

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5682
Planned Funds:
Activity Narrative: Involvement of PLWHA in Treatment and Care

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity is linked to activities implemented by U.S. and local universities, 5678 Twinning Initiative (ART Services), 5680 Intensive Nurse Training Initiative (ART Services) and 5682 PLWHA (ART Services).

An important feature of the social and organizational response to the HIV epidemic in Ethiopia has been the growth of self-defined community and associations of people living with HIV/AIDS. In 2004, there were two national and 16 regional/local associations representing PLWHA, their families and dependents. PEPFAR Ethiopia supported the establishment a consortium representing these associations that operate in different regions of the country. The consortium is officially registered under the name 'umbrella' and is currently strengthening itself by facilitating establishment of additional regional/local member associations. Umbrella is representing PLWHA in key national and Regional HIV/AIDS working Groups and, by end of COPOS, it will be well positioned to scale-up its scope of activities to include coordination and support to PLWHA involvement in provision of services, largely through Mekdim's (a lead PLWHA Association) cooperative agreement with PEPFAR Ethiopia.

In COPO6, PEPFAR Ethiopia will formalize and strengthen its support to Umbrella through a continued cooperative agreement with Mekdim Ethiopia. The project will strengthen the capacity of Umbrella and member associations of Ethiopian PLWHA in the provision of treatment linked to care and support that the country will be implementing through the health networks of 89 hospitals and 267 health centers. Project activities will include (1) advocacy on PLWHA right and demand creation for treatment linked to care and support; (2) strengthen peer support system to improve adherence to treatment and care; (3) involve PLWHA in the delivery of treatment, care and support as a continuum in the health networks; and (4) assist PLWHA, including by facilitating provision of supportive and preventive counseling, and social and material support.

The collaborative initiative fostered through the cooperative agreement will profoundly broaden the focus and activities of the PLWHA Umbrella organization and member national and regional PLWHA associations. The initiative will enable the Umbrella network and member associations to strengthen their capacity in advocacy, provision of care and support, and the technical capability of the associations at all level. It will strengthen networking between the associations and partners and stakeholders, including U.S. Universities, Local Universities, BERHAN, RHBS, and ART health networks. It will facilitate the involvement of PLWHA in ART related activities along with PEPFAR Ethiopia and local partners operating in different regions of the country and take intensive work against stigma and discrimination.

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	351	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	702	<input type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Addis Ababa University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA1 account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5683
Planned Funds:
Activity Narrative: User Support Center for ART Service Outlets

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This activity would support the implementation of a "call center" for ART service outlets. Based on commercial "call center" software, it would allow service outlets, be they hospitals, clinics, or other service facilities, to access technical support at a single point, either by telephone or email. The system would route the request to the appropriate organization/person for resolution. In addition to providing an efficient means for service providers to receive support, this system would also allow PEPFAR Ethiopia to accurately track issues that arise during the rapid scale-up process and use this information to better inform the development and implementation of the ART service delivery model.

The call center addresses an urgent need of treatment and care providers by providing immediate responses to problems and constraints encountered while providing ART services. There has been frequent call in all directions in the last two years, particularly after January 2004, when the free ART program was launched. Often times providers have not been able to get a response as the calls have not been reaching the right target(s) with the right source of information and management or capacity to provide satisfactory response. There has been a source of frustration for providers who have been challenged with a number of implementation problems, particularly in regional health delivery outlets. Creation of a user friendly center, that will adequately address the problem, will support the PEPFAR Ethiopia implementation activities.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	89	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	15	<input type="checkbox"/>

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5684
Planned Funds:
Activity Narrative: Introduce Pre-Service Training Medical and Nursing School

In-service training is the only tool to train the providers who are already deployed and working in the health care system. By ensuring that medical and nursing students graduate already possessing basic knowledge and skills in HIV/AIDS, strengthening pre-service education (i.e. integrating essential HIV/AIDS content into physician and nurse training) has the potential to reduce the need for in-service training in HIV/AIDS for knowledge and skills, thus saving the country valuable resources currently spent on in-service training. During COP06, JHPIEGO will work with MOH, MOE, and key institutions responsible for updating the undergraduate curriculum for medical and nursing students to assess the current content, identify the needs for updating curriculum, and obtain major stakeholders' consensus on the process of strengthening curricula. In addition, JHPIEGO will work with in-country partners and international partners in Ethiopia to identify the major content areas for curriculum strengthening. Taking the lead in the process, JHPIEGO will work with other partners to ensure technical input for content areas like PMTCT, VCT, ART, OIs and laboratory procedures. JHPIEGO will use a phased approach that focuses in COP06 on three universities (targeting both the medical and nursing school), and then expands to the remaining schools after COP06. JHPIEGO will implement the following steps in COP06 (1) implementation of needs assessment, (2) disseminate the result of needs assessment among stakeholders, (3) integration of standardized, competency-based training materials on specific HIV/AIDS content areas into the school curriculum, (4) provision of essential training materials, including anatomic models, (5) strengthening the knowledge and skills of faculty and teachers (clinical knowledge and skills, as well as teaching skills), (6) strengthening the knowledge and skills of clinical trainers who received students during internships and practical training at clinical sites, (7) reinforcing service sites used for clinical practice, and (8) stakeholder buy-in and involvement throughout the process.

Following will be achieved at the end of COP06 (1) core team for curriculum strengthening is established, (2) Preservice Curriculum Strengthening Needs Assessment completed and results shared among key stakeholders, (3) key faculty members and clinical training responsible for practical training of students get their knowledge and skills related to HIV/AIDS and their teaching skills standardized, and (4) three universities receive essential training equipment.

Emphasis Areas

Local Organization Capacity Development

% Of Effort

10 - 50

Training

51 - 100

Populated Printable COP

Country: Ethiopia

Fiscal Year: 2006

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>
# of local organizations provided with technical assistance for HIV-related institutional capacity building	27	<input type="checkbox"/>
# of individuals trained in HIV-related institutional capacity building	410	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5685
Planned Funds:
Activity Narrative: Clinically-focused Record Systems

For country level program management purposes, major activities for this prime partner within this program area have been separated.

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

Support will be provided to develop and implement standardized protocols and tools to collect data in a sample of HIV-positive patients put on ART in the seven university hospital-based networks systems established through PEPFAR Ethiopia. The networks will include the universities and their affiliated hospitals and health centers. The monitoring and evaluation of a 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. The project will also be helping to facilitate operational research and scientific inquiry that will help to refine national and international implementation strategies for ART program.

This part of the activity will improve case management of treatment services at the university hospitals and will enhance the capacity of these universities to provide technical assistance and training to clinicians, residents, and medical students in support of the overall service provision under the PEPFAR Ethiopia 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.

Also under this activity, JHU will help build the capacity of health care and service providers and regional health authorities to record, store and share information to support provision of appropriate services to individual HIV patients and their families, across the continuum of care. These information systems will be flexible, adaptable, and compatible with a variety of health care information systems in use in the country, and will support program monitoring and evaluation. Some information is likely to be collected, stored and transferred in paper form and other information in electronic form.

This activity will support the initiative the MOH HMIS and monitoring and evaluation Advisory Committee has commissioned to reform the current HMIS system. JHU's team of healthcare informatics experts will provide expert technical input in developing a data model for HIV care, and will work with the CDC informatics group and the national committee in articulating a strategy of developing an infrastructure and installation of electronic health records (EHR) for the purpose of supporting the longitudinal care needed to combat HIV over the long term. When an electronic patient record system for HIV care (or for overall hospital care) is developed, the JHU team will provide guidance on its implementation nationwide as well as on-site technical support and training for the hospitals in its four regions.

Emphasis Areas

% Of Effort

Strategic Information (M&E, IT, Reporting)

51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>
# of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
# of individuals trained in HIV-related institutional capacity building	8	<input type="checkbox"/>
# of individuals trained in strategic information	250	<input type="checkbox"/>
# of local organizations provided technical assistance for SI activities		<input checked="" type="checkbox"/>

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5687
Planned Funds:
Activity Narrative: ITC Support for ART Sites

For country level program management purposes, major activities for this prime partner within this program area have been separated.

The GOE continues 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. The availability of this backbone will allow use of tele-health and distance learning technologies to directly support improved quality of care throughout the healthcare sector.

In order to leverage this telecommunication technology, this activity will support the implementation of appropriate infrastructure at the national, regional and woreda levels. The creation of a central MOH network infrastructure is well underway and will be completed in 2005. As an extension of this earlier activity, this project will provide the following:

At three of the partner universities (AAU, Jimma and Defense) technology learning centers will be created. These centers will have a networked classroom facility that will support up to 30 students, each at individual computers. The classroom system will also have internet connectivity that will support distance-learning applications for both individuals and groups. In addition, each of these three sites will have a smaller video-conferencing center to support conferences and tele-consultation.

The remaining four universities will each have a technology assisted learning center capable of supporting five users at a time as well as a video-conferencing center similar to the one described above.

Each of the twenty PEPFAR Ethiopia ART sites will be provided with a technology assisted learning center equipped with two computers, each with desktop video-conferencing capability.

All of these sites will be connected via the GOE high-speed backbone.

In addition to providing the technology backbone, this activity will also develop and deploy on a pilot basis several tele-health applications. This sub-activity will be a collaborative effort between PEPFAR Ethiopia and the U.S. Army Telemedicine and Advanced Technologies Research Center (TATRC) using TATRC provided non-PEPFAR funds. Initial applications will focus on tele-consultation, surveillance, and patient referral.

Emphasis Areas

% Of Effort

Strategic Information (M&E, IT, Reporting)

51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>
# of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
# of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
# of individuals trained in strategic information	60	<input type="checkbox"/>
# of local organizations provided technical assistance for SI activities	27	<input type="checkbox"/>

Target Populations:

Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: *
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5688
Planned Funds:
Activity Narrative: Linking Pediatric Clients to Treatment

Based on presentations at the 2005 PEPFAR Field Conference, PEPFAR Ethiopia is now more aware that the vulnerability of children commences much earlier than has been recognized previously. The impact of a parent's illness, long before they are eligible for ART, may result in decreased household income and their need for care, both of which could affect a child's ability to continue in school, availability of food in the household and social isolation due to the high level of stigma associated with HIV and AIDS. Due to increased death rates among adults of reproductive age, the long appreciated Ethiopian traditional system of family members stepping in to care for orphans is declining. Children living with care givers, experience many negative changes in their lives and can start to suffer in many areas including neglect long before the death of the parent(s); distress and emotional trauma following the death of a parent; difficulty to accessing food, shelter, health, clothing and education; responsibility for their siblings; social isolation due to stigma resulting in denied accessing to school, health care and even socialization with other children; inability to benefit from their inheritance and property. For children who lost their parent(s) due to AIDS, many of them can be presumed to be HIV-positive leading them to greater stigma, reducing their future opportunities, and affecting their access to health care.

OVC programs in Ethiopia to date focus on the basic needs of OVC. Most organizations provide school kits including uniforms, book packs, and school supplies to enable them to go to and stay in school; skills training; psychosocial counseling; legal aid to protect property rights and protection from abuse; stigma reduction; training of caregivers of PLWHA, including older children to care for their ill parents, relatives, or friends; and collaboration with existing idirs and other traditional benevolent associations in managing care in their communities. There is little explicit recognition that OVC, in particular, are in need of screening for pediatric ART.

Ethiopia has an estimated 4.2 million OVC, with more than 500,000 orphaned due to of AIDS. The national IMR and CMR of 97 and 144 respectively demonstrate the high vulnerability for most children throughout the country. Given such overall fragility of children, PEPFAR Ethiopia proposes to solicit a new partner, an indigenous grassroots NGO, to provide community and family level identification of children in vulnerable circumstances specifically as a result of their parent(s) illness and, in particular, sick children from households affected by HIV and AIDS.

Although ART pediatric services have not been given sufficient recognition in the preceding PEPFAR Ethiopia COPs, they are now recognized as a critical service to be provided. It is with this understanding that the selection of a grassroots organization is key; the NGO will not provide services; rather, because of its close ties with communities it will identify children in vulnerable situations and households with a high probability of HIV and AIDS and refer them to organizations providing OVC services and to ART hospitals for HIV screening. The nascent pediatric ART experience in Ethiopia and the COP06 Country Operational Plan target for pediatric patients calls for innovation and targeted outreach. The ability of PEPFAR Ethiopia to rapidly scale up pediatric treatment will require active case finding at the household level through the communities in which the children reside.

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Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	570	<input type="checkbox"/>
# of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
# of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
# of individuals trained in strategic information		<input checked="" type="checkbox"/>
# of local organizations provided technical assistance for SI activities		<input checked="" type="checkbox"/>

Target Populations:

Orphans and vulnerable children

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5806
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance that is provided to partners by PEPFAR. The represents the salary costs for CDC technical staff.

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Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Host country government workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
 Budget Code: HLAB
 Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

Laboratory services support activities at all levels of the ART health network. Laboratory personnel are an integral component of the clinical service team. Consistent provision of high quality laboratory services is essential for the delivery of health services. Quality laboratory information requires knowledgeable personnel, equipment and supplies.

During COP05, to implement national standards for training to support HIV/AIDS treatment care and prevention, standardized curricula for in-service training on chemistry, hematology, CD4, laboratory quality systems was developed. More than 400 laboratory technicians, technologists, supervisors and directors were trained in HIV, TB, STI and malaria, laboratory quality systems, and laboratory monitoring (chemistry, hematology and CD4 count) of ART.

Essential laboratory equipment (chemistry, hematology, FACS-Count machines and accessories), for supporting diagnosis and ARV monitoring was installed in 25 ART hospitals. In addition, major equipment and supplies were procured for 63 other ART hospitals through the GFATM. PEPFAR Ethiopia provided technical assistance for this procurement. A variety of HIV-related laboratory standards were evaluated and implemented. Laboratory requisition, documentation and reporting forms were standardized. HIV infant diagnosis was established at the National HIV/AIDS Laboratory and the laboratory has been renovated and furnished with essential equipment. Procedures for HIV pro-viral DNA PCR detection from dried blood spots were established at national and regional referral hubs.

PEPFAR Ethiopia has supported national HIV surveillance, strengthening clinical laboratory services, and the initiation of public health laboratory systems and the formation of an Ethiopian public health laboratory association.

In COP06, PEPFAR Ethiopia will also support and coordinate all laboratory trainings, external quality assessment (EQA) and site supervision at all 89 ART health networks and 205 additional PEPFAR-supported VCT sites. A total of 350 laboratory professionals will be trained on HIV rapid testing, diagnosis of opportunistic infections, laboratory monitoring of ART and laboratory quality systems.

The organizational and physical infrastructure, procurement systems, availability of materials, supplies, and equipment and the availability of trained staff are all limited. There is a need to strengthen quality assurance program at all levels, from regional, district to health center laboratories. PEPFAR Ethiopia with the MOH will work to strengthen the regional and hospital laboratories to increase the capability and capacity to support new efforts towards care and treatment and scale up of ART. Renovation of VCT, clinic and laboratory at ART hospitals and regional Reference Laboratories are supported and will be completed by end of 2006.

The National HIV/AIDS Laboratory will support quality assurance program, support complex diagnosis including drug resistance monitoring, laboratory management and information system, and networking with regional and hospital laboratories. Tiered, quality-assured laboratory network will be strengthened. Such systems also provide an efficient mechanism for referral of complex testing and validation of new technologies or testing algorithms. The identification of local referral networks has an immediate impact on efforts to expand ART programs. The local networks will act as surrogates for a national program among neighboring facilities and can act jointly to establish common standards of practice.

PEPFAR Ethiopia is supporting laboratory-based targeted evaluation of laboratory diagnosis and disease monitoring including biotyping, HIV drug resistance threshold surveys, and validation of diagnostic tools. To improve the performance of laboratory services, laboratory monitoring and evaluation tools have been established and will be further strengthened.

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Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	89
Number of individuals trained in the provision of lab-related activities	497
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,160,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ethiopian Health and Nutrition Research Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5610
Planned Funds:
Activity Narrative: Laboratory Quality Assurance

Ethiopian Health and Nutrition Research Institute (EHNRI) in collaboration with PEPFAR Ethiopia have been engaged in the National Surveillance activities of HIV, STI, drug resistance monitoring and targeted evaluation. As part of improving the laboratory infrastructure, the National HIV/AIDS Laboratory has been renovated and furnished. The renovated laboratory is expected to serve a National Center of Excellence and will play a major role for implementing National Quality Assurance Program, complex diagnoses, drug resistance, and targeted evaluations.

EHNRI will focus on the continuation of COP05 planned activities to support regional and hospital laboratories in the area of HIV, TB, STI, and other OIs diagnosis. The National HIV/AIDS Laboratory of the Institute will provide referral diagnostic services including, infant diagnosis, and microbial culture and drug resistance testing including TB and HIV to regional and district laboratories. Supportive supervision will be given to Regional Laboratories and referral hospitals. In collaboration with other partners, the Institute will be involved in supporting training of laboratory personnel on laboratory HIV diagnosis, monitoring of ARV, laboratory equipment maintenance and laboratory quality system. EHNRI will provide the National leadership in strategic policies, guidelines, integrated services and testing, EHNRI will ensure the implementation of Quality Assurance: EQA services to Regional and sub-Regional Laboratories and tertiary level hospitals including proficiency testing and observed performance.

The Institute will be involved in laboratory based targeted monitoring of laboratory diagnosis and disease monitoring including evaluation on laboratory diagnostic technologies.

EHNRI will also support strengthening of tiered, quality-assured laboratory network. Clear lines of supervision and responsibilities over quality assurance programs will be established within these local networks. The Institute will provide laboratory trainings, guidance, and technical support including QA/QC to Regional Reference laboratories, Tertiary and regional hospital laboratories. Regional Reference Laboratories will support hospitals, health centers and VCT in their respective and adjoining regions. EHNRI will subcontract with five Regional Reference Laboratories and assign 50% of the total budget to them: Adama Regional Reference Laboratory (12.5%), Bahir Dar Regional Reference Laboratory (12.5%), Awassa Regional Reference Laboratory ((10%), Mekele Regional Reference Laboratory (7.5%) and Addis Ababa Regional Reference Laboratory (7.5%). With the support of EHNRI, the Regional Laboratories will support complex tests that are not provided by hospital laboratories, training, supportive supervisions, and quality assurance improvement at hospital, health centers and VCT centers. The Regional Laboratories will provide EQA services to hospital, health center and VCT laboratories including proficiency testing and observed performance.

The Regional Laboratories will be responsible in providing technical assistance including periodic site monitoring of laboratories, on-site training of laboratory technicians on HIV diagnosis and ART monitoring. The Regional Laboratories will ensure the implementation of laboratory quality systems. The five laboratories will report the activities to EHNRI at a regular time interval.

The Regional Laboratories will also work closely with MSH and Private Contractors to ensure constant supply of test kits and reagents, and integrated laboratory services are provided at hospitals, health centers and stand-alone VCT centers.

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Emphasis Areas

% Of Effort

Local Organization Capacity Development

10 - 50

Quality Assurance and Supportive Supervision

51 - 100

Training

10 - 50

Targets

Target

Target Value

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

89

Number of individuals trained in the provision of lab-related activities

360

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

5,500

Number of individuals trained in strategic information (includes monitoring and evaluation, surveillance, and/or HMIS)

of local organizations provided with technical assistance for strategic information activities

Target Populations:

Laboratory workers (Parent: Public health care workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ethiopian Public Health Association
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5612
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 assist in the development and implementation of laboratory policy in the country. EPHA will assist in information, education communication including curriculum development in pre-service training of laboratory professionals in laboratory management, quality systems, biosafety and job aids.

EPHA will continue supporting the newly formed Ethiopian public Health Laboratory Association (EPHLA) in local organization capacity development, continuing laboratory education, workplace HIV/AIDS intervention, and update on public health laboratory policy guidelines, publications and meetings.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
 Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Society of Clinical Pathology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5613
Planned Funds:
Activity Narrative: Standardization of Clinical Laboratory Services

The American Society for Clinical Pathology (ASCP) will provide technical assistance in standardizing clinical laboratory services at ART hospitals. ASCP will assist in curriculum development for training of laboratory professionals in monitoring of antiretroviral therapy, i.e., chemistry, hematology and CD4 count.

ASCP will assist in updating standard operating procedures (SOPs) of clinical chemistry, hematology, CD4 count, laboratory operations and QA/QC program. ASCP will facilitate the "Training of Trainers" of senior laboratory technologists from across Ethiopia who are monitoring therapy by analyzing specific chemistry and hematology analyzer, as well as measuring CD4 counts. Curriculum for laboratory management will be developed and TOT training provided to laboratory directors and supervisors. ASCP will assign technical expert for two to three months who will work with local institutions in improving clinical laboratory management including specimen management, quality control, equipment management and document and records in all clinical laboratories.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	0	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5614
Planned Funds:
Activity Narrative: Laboratory Policy Development

The Association of Public Health Laboratories (APHL) will provide technical assistance to MOH, MOD, EHNRI, and five Regional Reference Laboratories in strengthening Public Health Laboratory System, at National and Regional levels. APHL will support training of laboratory supervisors, and directors in quality system improvement.

APHL will assist the strengthening of local laboratory professional association including development of strategic planning continuing educations.

APHL will assign technical expert for two to three months who will work with the national and regional reference laboratories in strengthening National Quality Assurance Program, laboratory networking and development of laboratory information systems for the reference laboratory network systems to support National ART program. APHL will support in strengthening of tiered, quality-assured laboratory network that include policy, strategic planning, integrated services and testing from national, regional, district to health center levels.

APHL will technically assist in developing curricula for short-term training of laboratory personnel on equipment maintenance, Laboratory Management and Laboratory Information System (LMIS). APHL will support program implementation by providing support in, laboratory management, quality assessment and quality control, development of guidelines, certification accreditation clinical laboratories.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	0	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5628
Planned Funds:
Activity Narrative: Laboratory Infrastructure

For country level program management purposes, major activities for this prime partner within this program area have been separated.

Laboratory infrastructures for diagnosis of different diseases are under-developed in Ethiopia. Most regional and hospital laboratories have limited facilities to meet existing demands for diagnosis, monitoring and surveillance of HIV, TB, STIs, Malaria and other OIs. PEPFAR Ethiopia, along with partners is working to strengthen the clinical laboratories to increase the capability and capacity to support new efforts towards care and treatment and scale up of ART. PEPFAR Ethiopia has supported the renovation for National HIV/AIDS Laboratory at EHNRI and Regional Reference Laboratories to support ART program

Renovation works already started will be completed at ten hospitals and three regional laboratories. Renovation and furnishing will be done at additional 15 hospital and 2 regional reference laboratories.

PEPFAR Ethiopia will support the National HIV/AIDS Laboratory at EHNRI in complex diagnosis (microbial culture and drug resistance testing) in external quality assessment (EQA), laboratory management and information system, and networking with regional and hospital laboratories. CDC will also support the National HIV/AIDS Laboratory to focus on setting up standards including, policy development, Quality assurance program, SOPs, complex tests, training of trainers. As a continuation of COP05, PEPFAR Ethiopia will support the National HIV/AIDS laboratory in monitoring of ARV therapy including HIV and TB drug resistance monitoring, HIV infant diagnosis, EQA services, strengthening laboratory information system and networking with regional and hospital laboratories. PEPFAR Ethiopia will support the function and the standard of the renovated laboratory including laboratory biosafety, maintenance and procurement of minor equipments and supplies.

PEPFAR Ethiopia will continue working with regional and hospital laboratories to strengthen the quality assurance program to support VCT, blood safety, prevention of mother to child transmission, TB prevention, and care and treatment of HIV/AIDS and OI, and Surveillance. The development of a network of hospital and regional laboratories that are linked to the national reference laboratory will be supported.

PEPFAR Ethiopia will ensure the implementation of standard of laboratory training and coordinate laboratory trainings. PEPFAR Ethiopia will provide technical assistance in training of laboratory professionals in Laboratory Quality System, Laboratory Management and Information System, HIV Diagnosis (HIV serology, DNA PCR) and monitoring of ARV (Chemistry, Hematology, CD4 count and viral load). Follow up of training, Onsite site supervision of regional, hospital and health center laboratories will be provided.

The monitoring and evaluation tools for laboratory services are being implemented. Laboratory data, record keeping, documentation and reporting form standardized at all levels. PEPFAR Ethiopia will support laboratory based targeted evaluation of laboratory diagnosis and disease monitoring including biotyping, drug resistance and validation of diagnostic tools

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Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	89	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	120	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Policy makers (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5655
Planned Funds:
Activity Narrative: Laboratory Reagents and Services

For country level program management purposes, major activities for this prime partner within this program area have been separated.

During COP05, PEPFAR Ethiopia supported the laboratory diagnosis of HIV including staging of HIV/AIDS, baseline determination for enrolment of patients and monitoring of patients on ART at regular time intervals. During COP06, PEPFAR Ethiopia will purchase laboratory reagents, pregnancy, RNA viral load and DNA PCR test kits and related commodities for diagnosis, opportunistic infections and monitoring of HIV/AIDS patients on antiretroviral therapy.

For efficacy and safety of the ART, the CD4, biochemical and hematology profiles of 80,000 HIV/AIDS patients will be monitored as per the "Guidelines for ARV use in Ethiopia".

The following laboratory reagents, test kits and supplies will be purchased; (1) chemistry test reagents for monitoring of 80,000 patients at baselines, week two, four and eight; thereafter symptom-directed determination; (2) Hematology test reagents for monitoring of 80,000 patients on treatment at baseline, week four, and 12 thereafter symptom-directed determination; (3) CD4 count test reagents for HIV/AIDS staging of 100,000 patients and monitoring of 80,000 patients on ART at 0 times and after six months; (4) pregnancy test kits for 33,000 (40%) female patients to be enrolled for ART; (5) RNA viral load test kits for 1,600 (2%) patients who might fail to respond to treatment; (6) HIV DNA PCR test kits for diagnosis of 4,000 (5%) pediatric patients less than 18 months; (7) reagents and staining solutions of microscopic diagnosis of clinical specimens for 100,000 patients; and (8) supplies including gloves, vacationers, pipette tips, chemwipes, gloves to all 89 ART hospital laboratories.

PEPFAR Ethiopia will work closely with MOH, EHNRI and MSH to establish a centralized procurement and distribution system. The procurement and distribution of laboratory supplies and related commodities, technical and logistic supports will also be subcontracted. About 85% of the allocated budget will be used for procurement of test kits, reagents and all related supplies.

PEPFAR Ethiopia will allocate about 15% of the budget for laboratory services including technical assistance equipment maintenance and logistic support for transport and distribution of all laboratory commodities. These services will be subcontracted. The contractor will technically assist in performing tests including hematology and biochemical profiles and CD4 count, supervising and on-job training of 120 laboratory technicians in hematology and chemistry tests using specific machines. The contractor will provide technical support in laboratory management including internal re-organizational lab set up, specimen management, test procedures, documentation, reporting, and inventory management. The contractor will assist in laboratory equipment maintenance at 89 ART hospital sites. The laboratory equipments (fridges, freezers, microscopes, incubators, autoclaves, chemistry analyzers, hematology analyzers and FACS count) will be regularly maintained and some troubleshooting fixed. All equipments will be regularly maintained. Preventive maintenance and calibration of major equipments including centrifuges, FACS-counts, hematology and chemistry analyzers will be provided quarterly at all 89 hospitals where the equipments are installed. The contractor will also provide transportation and ensure appropriate transport systems for test kits, reagents and lab supplies to all 89 ART hospital laboratories, health centers and VCT

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sites. The contractor will also assist in transportation of laboratory equipments and installations at some ART hospital laboratories whenever required.

The contractor will closely work with the National and Regional Reference Laboratories to coordinate activities including equipment maintenance laboratory training, quality assurance and supportive supervision. In addition, the contractor will work closely with RMP+ in inventory and stock management of laboratory supplies at each facility.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	89	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	62	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,154,500	<input type="checkbox"/>
Number of individuals trained in strategic information (Includes monitoring and evaluation, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
# of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Target Populations:

- Laboratory workers (Parent: Public health care workers)
- Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5659
Planned Funds:
Activity Narrative: Expansion of Laboratory Information System

For country level program management purposes, major activities for this prime partner within this program area have been separated.

Fundamental to high quality laboratory services is a well developed quality assurance system. Quality assurance is based on a thorough 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 expansion to support operations and quality assurance activities in six regional laboratories (Mekele, Harari, Adama, SNNPR, Dessie, and Nekemt) as well as nine PEPFAR Ethiopia supported hospital laboratories (six teaching hospitals, Dessie, Nekemte, Yergalem). It will also support referral and results reporting among those laboratories.

In COP06, PEPFAR Ethiopia expects the following activities will be accomplished (1) procurement of additional LIM software site license (three licenses for each nine hospitals and four licenses for each six Regional labs), total site licenses will be 51; (2) training for laboratory technicians and receptionist (three persons from nine hospitals and four from each six regional labs), lab technicians to be trained in LIMS is 51; (3) provision of computers and accessories (three for each nine hospitals and five for each six regional laboratories), total number of PCs will be 57; (5) 11 regional laboratories and PEPFAR Ethiopia supported hospitals will provide telephone lines in their laboratories for successful implementation of LIMS; (6) design and implement peer-to-peer network for selected regional and hospital laboratories; and (7) install and configure LIMS in all selected regional and hospital laboratories and link the hospital laboratories via dial-up with their respective regional laboratories and regional laboratories with EHNRI reference laboratory.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (includes monitoring and evaluation, surveillance, and/or HMIS)	51	<input type="checkbox"/>
# of local organizations provided with technical assistance for strategic information activities	15	<input type="checkbox"/>

Target Populations:

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5663
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance that is provided to partners by PEPFAR Ethiopia. The represents the salary costs for CDC technical staff.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (includes monitoring and evaluation, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
# of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations
Host country government workers
Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

In COP05, PEPFAR Ethiopia, in collaboration with the GFATM and World Bank, engaged in several activities to address important elements of a comprehensive SI approach. Several technical working groups (TWG) were established under the leadership of the MOH and PEPFAR Ethiopia continues to provide technical support. The surveillance TWG has fostered collaboration and consensus on data collection methods. The HMIS and monitoring and evaluation Advisory TWGs have supported implementation of the National Monitoring and Evaluation Framework, as well as the WHO ART Patient Monitoring system. In addition, a contract was awarded to develop a national strategy for an HMIS roll-out. While these TWGs are valuable in developing consensus and leveraging resources effectively, there continues to be a need for more strategic information leadership from the MOH.

Progress also has been made in implementing a coherent national monitoring and evaluation system supporting the "Three Ones" principle. There is a national coordinating organization, HAPCO, as well as regional coordinating offices and district (woreda) organizations. The revision of the National Monitoring and Evaluation Framework was completed in December 2003, and national implementation has begun. PEPFAR Ethiopia worked closely with the HIV/AIDS GFATM principal recipient, HAPCO, to effectively leverage GFATM monies to support regional implementation in COP05.

Ethiopia's HIV sentinel surveillance system was significantly improved in quality and rural representation. The latest round yielded national and regional HIV estimates as well as much required data for HIV/AIDS care/treatment/prevention/control program planning, monitoring and evaluation. PEPFAR Ethiopia is working with the MOH to prepare for the next round. In COP05 PEPFAR Ethiopia with other donors supported implementation of a national DHS+ survey.

One of the weakest areas for SI is the lack of trained individuals at all levels. Of the three SI sub-areas (surveillance, monitoring and evaluation, informatics), the strongest in terms of both numbers and training programs is surveillance, with several Masters of Public Health programs offered regionally. In 2003 Addis Ababa University initiated a post-graduate course of study in informatics. During COP05, PEPFAR Ethiopia supported the development of a post-graduate level program in monitoring and evaluation.

During COP06, PEPFAR Ethiopia will continue to support implementation of the National Monitoring and Evaluation Framework down to the woreda (district) level. Support will also be provided for implementation of the WHO ART Patient Monitoring System at the 89 ART health networks. The post-graduate program in monitoring and evaluation at Jimma University will begin to enroll students with PEPFAR Ethiopia support.

Surveillance activities will be expanded to include support for 2007 round of the national ANC HIV Sero-surveillance, Longitudinal Surveillance of HIV/AIDS (LSTEP) and targeted surveillance of MARPs in rural hotspots.

Building on completion of the MOH local area network in COP05, a central data warehouse will be completed in COP06.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,330
Number of local organizations provided with technical assistance for strategic information activities	129

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5582
Planned Funds:
Activity Narrative: National Monitoring and Evaluation Support

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity.

During COP06, support will be continued for the development, harmonization and use of SI/monitoring and evaluation within the MOH/HAPCO and for rollout of the National M&E Framework to the woreda (district). The ultimate goal of the national monitoring and evaluation system is to strengthen data use for decision making to improve national HIV/AIDS programs and enhance quality of life of PLWHA and their families. In COP06, in response to a request from the State Minister of Health, a full-time Tulane/UTAP staff person will be attached to the office of the State Minister of Health for monitoring and evaluation of HIV/AIDS activities. Also in COP06 more technical assistance will be provided to regional and district health offices. In collaboration with the WHO and GFATM, technical assistance will be given to district health offices to start a District Medical profile (staff salary to be funded by GFATM) that will build the district's capacity to monitor services including ART- monitoring and evaluation activities in the district.

Technical assistance to RHBS/RHAPCOs will focus on collection, analysis and interpretation of HIV/AIDS prevention, care and treatment data as well training in conducting data audits and data triangulations for all level of services. Other UTAP partners utilizing non-PEPFAR resources will provide expertise for this activity and a training workshop on analysis and advocacy for program improvement will be conducted.

Data clerks and HCP will be trained in the national monitoring formats. During COP05, PEPFAR Ethiopia in collaboration with the MOH finalized and printed a set of standardized data collection forms for management of PMTCT and ART patients (including pre-ART/ART registers) at facility level. In COP05 regional, and a selection of district, health authorities were trained to use these data reporting formats, and video training materials were developed. Standardized forms for reporting cross-sectional and cohort analysis data were developed and distributed to ART roll-out health facilities. COP06 will build on this work and increase the capacity of regional, zonal, and woreda offices to supervise health facilities, collect aggregate data, and use it to improve quality of care at facilities under their supervision. The supervision of data collection activities will be conducted in collaboration with the MOH's monitoring and evaluation team. Support will be provided to the sites to promote the sharing of experiences in data collection and use.

The monitoring and evaluation mentorship program started in COP05 in the MOH, seven Health Sciences Universities, EPHA and HCP from regional ART hospitals in the country will be strengthened in COP06. This activity will improve the quality of data collection and use, as well as serve as an incentive to keep health personnel working in the MOH, clinics and faculty working at their university posts. It will contribute towards reducing the high attrition and "brain drain" rate the health field is experiencing.

Ethiopian monitoring and evaluation professionals from MOH, Ethiopian Management Institute (EMI) will take part in the CDC's award winning "Sustainable Management Development Program" to learn program management, monitoring and leadership skills. Technical assistance from the course organizers will be used to conduct the

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training in country for a broader audience and to work with EMI to provide the training locally for MOH, regions and partners.

PEPFAR Ethiopia will assist EPHA, an indigenous partner with a large membership of health professionals, to build institutional capacity in monitoring and evaluation. Specific technical assistance will also be provided to develop a short course on monitoring and evaluation for non-monitoring and evaluation practitioners that will be offered initially at the annual Ethiopian Public Health Association meeting. The course will adapt materials from the first *International training in SI/monitoring and evaluation* held in Atlanta in 2004. This is linked to Strategic Information activity number 5611.

National monitoring and evaluation efforts in TB/HIV, Malaria, and other PEPFAR Ethiopia program areas will be strengthened.

The quarterly monitoring and evaluation newsletter first issued in COP05 will continued to be produced and disseminated to all partners.

This activity leverages significant investment by both PEPFAR Ethiopia and GFATM in the 89 ART health networks and regions. Should Ethiopia be awarded the GFATM Round six HSS proposal, this investment will be extended to more than 400 facilities.

Emphasis Areas

% Of Effort

Monitoring, evaluation, or reporting (or program level data collection)

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

350

Number of local organizations provided with technical assistance for strategic information activities

25

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5585
Planned Funds:
Activity Narrative: National Surveillance Activities

This is an ongoing activity.

The following four activities were overseen by the MOH in COP05: supervision of the data/specimen collection during the 2005 round of HIV sentinel surveillance at the 89 sites; transportation of specimen and data from ANC sites to HIV testing laboratories; supervision of surveillance sites and regional surveillance review meetings, communication between the RHBs, and provision of assistance to all RHBs on conducting annual surveillance review meetings with their respective ANC surveillance site staff.

During COP06, PEPFAR Ethiopia plans to build upon the activities and lessons learned the previous year working with the MOH in preparation for and execution of the 2007 sentinel surveillance.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	110	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	14	<input type="checkbox"/>

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ethiopian Public Health Association
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5611
Planned Funds:
Activity Narrative: Strategic Information Training

This is an ongoing activity.

EPHA, an indigenous organization with a large national membership of health professionals, will work with PEPFAR Ethiopia and Jimma University to strengthen the monitoring and evaluation capacity of regional universities and to promote human capacity development in monitoring and evaluation.

EPHA will develop a short course on "monitoring and evaluation for Non-monitoring and evaluation practitioners" to mainstream it within the health care system. The course will be offered at the annual Ethiopian Public Health Association meeting and as continuing education credit on EPHA's website. The student materials from the first international training in SI/monitoring and evaluation held in Atlanta in 2004 will be utilized. This activity will also include support for the annual EPHA meeting.

In COP06 PEPFAR Ethiopia will continue its support of EPHA to provide management and faculty support to the monitoring and evaluation diploma program at Jimma University. Additionally, students will be supported to undertake monitoring and evaluation related projects.

The final component of this activity will be to build the organizational capacity of EPHA itself to enable it to become a leading advocate of HIV/AIDS programming and human capacity development in the field of monitoring and evaluation. The staffing, IT and space needs of the organization will be addressed.

Emphasis Areas

% Of Effort

Monitoring, evaluation, or reporting (or program level data collection)

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

200

Number of local organizations provided with technical assistance for strategic information activities

7

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Macro International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAJ account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5621
Planned Funds:	
Activity Narrative:	Ethiopia DHS+: Analysis and Dissemination of HIV/AIDS Risk Factors

The Ethiopia 2005 DHS+ was conducted in COP05 within the framework of Ethiopia's ongoing Health Sector Development Program. The survey provided an opportunity to enhance decision-making capacity of district, regional and national stakeholders and high quality information for program planning. The survey included the collection of data on knowledge and attitudes of women and men about STIs and HIV/AIDS and evaluated patterns of recent behavior regarding condom use. The survey collected dried blood spot samples (DBS) for anonymous HIV testing from women and men in the reproductive ages to provide information on the prevalence of HIV among the adult population in the prime reproductive ages.

The DHS+ was conducted under the aegis of MOH, which had the responsibility of planning the survey and for the analysis and dissemination of its results. The Population and Housing Census Commission Office (PHCCO) served as the implementing agency. Financial support for the survey is provided by GOE, USAID, UNFPA and other development partners.

Preliminary results from the survey show that a total of 535 (100%) enumeration areas are covered by the 30 teams that took part in the field work. The response rate for household questionnaire was 93.5%, with 95.5% and 88.0% response rates for the women and men questionnaire, respectively. To date, data from 14,620 household, 15,300 women and 7,350 men questionnaires are entered at PHCCO by data entry clerks. A total of 11,387 DBS samples were collected and stored at the Ethiopian Health and Nutrition Research Institute. The response rate for HIV testing is 81% and 73.6% for women and men, respectively. Information on the DBS samples was inputted using bar code and a number was given to each sample before storage at an ambient temperature. A certain percent of positive and negative samples will be sent to another laboratory (probably in South Africa) for external quality control.

Preliminary reports of the survey are expected to be released in November 2005. The DHS+ will be instrumental in validating the routine sentinel surveillance system. Linking the findings of the behavioral survey with the bio-marker results will provide more precise information on the dynamics of the epidemic in a wide variety of clusters, including age, gender, residence, level of literacy. It can also serve as an important component for triangulation.

The survey will provide an in-depth analysis for decision-making and program planning and will support the ART health network model with current information. Further analysis will enhance policy and prevention, care and treatment activity level planning through epidemiological and behavioral data.

During COP06 analysis of the DHS+ will be undertaken including the analysis of risk factors such as cross generational marriage, cross generational sex, transactional sex and the impact of gender and vulnerability on HIV prevalence in specific regions. The findings will be disseminated and follow-on analysis for key stakeholders to support local program decision making completed.

To promote use and understanding of the DHS+ a national communication strategy, thematic summary reports and fact sheets will be prepared.

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Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>

Target Populations:

- Country coordinating mechanisms
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Program managers
- USG in-country staff
- USG headquarters staff
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5625
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance provided to partners by CDC. Technical support for internal PEPFAR Ethiopia SI activities is also included. The USD represents the salary costs for CDC technical staff.

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
USG database and reporting system	51 - 100

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Targets

Target

Target Value

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

Number of local organizations provided with technical assistance for strategic information activities

Target Populations:

International counterpart organizations

Non-governmental organizations/private voluntary organizations

USG in-country staff

Host country government workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tulane University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5714
Planned Funds:
Activity Narrative: Strengthening Human Capacity for Monitoring and Evaluation of HIV/AIDS Programs

For country level program management purposes, major activities for this prime partner within this program area have been separated.

Strategic information is the foundation of PEPFAR Ethiopia. Yet Ethiopia faces a dire shortage of professionals trained to collect, evaluate, and use program-level information necessary to monitor HIV/AIDS programs. Because of its support of the national monitoring and evaluation system in COP05, PEPFAR Ethiopia is positioned to assist with this type of human capacity development.

During COP06 this activity will build on these efforts by ensuring that USG investments in the national and regional monitoring and evaluation system are realized and sustained through the development of a workforce with the skills to implement HIV/AIDS monitoring and evaluation activities. Prioritizing training and support activities to personnel in the 89 ART health network areas will ensure that strategic information is generated and used to inform the PEPFAR Ethiopia's investment in the ART health network approach to HIV/AIDS prevention, care, and treatment.

Support of the monitoring and evaluation diploma and Masters of Science courses launched during COP05 will be continued. These degree programs are designed to build monitoring and evaluation capacity and enhance retention by providing long-term in-service training at multiple levels using adult learning methods. International monitoring and evaluation experts will train Ethiopian faculty in the latest methods to increase their knowledge base. In addition to the students who participate in the course, Ethiopian professors will be mentored by the experts during the first year of the course as a means to prepare them to teach it in the second year of the program. The student population will consist of key staff working in the health system. There will be approximately 30 in the first year and 40 in the second year of the program. Upon graduation the students will be required to work in country on monitoring and evaluation projects and assume the duties of trainer and mentor for their region. The program is the first of its kind in sub-Saharan Africa and addresses the interests of the MOH to produce a sustainable cadre of monitoring and evaluation specialists.

A national monitoring and evaluation association will be formed. The association will provide a forum for sharing ideas and learning new information. Membership will be open to Ethiopian university faculty involved in monitoring and evaluation and students in the diploma and masters programs and graduates.

A certificate program in HMIS will be introduced and target graduating high school students looking for a career combining health sciences and information technology. It will be nine months in length and its design influenced by the in-service course rolled out in COP05. While this program will establish a new career track in the Ethiopian health sciences field, it will, more importantly, contribute to developing in-country sustainable human capacity. The target size of the first cohort of students is 89.

A web-based distance learning course will be planned for use at the university-based learning centers established in activity 5687 (ITC Support for ART sites).

Through this program PEPFAR Ethiopia brings together numerous national stakeholders: MOH, EPHA, EHNRI, the RHBS and six universities (including Defense)

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and international partners such as the National School of Public Health of Brazil (FIOCRUZ) and Tulane University. The activity represents significant south-to-south collaboration.

Emphasis Areas

Monitoring, evaluation, or reporting (or program level data collection)

% Of Effort

51 - 100

Proposed staff for SI

10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

130

Number of local organizations provided with technical assistance for strategic information activities

12

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Key Legislative Issues

Twining

Coverage Areas:

National

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Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5715
Planned Funds:
Activity Narrative: Strengthening Human Capacity for Evidence-based Programming and Decision Making

For country level program management purposes, major activities for this prime partner within this program area have been separated.

Strategic information is part of the foundation of PEPFAR Ethiopia. In order to successfully interpret strategic information and implement evidence-based HIV/AIDS programs and policies, program managers and policymakers must understand quantitative information and know how to critically evaluate and use data generated by surveillance, program monitoring, targeted evaluations, and similar efforts.

In COP05 PEPFAR Ethiopia made a strategic investment in ANC sentinel HIV surveillance, population-based surveys, and program monitoring.

During COP06 assistance will be given to expand and refine such activities, especially in the 89 ART health networks. The "Leadership Training in Strategic Information" program will be offered to program managers and surveillance officers at the federal and regional levels. The objective will be to enable the targeted staff evaluate and use data for decision making and designing and implementing evidence-based programs. Fifty program managers will be trained per year in a series of five one-week courses modules. The modules' topics will be HIV/AIDS strategies and interventions, descriptive epidemiology, analytic epidemiology, surveillance, and monitoring and evaluation. The program managers will be offered follow-up support access to technical publications.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	12	<input type="checkbox"/>

Target Populations:

- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5717
Planned Funds:
Activity Narrative: Strengthening National HIV/AIDS/STI Surveillance System

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is an ongoing activity.

In COP05, PEPFAR Ethiopia completed the 2005 round HIV sentinel surveillance (data collection, processing, and analysis), published "AIDS in Ethiopia: 6th Report", prepared guidelines for AIDS, STI, TB/HIV and NonANC-based HIV surveillance, and undertook data collection and processing and regular reporting from the surveillance.

During COP06, PEPFAR Ethiopia will assist regions and the MOH in their use of surveillance data from the 2005 surveillance round, the MOH and RHs to begin planning for the 2007 round of HIV Sentinel surveillance and again, the MOH along with the GFATM to procure equipment and supplies for all HIV sentinel surveillance sites.

Support will continue for the collection, compilation, processing, analysis, reporting and dissemination of data for AIDS, OI, STI and TB/HIV surveillance.

PEPFAR Ethiopia will work with the laboratory team in continuing the determination of HIV incidence using BED and ARV drug resistance surveillance.

Mortality surveillance from all burial sites and cemeteries in Addis Ababa, using lay persons and verbal autopsy will be supported. This activity will help in determining AIDS-related mortality and thus can be used to monitor the impact of ART implementation in Addis Ababa.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	110	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	14	<input type="checkbox"/>

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Bloomberg School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5721
Planned Funds:
Activity Narrative: Longitudinal Surveillance of HIV/AIDS (LSTEP)

This is a new activity.

PEPFAR Ethiopia understands that the majority of facility-based HIV/AIDS treatment monitoring systems are struggling to implement chronic disease record-keeping for patient management and cross-sectional reporting of program-level output indicators for program management. Few programs have the human or technical resources to collect or analyze longitudinal information on individuals enrolled on ARV therapy. Yet, collecting and analyzing information on the same individuals over time is absolutely essential to monitor outcomes such as program retention, reasons for loss, regimen adherence and change, change in health status, and HIV drug resistance.

During COP06 a system of longitudinal surveillance of a sample of adults and children on ARV therapy with the ART health network will be established. This surveillance will provide the country with standardized cohort information on treatment program retention, drop-out, and death, regimen adherence and change, change in health status indicators like weight and functional status, co-infection with active TB, receipt of a basic package of HIV care services, and development of HIV drug resistance.

A small sample of facilities will be selected to implement the project in the first year. A facility survey will be conducted at each participating facility to determine programmatically relevant characteristics such as facility staffing and management, other available health services, laboratory capacity, drug procurement and stocks, and program model. In COP06, a retrospective sample cohort of persons on treatment will be constructed to give immediate results about six- and 12-month outcome data. Those still on therapy will be followed at six month intervals. The second major activity will be to begin the prospective cohort, which will collect information on a sample of people newly initiating therapy and follow them at six-month intervals. This activity is not considered "targeted" evaluation, but the findings of its surveillance activities will undoubtedly raise issues that can be addressed through targeted evaluation. These surveillance activities will be implemented in a way that promotes the improvement of health records and treatment data systems and the development of human capacity in treatment-related strategic information.

Emphasis Areas

% Of Effort

HIV Surveillance Systems

51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	0	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 Host country government workers

Key Legislative Issues

Gender

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5724
Planned Funds:
Activity Narrative: MOH Data Warehouse

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is a new activity.

To improve HIV/AIDS program effectiveness, an integrated and coordinated national information structure and data warehouse accessible by all stakeholders is part of the solution.

Various government organizations, NGOs, research institutions and private sector companies collect data regarding the pandemic in such diverse fields HIV/AIDS and STI prevalence, behavioral risk factors, VCT, PMTCT, and ARV drug availability and distribution. This information remains fragmented across the various sectors thus hindering planning, decision and policy making by any institution or stakeholder.

During COP06 a coordinated information gathering and updating system will be developed by the MOH with PEPFAR Ethiopia support. An integrated master database will be designed and located at the MOH. This data warehouse will integrate data from each program area. All participating RHBs and stakeholders will be linked to the database via an MOH-supported website or dial-up access. The database will be updated on a weekly or monthly basis.

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Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

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Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: To Be Determined
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: Strategic Information
 Budget Code: HVSI
 Program Area Code: 13
 Activity ID: 5727
 Planned Funds:
 Activity Narrative: Magnitude of HIV Among MARPs in Rural Hot Spots

For country level program management purposes, major activities for this prime partner within this program area have been separated.

This is a new activity. It is linked with activity 5782 – Geographic targeting of HIV prevention interventions to MARP in high prevalence hotspot areas.

Trends across several years show that HIV infection is on the rise in the rural areas. Moreover, the HIV epidemic in Ethiopia is heterogeneous among the regions and in some regions there are rural localities with high HIV prevalence estimates known as "rural hot spots." It is extremely important to identify possible social as well as behavioral factors responsible for the high prevalence in the hot spots.

Correspondingly, there is little information on the incidence and prevalence of HIV among most at risk populations (MARPs). Unsafe sexual networks that are associated with the rural epidemic have not been identified.

During COP06 an evaluation will be completed to determine the magnitude and characteristics of Ethiopia's rural-based MARPs. This evaluation will generate baseline information on HIV and three common treatable STIs, prevalence and the associated behaviors of MARPs in the hot spots of the Amhara Region, the region with high HIV prevalence estimates.

The results of the evaluation will also enable the development of appropriate, focused prevention interventions for the MARPs and allow their integration into the ART health network in a timely manner.

Emphasis Areas

Targeted evaluation

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

Number of local organizations provided with technical assistance for strategic information activities

Target Populations:

Most at risk populations

Key Legislative Issues

Gender

Addressing male norms and behaviors

Coverage Areas

Amhara

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAf account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5729
Planned Funds:
Activity Narrative: USAID Technical Assistance

This activity represents the direct technical assistance provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
USG database and reporting system	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Target Populations:

- International counterpart organizations
- Non-governmental organizations/private voluntary organizations
- USG in-country staff
- Host country government workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
 Budget Code: OHPS
 Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

During COP05, Other/Policy and system strengthening included a variety of activities supporting the implementation of the GFATM's Country Coordinating Mechanism and evaluating the GFATM's impact through the Sector Wide Effects of the Fund study.

Operational and management structures between the MOH, HAPCO and bilateral donors including PEPFAR Ethiopia were strengthened during COP05. PEPFAR Ethiopia's support to Ethiopia was implemented in strong coordination with the MOH's Accelerated Access to HIV/AIDS Treatment in Ethiopia; Road map 2005-2006.

PEPFAR Ethiopia operationalized a Training Information Management System (TIMS) for use by PEPFAR Ethiopia partners. TIMS provides a basis for the strategic management of human capacity development.

Outreach to new indigenous partners was provided through the U.S. Embassy Small Grants Fund in the form of multiple awards under USD 20,000 for HIV/AIDS focused activities that contribute to PEPFAR Ethiopia targets.

During COP06, PEPFAR Ethiopia will continue to support the GFATM's Country Coordinating Mechanism alongside other bilateral and multilateral donors.

Operational and management structures between the MOH, HAPCO and PEPFAR Ethiopia will continue to provide strategic oversight, policy dialogue, guideline development functions and operational trouble-shooting to the current national HIV/AIDS program.

TIMS will be continued to be supported which provides PEPFAR Ethiopia management oversight of training.

PEPFAR Ethiopia will support two new training initiatives of the MOH as strategic elements to facilitate out-year ART health network expansion. In partnership with The Carter Center and the MOH, PEPFAR Ethiopia will support the Ethiopian Public Health Training Initiative II to implement Public Health Officer Training for 5,000 Public Health Officers by 2010. During COP06, 2,400 Public Health Officers will be trained and posted at new and existing rural health centers. Public Health Officers provide the majority of health service supervision or delivery at health centers and is an important strategy for future expansion of HIV related care and treatment services.

The MOH with funding by bilateral, multilateral and private donors will train 30,000 health extension workers (HEW) for assignment in 15,000 rural kebeles (sub-districts) to serve a population of approximately 5,000 per kebele or village. A total of 9,900 HEW will be deployed to communities by COP06. An additional 20,000 HEW are expected to be trained and deployed through 2010. Health extension workers will provide health promotion and preventive services to rural communities, including HIV/AIDS prevention and care in rural areas. PEPFAR Ethiopia will support the HIV/AIDS module in the health extension package.

Outreach to new indigenous partners via the Small Grants Fund will continue in COP06 alongside activities to improve the quality of local media coverage of HIV/AIDS through the efforts of the Department of State Public Affairs Section and PEPFAR Ethiopia partner Internews.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	6
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	57
Number of individuals trained in HIV-related policy development	52
Number of individuals trained in HIV-related institutional capacity building	2,450
Number of individuals trained in HIV-related stigma and discrimination reduction	10,406
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	8,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5572
Planned Funds:
Activity Narrative: Small Grants Program

This is an ongoing activity.

During COP06, PEPFAR Ethiopia will develop an announcement to service new ideas and approaches, and to groom new indigenous partners with organizational capacity development and programmatic oversight. The program will allow rapid response to innovative community approaches and demonstrate a broader reach of the PEPFAR Ethiopia program to the community level.

Selection criteria and program parameters by PEPFAR Ethiopia will be developed in order to ensure compliance with PEPFAR Ethiopia targets. Requests will go to the PEPFAR Ethiopia Working Group for technical review and approval. The PEPFAR Ethiopia Coordinator will provide direct oversight and accountability. These grants will be for approximately with duration of no more than one year. Each grant is expected to contribute to PEPFAR Ethiopia targets.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5620
Planned Funds: [Redacted]
Activity Narrative: GFATM Management Support (CCM)

The GOE has secured a total of [Redacted] from the GFATM for five years through four grants. In order to oversee, facilitate, support and monitor GFATM funds in the country, a Country Coordinating Mechanism (CCM) was established in early 2002. Members of the CCM include:

- MOH (3) - Chair
- Ministry of Finance and Economic Development (MOFED) (1)
- HIV/AIDS Prevention and Control Office (HAPCO) (1)
- Ethiopian Health and Nutrition Research Institute (EHNRI) (1)
- WHO (1)
- Joint United Nation Program on HIV/AIDS (UNAIDS) (1)
- Health, Population and Nutrition (HPN) Donors' Group (2)
- USG (represented by USAID) (1)
- currently vacant, expected to be DfID (1)
- Christian Relief and Development Association (CRDA) (1) - Vice Chair
- Dawn of Hope (Association of PLWHA) (1)
- Ethiopian Chamber of Commerce (ECC) (1)
- Ethiopian Public Health Association (EPHA) (1), and the
- Ethiopia Inter-Faith Forum for Development Dialog for Action (1)

PEPFAR Ethiopia has made major contributions towards the implementation of the GFATM in Ethiopia. Active membership on the CCM since its inception, technical assistance for proposal development, support of the Secretariat since November 2003, and chairing the sub-committee tasked to prepare the Terms of Reference (TOR) are several examples of the depth and scope of PEPFAR's commitment to the CCM. During COP05, USD 50,000 was provided to support the CCM Secretariat. This funding was supplemented with funding from UNAIDS and the Royal Netherlands Embassy, and managed through the WHO Ethiopia Country Office.

The performance of the four GFATM grants is of concern within the donor community. Recognizing the GFATM operating principle of performance, the CCM's TOR states that it is to submit high-quality proposals and provide oversight of the proper use of the Fund through regular monitoring. The TOR explicitly states: "... the CCM/E will provide a monitoring report on the status of the Fund, including its progress, results and organizations with approved funding and their expected total level of funding. The report will be made available through a wide variety of communication channels...The CCM will facilitate and ensure (make every effort) to reach all segments of the population - reaching every woreda - with their availability to access funds, participate in the application of funds through

Emphasis Areas

Policy and Guidelines

% Of Effort

51 - 100

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Country coordinating mechanisms

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5735
Planned Funds:
Activity Narrative: Training Management

This is an ongoing activity and is linked with all PEPFAR Ethiopia supported training activities.

PEPFAR Ethiopia is aware that in order to make management decisions regarding the type of professional to train, in what technical area, and in which geographical region, it is essential to have a training information system. During COP05, PEPFAR Ethiopia established the Training Information Monitoring System (TIMS), with the purpose of collecting information from all supported trainings. TIMS reporting forms collect pertinent training information from PEPFAR Ethiopia partners. These forms were adapted by PEPFAR Ethiopia from a generic form developed by JHPIEGO. All in-country and international training supported under PEPFAR Ethiopia, will provide training information for analysis conducted. Training information is being shared with the MOH and RHBs to inform their planning activities.

During COP05, JHPIEGO technical experts explored possibilities of bar coding and using optical mark for easy scan forms, which can feed information directly into the TIMS database. Based on the results of this exploration, potential modifications to the system might take place to ensure quality of data entry and enhance the user-friendly nature of TIMS.

During COP06, PEPFAR Ethiopia will refine TIMS and improve utilization for PEPFAR Ethiopia and MOH, of training information. Based on experience and emerging needs, the TIMS software will be upgraded as necessary.

Emphasis Areas	% Of Effort
Training	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

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Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

USG in-country staff

Implementing organizations (not listed above)

Coverage Areas:

National

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Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Internews
 USG Agency: U.S. Agency for International Development
 Funding Source: GAC (GHAI account)
 Program Area: Other/policy analysis and system strengthening
 Budget Code: OHPS
 Program Area Code: 14
 Activity ID: 5742
 Planned Funds:
 Activity Narrative: Local Voices

This is an ongoing activity.

PEPFAR Ethiopia will build on its COP05 Internews activity that targeted local print and radio journalists. The Local Voices program will work to make socially responsible HIV/AIDS coverage a normal part of news and informational programming. Reaching Ethiopians through local media will create a more supportive, enabling environment for HIV prevention, care and treatment efforts to succeed. The proposed activities include both new and follow-on training for journalists to enable them to accurately cover complex topics such as ART, OVC, HIV prevention and CT.

During COP06, Internews will engage media in regions outside of Addis Ababa including Adam (Oromiya), Awassa (SNNPR), Assosa (Benshangul Gumuz), Bahir Dar (Amhara), Dire Dawa, and Mekele (Tigray) by bringing members to Internews facilities in Addis for training. Print and radio journalists in Addis who have completed the training and are performing well will be eligible for in-country travel and mentoring trips to investigate and report on the epidemic in other regions of the country.

To help change the imbalance of power relationships between men and women, the presence of social factors such as women's economic dependency and lack of access to education, Local Voices will seek to ensure that women's issues and concerns related to HIV/AIDS are being effectively addressed in daily news media. It will also support and train leaders of groups advocating for women to communicate their messages by using the media effectively. Local Voices will continue its collaboration and co-location with the AIDS Resource Center (ARC) to maximize resources and effectiveness. It will achieve these objectives by providing (1) in-studio training and follow-on support to ten radio journalists from outside of Addis Ababa to expand and improve reporting on HIV/AIDS across PEPFAR Ethiopia thematic areas, (2) two in-studio training sessions for six radio journalists on OVC issues and ART, (3) a one week training session on gender issues for ten talk show hosts and producers (4) on-site follow-up to ten radio journalists to produce radio features and talk shows on ART and OVC, (5) a training session entitled, "Introduction to HIV Reporting" for ten print journalists to expand and improve reporting on HIV/AIDS, (6) follow-up training sessions on stigma for six print journalists on discrimination, human rights and HIV issues, (7) two mentoring tours, one each for three print and three radio journalists to one or two cities outside of Addis for in depth reporting on HIV resulting in at least six major feature stories for radio/print, (8) ten equipment grants of minidisc recorders to radio journalists, (9) workshops for NGOs on developing outreach plans using the media, and (10) a workshop to provide media training to women's NGOs.

Emphasis Areas

Information, Education and Communication
 Linkages with Other Sectors and Initiatives

% Of Effort

51 - 100
 10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	25	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	52	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	6	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Media Organizations

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Carter Center
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5763
Planned Funds:
Activity Narrative: Ethiopian Public Health Officer Training Initiative II (EPHTI II)

This activity is linked to 5616 "BERHAN - Palliative Care - Basic," 5799 "BERHAN - TB/HIV" and 5654 "BERHAN - CT."

This program is directly linked and will support implementation of the MOH's Health Sector Development Plan (HSDP) and the implementation of the Essential Health Services Package (EHSP) specific to HIV/AIDS related human capacity development. Public health officers provide the majority of health service supervision or delivery at health centers and thus are an important consideration in any strategy for future expansion of HIV related care and treatment services. Trained health officers manage the health center and will provide curative, preventive and promotive services. Health officers provide leadership to the health centers and woreda health offices and work with health posts and health extension workers to expand and strengthen community-based health care delivery and strengthen the link between health centers and health posts.

During COP06, The Carter Center will conduct trainings of health officers in universities, 20 teaching hospitals and health centers. Program design and implementation will be conducted in collaboration with the MOH, RHBs and the MOE. Health Officer training will be closely linked with multiple PEPFAR Ethiopia activities in prevention, care and support and treatment will facilitate future ART health network expansion beyond COP06 levels.

This activity will support implementation of HIV-specific training components of Expanded Health Officer Training to begin in 2006. Activities in Phase 1 include the Carter Center and the MOH establishing a task force for the preparation and implementation of the EPHTI II comprised of university public health faculty, RHB representatives, selected hospitals and health center staff. The task force will review or support the development of national curricula and learning materials, identify health centers to be practical training sites, procure needed teaching materials and aides, train hospital and health center teaching staff and university instructors as trainers.

Activities in Phase 2 will include preparation of training hospitals in October 2006, and monitoring and evaluation execution of the training program.

Through the Carter Center's training program, 5,000 health officers will be trained in the coming five years in approximately twenty selected hospitals throughout Ethiopia in collaboration with the Regional Health Bureaus (RHBs), the Ministry of Education, affiliated universities and the selected training hospitals and health centers. Funding for this program is from USIAD health development funds. The overall budget is USD With its proposed investment of USD PEPFAR Ethiopia will leverage the educational and financial resources of this program to make HIV/AIDS the centerpiece of the training curriculum.

Health officers unlike most physicians can be positioned at health centers and woreda health offices in rural and hard to reach areas with lower rates of attrition. Their training will allow them to be functional for delivering HIV/AIDS care and treatment services. Currently, there are 683 health officers working in the health system and there are approximately 1,230 in training.

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Emphasis Areas

Human Resources

% Of Effort

10 - 50

Training

51 - 100

Quality Assurance and Supportive Supervision

10 - 50

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for HIV-related policy development

Number of local organizations provided with technical assistance for HIV-related institutional capacity building

10

Number of individuals trained in HIV-related policy development

2,400

Number of individuals trained in HIV-related institutional capacity building

2,400

Number of individuals trained in HIV-related stigma and discrimination reduction

2,400

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Target Populations:

Doctors (Parent: Public health care workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Federal Ministry of Health, Ethiopia
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5768
Planned Funds:
Activity Narrative: Health Service Extension Package

This activity is linked to 5616 "BERHAN - Palliative Care - Basic," 5799 "BERHAN - TB/HIV" and 5654 "BERHAN - CT."

This is a new activity and represents a bilateral capacity building activity between the MOH and the PEPFAR Ethiopia through an existing Strategic Objective Agreement (SoAG) between USAID and the Ethiopian Ministry of Finance and Economic Development.

The Health Service Extension Program (HSEP), as indicated in the MOH's Health Sector Development Plan III (HSDP III) 2006-2010, plans to train 30,000 health extension workers (HEW) for assignment in 15,000 rural kebeles to serve a population of approximately 5000/kebele or village. A total of 9,900 HEW will be deployed to communities by April 2006. An additional, 20,000 HEW are expected to be trained and deployed through 2010.

The HEW is the first point of contact at the community level for the formal health care system. The HEW reports to public health officers at the health center and is responsible for a full range of primary and preventive services at the community level. They function as a significant and new link in the referral system and will be able to, through community counseling and mobilization, move vulnerable and underserved populations into the formal health system. The HEW promotes essential interventions and services by encouraging community education and dialogue around health issues; and participation at the community and household level in health care.

During COP06 HEWs will function as the lead position at the health post and the community level to provide social mobilization activities in HIV prevention. Two COOWs placed at ART health network centers, (supported under the BERHAN activity in Prevention AB and OP and Care and Support CT, TB/HIV and Palliative Care) will enhance the HEW's impact on community mobilization and service provision to both MARPs and the total population. HEWs will provide preventive services to community members and interact in selected districts with the Prevention AB activity - HCP/Creating Coercion Free communities to discourage the sanctioning of cross-generational sexual relationships and coercive behaviors.

An additional activity to be supported in COP06 will be the training of HEW in key HIV/AIDS messages and information and to provide counseling to community members on numerous issues such as stigma, identification of opportunistic infections, TB co-infection, the referral process, and participation in social mobilization activities for HIV prevention.

Emphasis Areas	% Of Effort
Training	51 - 100
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	8,000	<input type="checkbox"/>

Target Populations:

Public health care workers
 Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender
 Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5769
Planned Funds:
Activity Narrative: USAID Technical Assistance

This activity represents the direct technical assistance provided to partners by USAID staff. The represents the salary costs for USAID technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Host country government workers
- Public health care workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5771
Planned Funds:
Activity Narrative: CDC Technical Assistance

This activity represents the direct technical assistance provided to partners by CDC. The represents the salary costs for CDC technical staff.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
 Budget Code: HVMS
 Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

In-country responsibility for the PEPFAR program resides with the U.S. Ambassador. The PEPFAR Ethiopia Executive Council, comprised of section and agency heads, including the Director of USAID, the Director of CDC, and the DoD Chief Security Assistance Officer, functions as the official point of contact for PEPFAR Ethiopia activities. It is chaired by the Deputy Chief of Mission (DCM). It provides policy and program recommendations to the Ambassador for review and approval.

The Collaborative Team is the main operational unit for PEPFAR Ethiopia. Its members are the chairs of the permanent technical working groups (TWGs). Presently, 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 USAID. It meets weekly and reports to the Executive Council.

There are seven TWGs: Prevention, Care, Treatment, SI, Management, Public Diplomacy, and a nascent Partnerships group. The TWGs are comprised of technical personnel from PEPFAR Ethiopia and its partners. PEPFAR Ethiopia implementing partners are occasionally asked to participate in TWG activities on a short-term basis.

The PEPFAR Ethiopia Coordinator is chair of the Collaborative Team and thus responsible for the day-to-day management of it. The Coordinator also serves as the secretary of the Executive Council and chair of the management TWG. Located at the Embassy, the Coordinator reports to the DCM. Jason Heffner has been hired as the new coordinator. He is expected to be at post in early FY06.

The PEPFAR Ethiopia Project Support Assistant serves as the operational, logistical, and administrative assistant to the coordinator. He started work in September 2005.

The establishment of the tiered operational structure; the commitment of senior, in-country USG management, the dedication of staff (particularly the members of the Technical Working Groups), and the hiring of two full-time, dedicated staff for overall coordination will continue to enhance program efficiencies and synergies.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5573
Planned Funds:
Activity Narrative: USAID/Ethiopia's management and staffing budget includes salaries apart from Technical Advisors enumerated in program area activities, equipment and office costs, staff training, and monitoring and evaluation/data quality assessments. For the benefit of all PEPFAR Ethiopia participating agencies, consulting technical assistance, design services and meeting support are included in the USAID budget. USAID will benefit from joint programs in workforce prevention care and treatment programs carried out through the Embassy.

USAID augmented its staff in COP 05 to provide additional management and supervision, as well as technical backstopping in orphans and vulnerable children and care and support. Shared with the USAID/Ethiopia program is a gender advisor to assure HIV/AIDS programs are sensitized to meet specific needs of women in Ethiopia. Approved in FY05, was a dedicated PEPFAR Contracts Officer. In addition to strategic planning and implementation duties, USAID currently staffs several donor and technical working groups. PEPFAR staff also work across the USAID portfolio actively advising on the inclusion and HIV/AIDS issues such as livelihoods, emergency preparedness and health system development.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5574
Planned Funds: [Redacted]
Activity Narrative: DoD Management and Staffing

Through the years of DHAPP's direct technical support to the Ethiopian Military HIV/AIDS Program, the number of health facilities supported since the programs inception in 2001 has under PEPFAR expanded from 3 central referral hospitals to 4 field referral military hospitals and 36 health centers. This funding will improve quality of DHAPP Ethiopia program management and implementation by increased technical and management staff.

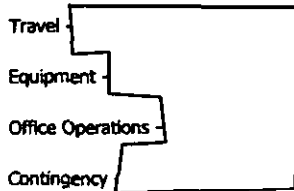
MR. HIV/AIDS Program Management Officer [Redacted] 100%EP)
 The Military HIV/AIDS Program Management Office under the direction of The Security Assistant Officer and within the limits of resources allocated and authorization obtained from the Defense HIV/AIDS Prevention Program (DHAPP), provides financial and technical management support to The HIV/AIDS program efforts of the Ethiopian Ministry of National Defense.

Administrative Assistant Officer [Redacted] 100%EP)
 The administrative assistant officer under the office of the Military HIV/AIDS Program Management Office assists the Military HIV/AIDS Manager on all financial, administrative, and clerical duties.

Medical Assistant Officer [Redacted] 100% EP)
 The medical assistant officer under the office of the Military HIV/AIDS Program Management Office assists the Military HIV/AIDS & STD Prevention & Treatment Manager on all medical and medical related aspects of the program.

Program Officer [Redacted] 10% EP)
 Operating from European Command (EUCOM), HIV/AIDS Office.

Contracting Officer [Redacted] 10% EP)
 Operates from Naval Regional Contracting Center (NRCC), Naples; Italy Head Office.



Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism: CDC GAP
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5623
Planned Funds:
Activity Narrative: CDC Ethiopia Management and Staffing

All CDC-Ethiopia activities come under the COP06 PEPFAR Ethiopia budget. Of this budget in personnel costs represents direct technical assistance to be provided to local partners 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 PEPFAR Ethiopia COP05 allocation. Total COP06 estimated management costs (minus direct program technical support) for CDC-Ethiopia is .

The following is a breakdown of the estimated CDC-Ethiopia management costs for COP06.

Personnel: for current and planned USDH staff and current and planned Locally Engaged Staff (management, admin, and support).

Travel: for local travel and international travel for USDH and LES staff.

Transportation: for local transportation of items for staff and parcel post, FedEx, etc.

Rents, Communications and Utilities: for phone, rent, water, electricity, etc.

Printing and Reproduction: for printing, layout and duplication for program dissemination and advocacy, etc.

Contractual Services: for renovations, security, insurance, VSAT, etc.

Supplies: for office, IT, vehicle supplies, books, publications, etc.

Equipment: for office furniture, IT equipment replacement and upgrades, transportation equipment, etc.

CSCS charges:

TOTAL:

PEPFAR Ethiopia provides direct technical assistance to the MOH, RHs, 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 builds the capacity of LES staff to be able to provide day-to-day follow-up on implementation of activities. This, in turn, reduces the frequency of TDY visits and thus increases savings.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5643
Planned Funds:
Activity Narrative: The Department of State's management and staffing budget for COP06 includes the personnel expenses of the two newly-hired staff -- the PEPFAR Ethiopia Coordinator and the PEPFAR Ethiopia Project Support Assistant. In addition, it includes the expenses related to ICASS, office and equipment, printing/reproduction, and meetings.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is a Health Facility Survey planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Anc Surveillance Study planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>		
<i>When will preliminary data be available?</i>		
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 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No